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Clinical Sonography & Telecytology
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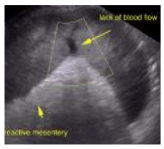
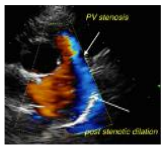
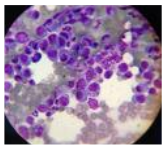
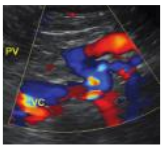

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1-800-838-4268 info@sonopath.com

PATIENT

Mittens Spellman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

5.5 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Villari

INVOICE

37623

DATE

5/11/22

PRESENTING CLINICAL SIGNS

Not eating, lethargic, weight loss, possible thickened SI on exam, muscle wasting, grade II-III/VI murmur, clear met check. Current meds: Mirataz sid
Abnormal PE/Chem/CBC/UA Results: K+ 2.9, Hct 19, TBili 0.5, Ca 8, RBC 4.5, Hgb 7.1, PLT 179 , Neuts 84, lymphs 9, mono 6, eos 1, abs. lymph 630, U/A-cysto: USG 1.018, rbc 4-10. Urine culture-pending. Felv/Fiv=Neg, Hemobart=none seen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is normal in size (3.39 cm), but rounded in shape. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.53 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.27 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is large (1.2 cm in height at the level of the hilus) and hypoechoic. The splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a small hyperechoic nodule measuring 0.82 cm adjacent to the gallbladder.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The bile duct appears mildly dilated and tortuous, measuring 0.31 cm with no obstruction visualized.

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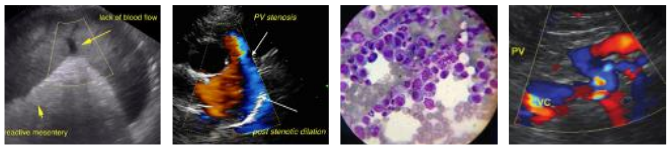

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free abdominal fluid. There is a large, solitary mesenteric lymph node visualized measuring 1.02 cm x 1.32 cm medial to the spleen. The omentum is generally of normal echogenicity.

Other

A brief view of the heart was submitted. There is a small volume of pericardial effusion visualized. Recommend cardiac ultrasound.

PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with a rounded/irregularly shaped left kidney – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The significance of the rounded shape to the left kidney is unknown. This could be an anatomic variant, or could be consistent with infiltrative disease.
- Large, hypoechoic spleen – Differentials include inflammation, congestion, and infiltrative disease. Consider a fine needle aspirate.
- Large, heterogeneous liver with hypoechoic nodule – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

SECONDARY FINDINGS

- Mildly dilated, tortuous common bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other). An obstruction is not visualized.

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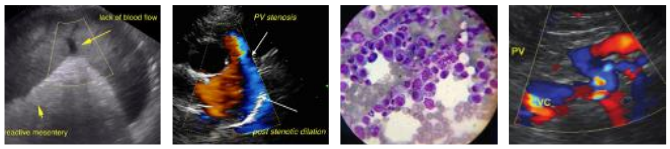

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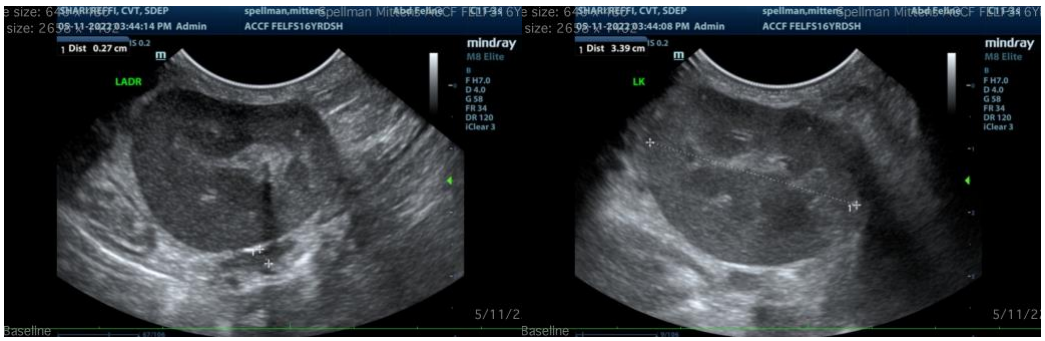
- Enlarged mesenteric lymph node – This solitary lymph node is prominent and enlarged. Recommend a fine needle aspirate. Differentials include inflammation, infection, and neoplastic change.
- Scant free abdominal fluid
- Small volume pericardial effusion – recommend cardiac ultrasound.

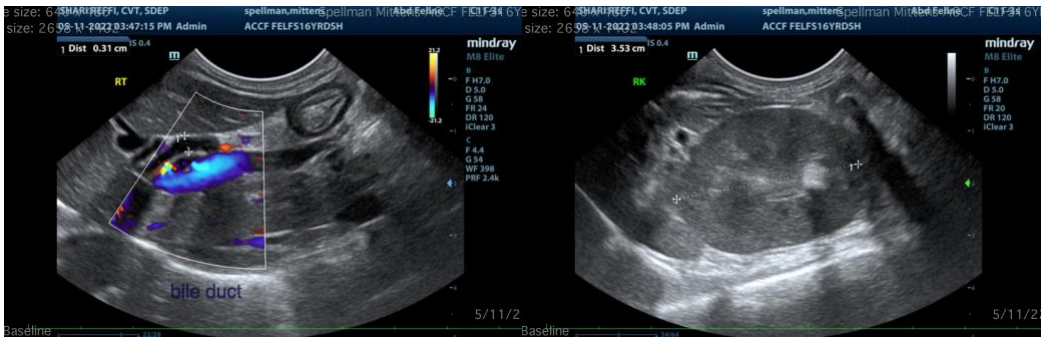
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be organomegaly present with a prominent, enlarged spleen, liver, and rounded kidneys. This could be secondary to congestion from the pericardial effusion, but this is not a large volume effusion, and I am more concerned about possible infiltrative disease. Recommend a fine needle aspirate of the spleen and the enlarged mesenteric lymph node near the spleen. If this is not diagnostic, you could consider aspirating the liver, and lastly the left kidney (as a last resort), provided coagulation parameters and blood pressure is normal.

Additionally, there is a small volume of pericardial effusion present. Recommend a cardiac ultrasound.

A pathologist review of the blood smear due to the anemia present and an ionized calcium could be helpful to evaluate the hypocalcemia reported.





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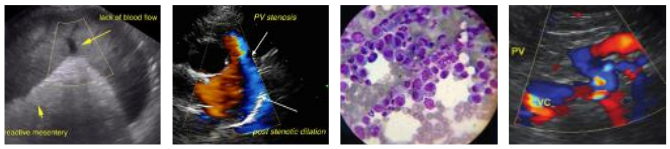

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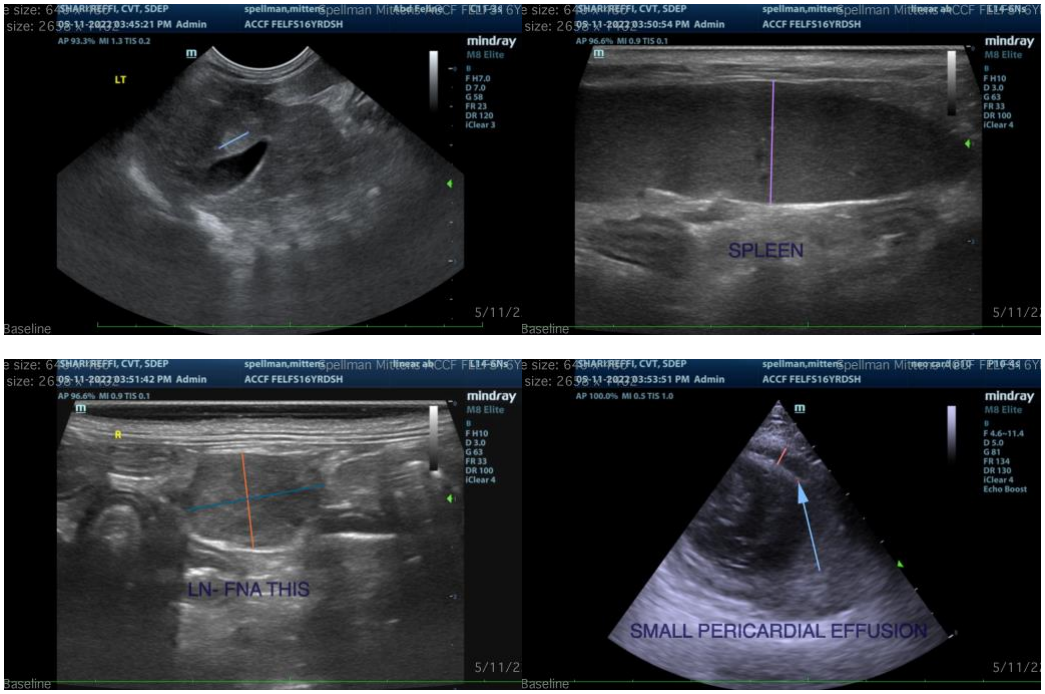

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com