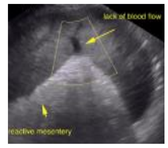
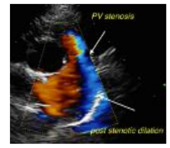
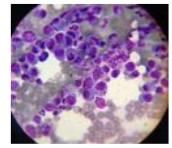
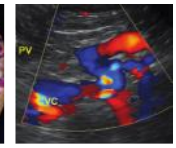

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PATIENT

Barnabas Gracey

SPECIES

Feline

BREED

Himalayan

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

11.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Meghan Myers, VMD

INVOICE

15132

DATE

5/12/22

PRESENTING CLINICAL SIGNS

History: Lethargy for last few days, decreased jumping/walking, no vomit, no diarrhea, appetite is normal potentially even slightly polyphagic. No current medications. Blood work is pending. Radiographs today showed splenomegaly, hepatomegaly.

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 has a normal shape and size (3.8 cm). Overall echogenicity is normal with adequate 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 (3.9 cm). Overall echogenicity is normal with adequate 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 region of left adrenal (Cranial to left renal artery) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is not clearly seen. There is a mass effect in this area, which I suspect is the right adrenal. This lesion is large and hypoechoic, measuring 6.9 cm x 2.8 cm. Within the hypoechoic mass, there is a hyperechoic focus, measuring 1.67 cm x 2.45 cm. This could represent a ruptured right adrenal mass.

Spleen

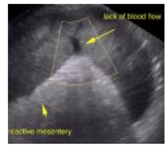
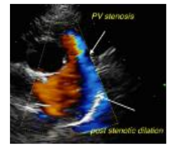
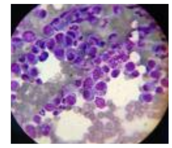
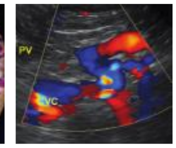
The spleen is large in size (1.5 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively large/normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined hyperechoic, somewhat moth-eaten appearing mass lesion deep in the liver, measuring 2.0 cm in diameter. Additionally, there is a small isoechoic nodule visualized in the periphery, measuring 1.34 cm.

The gall bladder 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 cystic and common bile ducts are normal/not visible.

Gastrointestinal

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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 0.13-0.38 cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36 cm.) 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 (pancreas/region 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large spleen. Differentials include congestion, infiltration (neoplasia, inflammation, splenitis, etc.), or could be a normal anatomic variant. I recommend a fine needle aspirate.

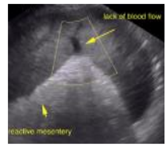
- Large hyperechoic liver with an ill-defined hyperechoic mass lesion and a small nodule. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The hyperechoic/moth-eaten lesion visualized deep in the liver could represent a benign or neoplastic lesion. Additionally, the nodule is very subtle and trends toward a benign appearance, but an underlying neoplastic lesion cannot be excluded as a possibility. I recommend a fine needle aspirate of the liver.

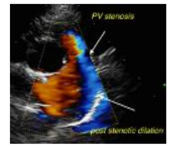
- Large mass effect in the region of the right kidney. Primary differential for this mass effect would be an adrenal mass. Based on location, differentials would include, pheochromocytoma, carcinoma, other.

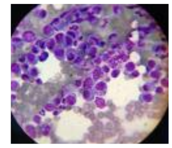
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

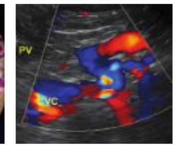
There is hepatosplenomegaly visualized on today's exam with a hyperechoic mass lesion visualized in the liver. Consider a fine needle aspirate of both of these lesions. The hepatic lesion is likely too deep to easily sample.

There is large hypoechoic mass lesion in the region of the right kidney. I'm concerned that this could represent the right adrenal gland and associated hemorrhage. I recommend a blood pressure evaluation and a contract CT scan to better evaluate this area and the liver, so as to facilitate possible









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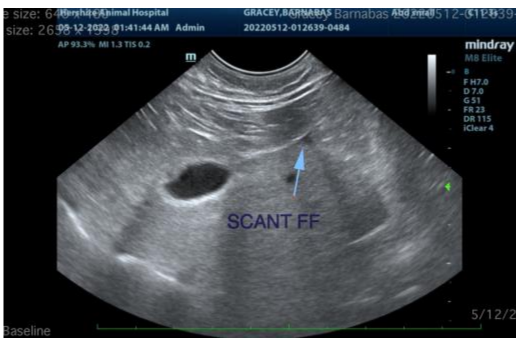
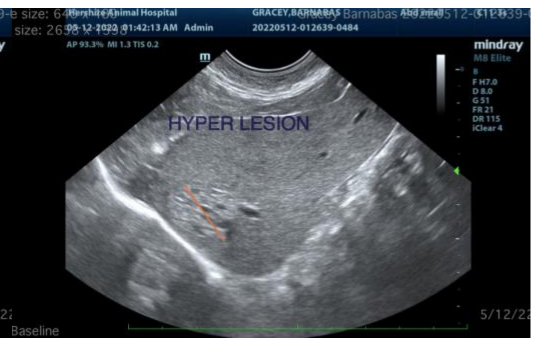
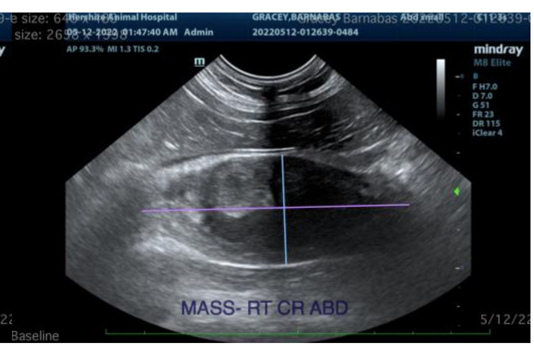
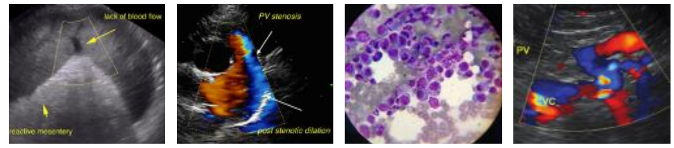
surgical planning. Based on CT results, a consultation with a veterinary surgeon can be performed regarding biopsy, aspiration versus surgical explore.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.









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The information and recommendations provided are based on the images presented by the referring veterinarian. 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