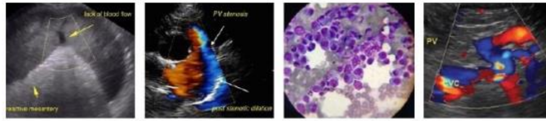


PATIENT

Misha Thoburn

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.02 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe AH

REFERRING VET

Dr. Aliaga-Leyton

INVOICE

37730

DATE

5/18/22

PRESENTING CLINICAL SIGNS

Presented straining to defecate, however passed a long BM dripping with clear liquid. Diet RC S/O calm normal rectal exam, he had urinated in the carrier. Abdominal palpation - suspected intra abdominal mass in mid ventral area about 3 cm. Enlarged LN? Penis free of debris, some redness on tip. On Gabapentin for today due to temperment.
Abnormal PE/Chem/CBC/UA Results: SDMA 23(0-14) ALKP less than 10 Lymph low Eosinophils high

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately to mildly distended with anechoic urine. The Bladder wall appears thickened and irregular towards the apex, where a maximum measurement of approximately 0.62 cm is visualized. Additionally, there is a small amount of mineralized debris in the dependent portion of the urinary bladder. The area of the trigone, proximal urethra and ureteral papillae appear relatively normal and free of significant mucosal irregularities, mass effects or calculi. Findings are most consistent with bacterial cystitis and sandy debris/small bladder stones. Correlate with abdominal radiographs. An early neoplastic lesion cannot be excluded as a possibility.

The left kidney has a normal shape and size (3.42 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.

The right kidney has a normal shape and size (3.59 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 0.26 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.

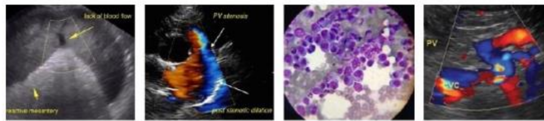
The right adrenal gland is normal in size measuring 0.40 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal/borderline large in size and slightly irregular in shape, echotexture is homogenous. The blood flow through the hilus and splenic parenchyma appears normal. There is an isoechoic bulge/mass effect towards the tail of the spleen. This area of the spleen measures 1.24 cm x 2.04 cm.

Liver

The liver is subjectively normal in size, and 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. No focal nodules or cystic lesions are observed.



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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 cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.32 cm. Duodenum wall measured 0.45 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 non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

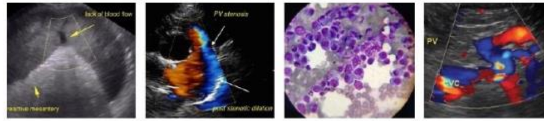
PRIMARY FINDINGS

- Irregular/thickened urinary bladder wall with hyperechoic shadowing intraluminal debris – findings are most consistent with bacterial cystitis and stones/sandy debris. Recommend urinalysis and culture and correlate with abdominal radiographs. If culture is negative, consider sampling of this area to evaluate for an underlying neoplastic process.

- Isoechoic mass effect/bulge in the tail of the spleen – This could represent a benign or neoplastic lesion. Recommend a fine needle aspirate.

- Mildly heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. If there are no significant liver enzyme elevations, this could be within normal limits for this individual.

- Subjectively thickened small intestine with prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.



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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

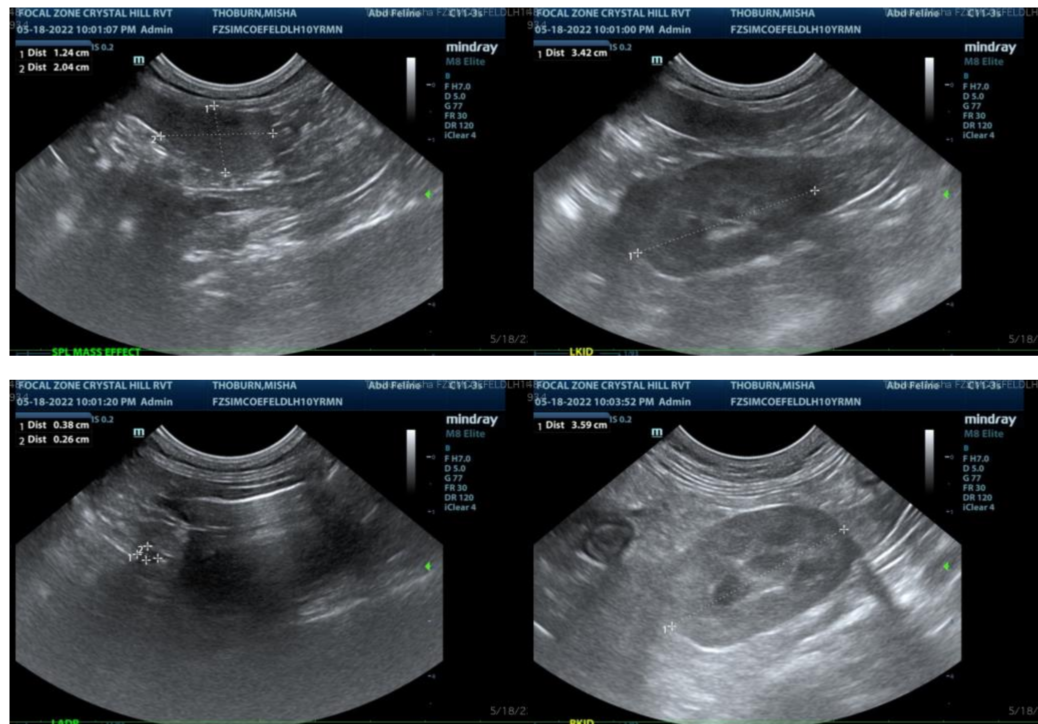
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous irregularities visualized on today's scan. Some of these could be consistent with age related change, and a definitive cause for the symptoms described is not observed. The bladder wall is irregular and there appears to be some sandy debris or small stones present. This could be contributing to straining to urinate, which could resemble straining to defecate. Recommend urinalysis and culture in addition to abdominal radiographs to better evaluate this situation.

The tail of the spleen appears somewhat thickened and rounded, most consistent with an isoechoic mass effect or "bulge". Recommend a fine needle aspirate of this area of the spleen for further evaluation.

The small intestine appears somewhat thickened, and the muscularis layer is prominent. This can be a common finding in some normal older cats, so it is unclear if this patient has symptoms of small intestinal disease. Consider a GI panel for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

This patient is reported to have an eosinophilia. Consider a pathologist review of a blood smear to confirm. If this is significant, you could consider evaluation for parasites, testing for Addison's disease, and close continued monitoring.



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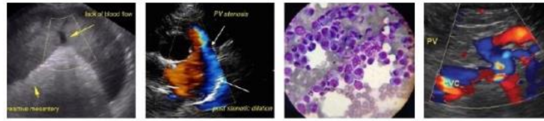

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289-808-2608 info@thefocalzone.com

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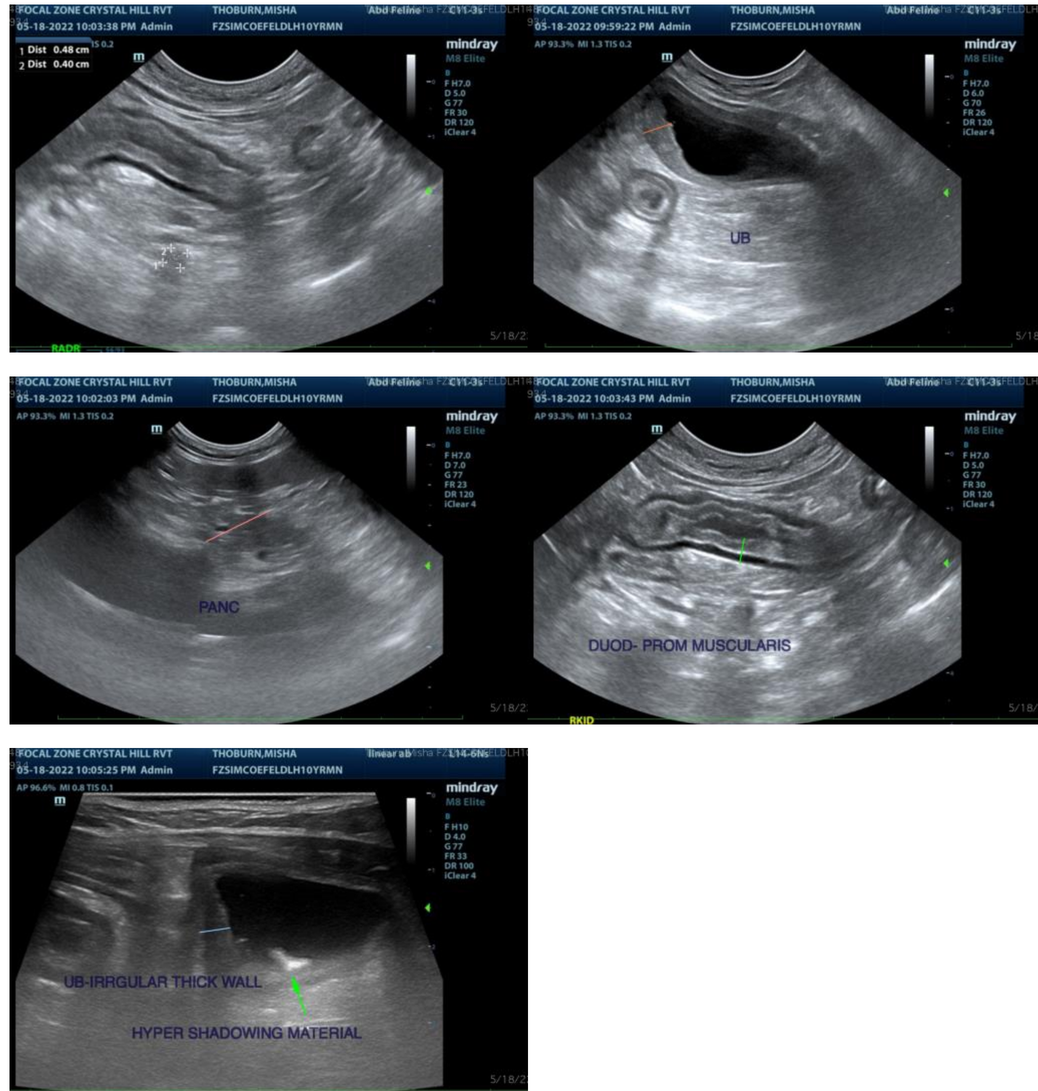

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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