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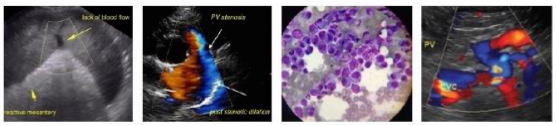


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Latte Homer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

7.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

St. Catharine's AH

REFERRING VET

Dr. Boctor

INVOICE

37441

DATE

5/5/22

PRESENTING CLINICAL SIGNS

History of CKD and pancreatitis. Is on fluids in hospital, not well. On IVF, MTZ, Ampicillin, Cerenia, Famotidine, k/d diet, Vetergesic, Aventi and Fortekor.
Abnormal PE/Chem/CBC/UA Results: ELevated BUN, Creatinine and FPLi.

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. There is a hyperechoic linear structure visualized in the region of the bladder with the appearance of a urinary catheter, but this is not typical placement location. Correlate with exam findings (laying on IV tubing during scan??)

The left kidney has a normal shape and size (3.6 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 (2.94 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

See "other" regarding the left adrenal gland.

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 subjectively normal in size, 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.

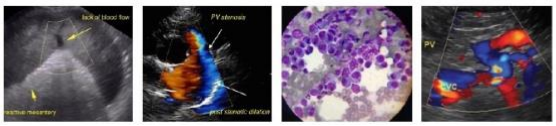
Liver

The liver is subjectively 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.

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 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.



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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. The colon is moderately dilated with nonformed stool. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

See "other" regarding the pancreas .

Free Abdomen

There is a scant amount of free abdominal fluid. There is no significant lymphadenopathy noted. The omentum is of increased echogenicity in the cranial abdomen.

Other

There is a large mixed echogenicity mass effect in the left cranial abdomen measuring 3.57 cm x 2.96 cm. This lesion appeared to be caudal to the liver and colon and cranial to the left kidney. An obvious organ of origin is not clearly visualized. Left adrenal or pancreas seems most likely at this point, but liver or spleen is also a possibility.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Large, mixed echogenicity mass effect in the left cranial abdomen – This mass lesion is most likely pancreatic or adrenal in nature, although hepatic or splenic involvement is also possible. It appears very inflamed and surrounded by hyperechoic mesentery.
- Scant free abdominal fluid.
- Colon dilated with liquid fecal material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, mixed echogenicity inflamed mass effect in the left cranial abdomen. It appears to be coming into contact with part of the pancreas, liver, and the left adrenal gland is obscured. Based on its appearance, round cell neoplasia appears less likely. Therefore, a pancreatic or possibly adrenal mass would seem most likely.

Options moving forward include a fine needle aspirate of the cranial abdominal mass and 3-view thoracic radiographs. From there, further options would include either exploratory surgery with the hope of removal for both diagnostic and therapeutic purposes, or preoperative CT scan to look for obvious metastasis and to better try to determine the organ of origin.

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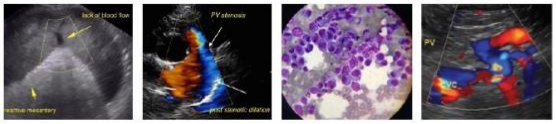

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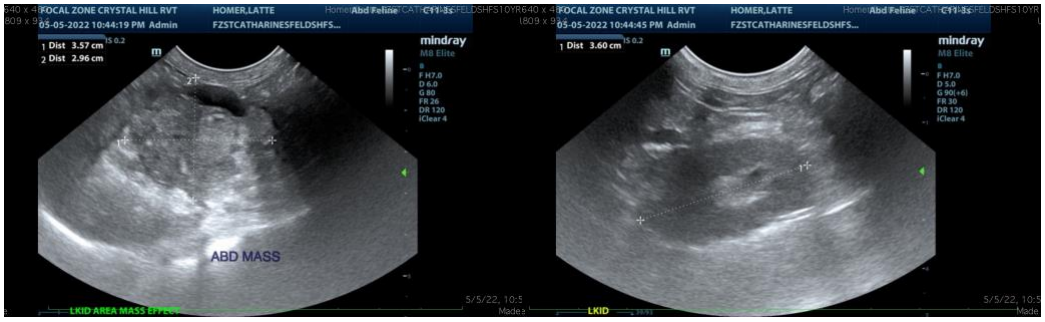

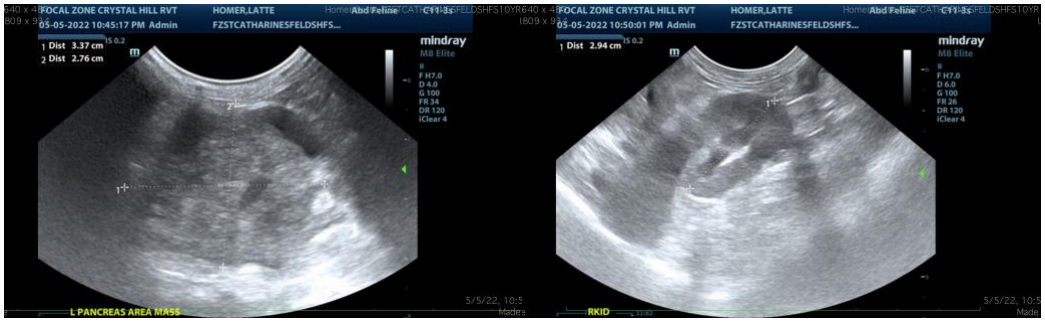

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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