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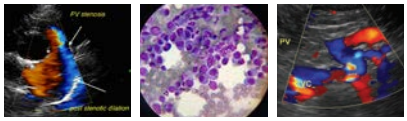

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/14/22

PATIENT

Herbie Vick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12/1/03

WEIGHT

8.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Vance

INVOICE

38683

PRESENTING CLINICAL SIGNS

Weight loss, shaking to legs, and feels he may be arthritic.

Current Medications: Dasuquin, Nutrical, Amlodipine 2.5mg- 1/4 SID.
Lab Results: Ionized calcium- 1.11.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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, or masses. There is a small amount of hyperechoic shadowing material in the dependent portion of the urinary bladder, consistent with a small amount of sandy debris.

The left kidney has a normal shape and size (2.38 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 (3.73 cm) with mild pyelectasia at 0.27 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 0.41 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 borderline large in size (0.88 cm in width at the level of the hilus). The spleen echotexture is heterogenous and mottled, 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 irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined lesions/nodules in the hepatic parenchyma. One such nodule is hyperechoic, measuring 1.08 cm. Another is hypoechoic at 1.96 cm x 1.88 cm. A larger peripheral lesion that bulges from the hepatic margins measures 3.09 cm x 2.06 cm.

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.

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 0.29 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. The normal colonic wall layering measured at approximately 0.17 cm. There is a focal area of colon wall that is irregular, hypoechoic and thickened. The colon in this area has a diameter of 1.18 cm, and colon wall thickness is 0.77 cm with a complete loss of layering. This section of colon extends for at least 2.59 cm.

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. There are occasional prominent mesenteric lymph nodes. One such lymph node is visualized measuring 0.45 cm. The omentum is of increased echogenicity around the abnormal area of colon.

PRIMARY FINDINGS

- Large, irregular, heterogeneous liver with hypo- and hyperechoic nodules – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Focal area of colon with wall thickening and loss of layering – This area is concerning for a focal bowel mass. Consider a benign or neoplastic lesion.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Shadowing sandy debris within the urinary bladder – Recommend urinalysis and culture and continued monitoring.
- Decreased corticomedullary distinction in both kidneys with mild right-sided pyelectasia – The bilateral renal findings are consistent with age-related change. Recommend urinalysis and culture

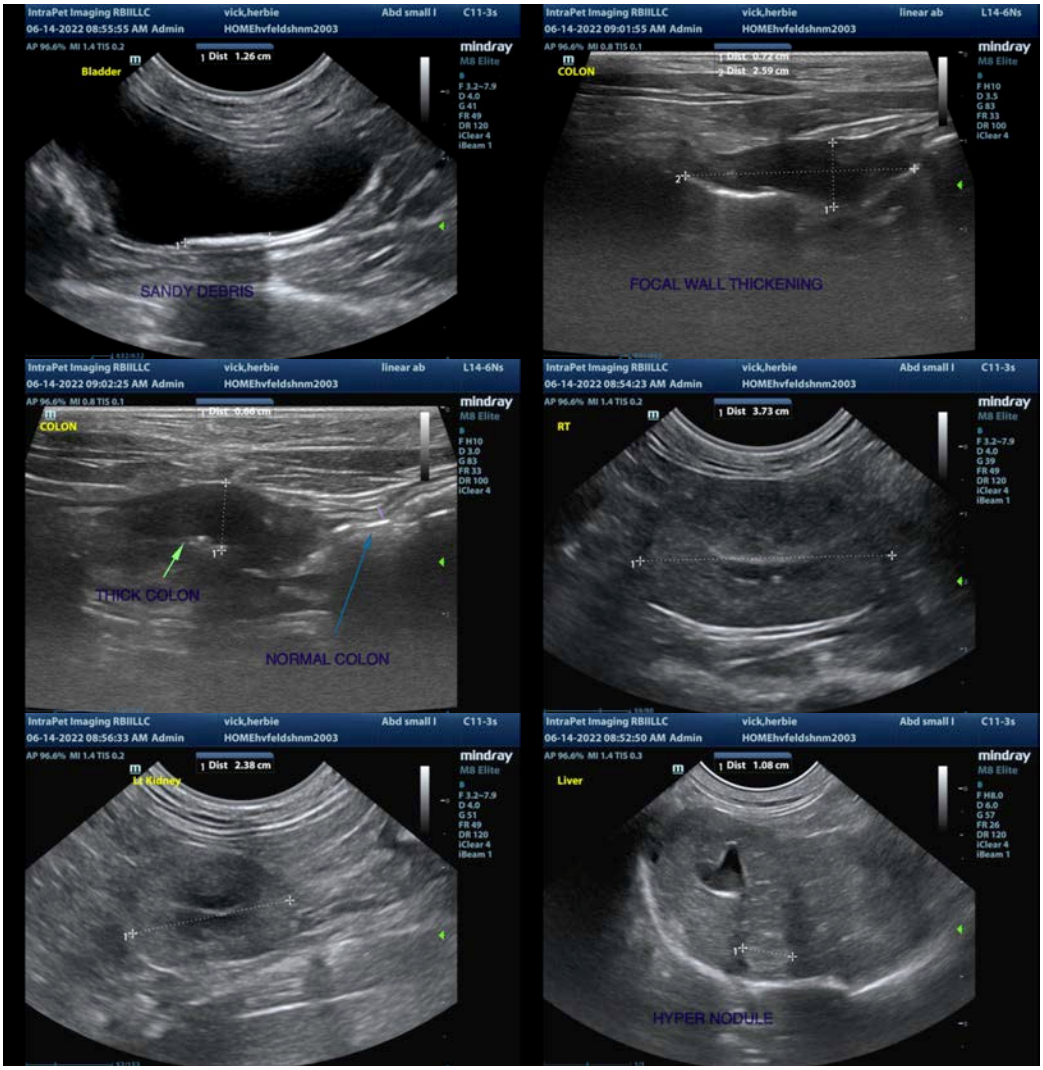
due to the pyelectasia visualized in the right kidney

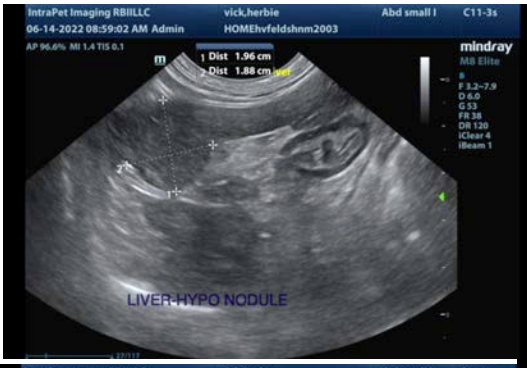
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal area of colon wall that appears thickened and has a complete loss of layering. This area is concerning for a mass effect. Recommend a fine needle aspirate of the colon wall.

Additionally, there are nodules/masses visualized in the liver. The nature of these lesions is uncertain, as they would need to be either sampled or monitored over time to have a better appreciation of their significance. Consider a fine needle aspirate of the liver and 3-view thoracic radiographs.

The significance of the splenic changes is unclear, but for a cat this size it appears generous in size and somewhat mottled. A fine needle aspirate could be considered.

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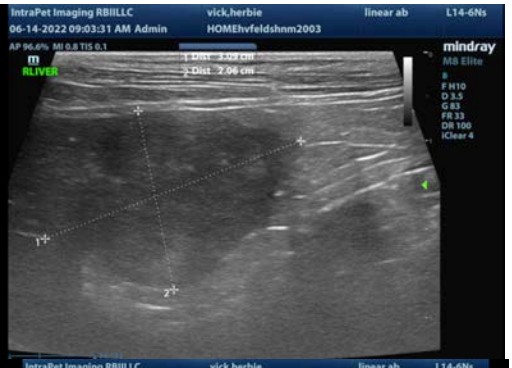
LIVER-HYPO NODULE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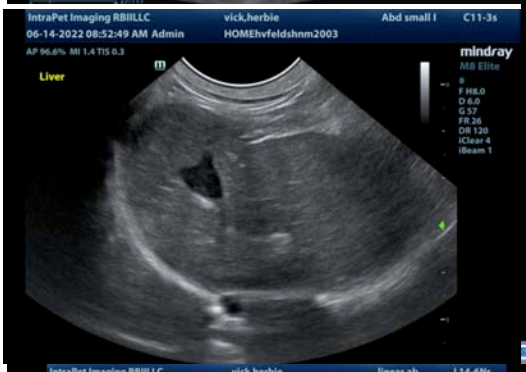
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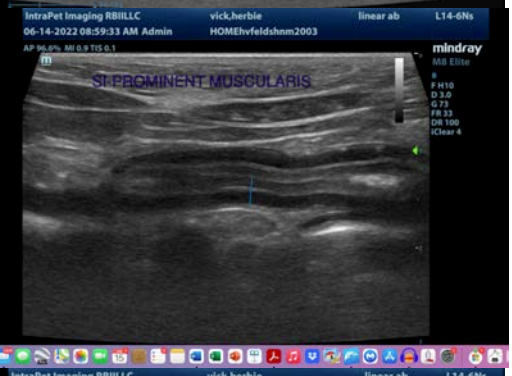
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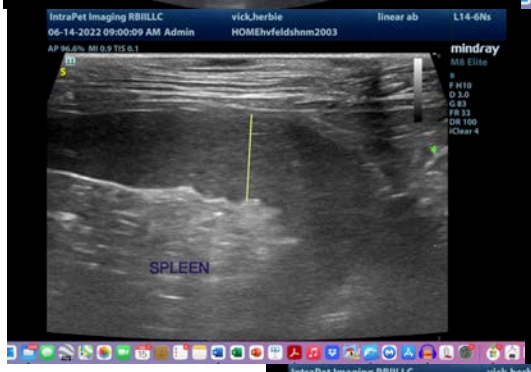
SI PROMINENT MUSCULARIS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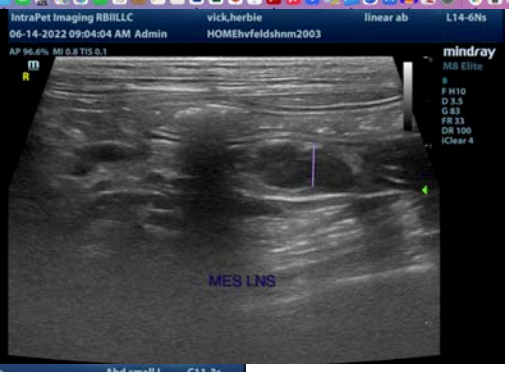
SPLEEN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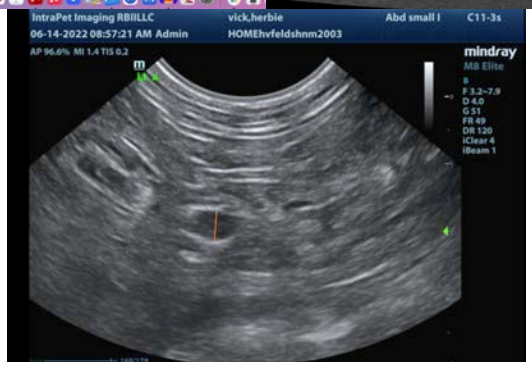
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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