IMAGING PERFORMED BY

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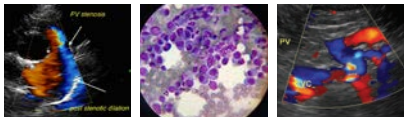

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

6/21/22

PATIENT

Lly Richert

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/15/12

WEIGHT

13.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Madonna Vet Clinic

REFERRING VET

Dr. Brockett

INVOICE

38930

PRESENTING CLINICAL SIGNS

Patient has 3 week history of inappetance. Physical uneventful. Has ascites on abdominal radiograph.

Current Medications: None.
Radiographs: Ascites.
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 1.18 cm hyperechoic shadowing structure in the dependent portion of the urinary bladder, most consistent with a stone or grouping of stones.

The left kidney has a normal shape and size (3.6 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 (4.37 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 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 homogenous echotexture. 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.

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 pancreas is large, mottled and hypoechoic. There is a large, irregular, hypoechoic lesion with some cystic regions visualized in the region of the pancreas, most consistent with a large irregular pancreatic mass. There is mild regional inflammation noted.

Free Abdomen

There is a large amount of free abdominal fluid. There is no lymphadenopathy noted. The omentum is largely of normal echogenicity, but in some regions, particularly near the pancreatic lesion, there is irregularity to the omentum, possibly consistent with carcinomatosis.

Other

There is a scant amount of pericardial effusion visualized, and a large amount of bilateral pleural effusion.

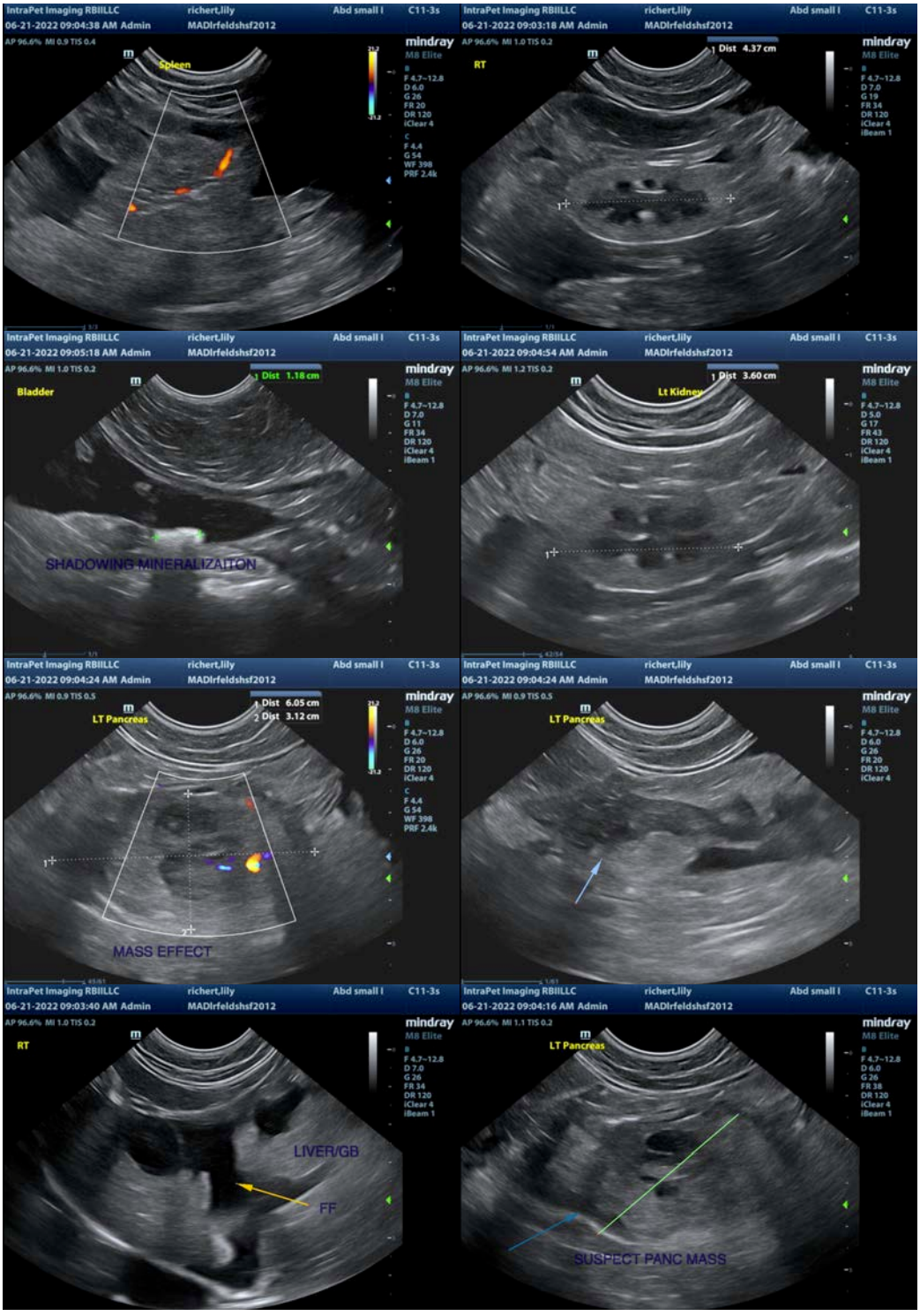
ULTRASONOGRAPHIC FINDINGS

- Tricavitary effusion
- Large, hypoechoic, irregular, cystic mass effect visualized in the mid abdomen – most consistent with a pancreatic mass lesion.
- Hyperechoic shadowing structure in the urinary bladder – most consistent with a solitary calculus or grouping of calculi. Correlate with abdominal radiographs. Recommend urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of free abdominal fluid as well as some irregular omentum and a suspected pancreatic mass lesion. Recommend fluid collection for fluid analysis and cytology as well as a fine needle aspirate of the abdominal mass. Concern would be high for a possible carcinomatosis.

Recommend 3-view thoracic radiographs with possible collection of the pleural effusion for analysis. Consider cardiac ultrasound. Concern would be high for a metastatic neoplastic process.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Spleen
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RT
1 Dist 4.37 cm
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MADIrfeldshsf2012
Bladder
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SHADOWING MINERALIZATION
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LT Pancreas
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2 Dist 3.12 cm
MASS EFFECT
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LT Pancreas
SUSPECT PANC MASS
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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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