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Clinical Sonography & Telecytology
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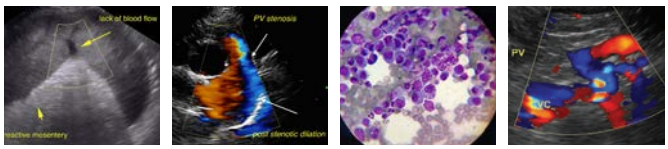


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Miley Brown

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

13.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

Dr. Sheldon

INVOICE

38923

DATE

6/21/22

PRESENTING CLINICAL SIGNS

She came in for wellness and we noted a 2 lb weight loss. Owner reports she is acting normal at home. Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4: were normal other than high Ca 12.8.

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 (4.2 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 (3.8 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 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 (0.78 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.

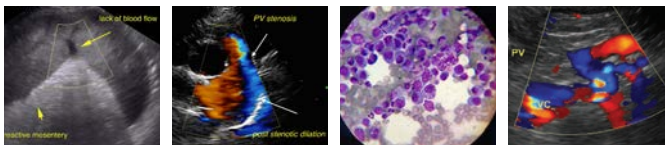
Liver

The liver is subjectively 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 structure is somewhat difficult to discern. There is a hyperechoic structure within the hepatic parenchyma measuring 3.49 cm. This could be consistent with a gallbladder with hyperechoic debris, although a definitive wall is difficult to distinctly visualized. Associated with this structure is a hypoechoic smaller structure, which appears almost luminal, measuring 1.85 cm. A hypoechoic tubular structure extends from this, which appears most consistent with a dilated bile duct, measuring at 0.58 cm. Caudal to this structure is a larger hypoechoic cystic structure measuring 2.96 cm. This could represent a hepatic cystic structure, a severe dilation of bile duct, a pancreatic cyst, etc.

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. Jejunum wall measured 0.23 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 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.

Other

There is a large, hypoechoic cystic structure visualized in the caudal part of the liver or just caudal to the liver, measuring 2.96 cm. This could be associated with what I suspected is a dilated bile duct. Recommend advanced imaging to better evaluate this area.

ULTRASONOGRAPHIC FINDINGS

- Suspect hyperechoic debris filled gallbladder with dilated bile duct and cystic caudal structure of unknown significance.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large hyperechoic lesion within the hepatic parenchyma that is most consistent with a gallbladder with a large amount of intraluminal debris, although a hyperechoic mass effect cannot be excluded as a possibility. This lesion appears to have a hypoechoic region with a dilated bile duct. This could represent an area within the lumen, or even a gallbladder that is impinged upon by a mass effect.

Distally to this is a large cystic structure, which appears somewhat associated with the dilated bile duct, but this cannot be definitively determined. Additionally, I cannot rule out a vascular structure without color flow evaluation. Since there is no elevation in liver enzymes or bilirubin noted in the history, the significance of these is uncertain.

I believe the best path is advanced imaging with a contrast CT scan to better evaluate the vasculature and the biliary structures. A fine needle aspirate could be considered of the large cystic structure, possibly even the hyperechoic structure, which could be gallbladder, but this is less than ideal with uncertainty as to the nature of these structures.

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

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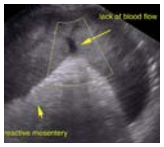
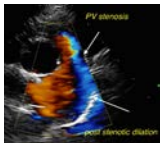
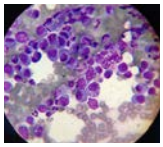
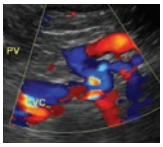

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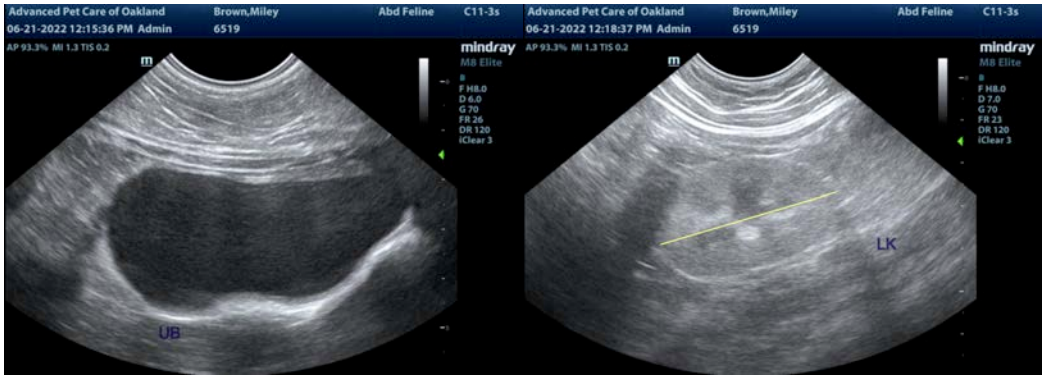

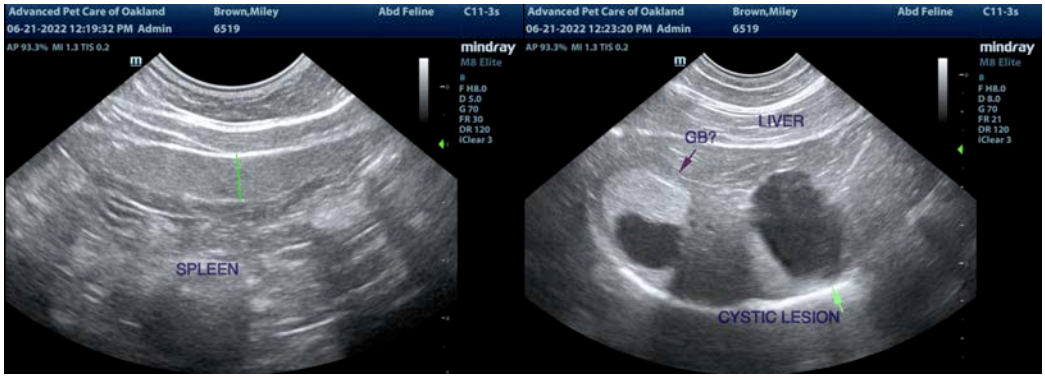

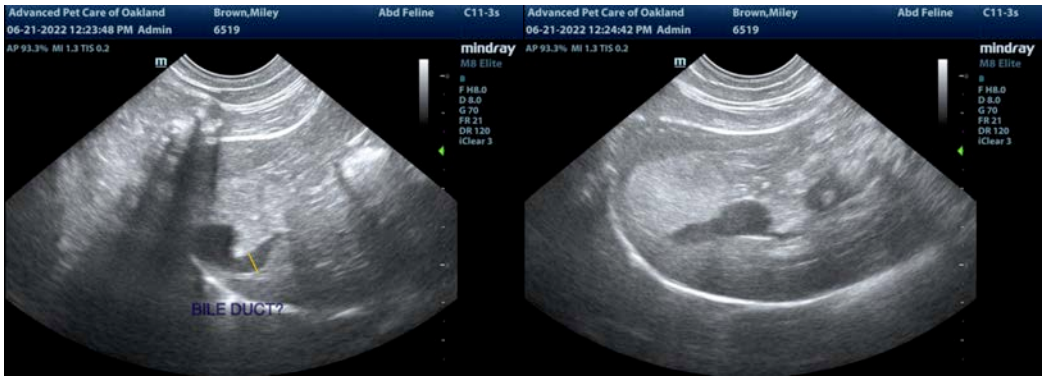

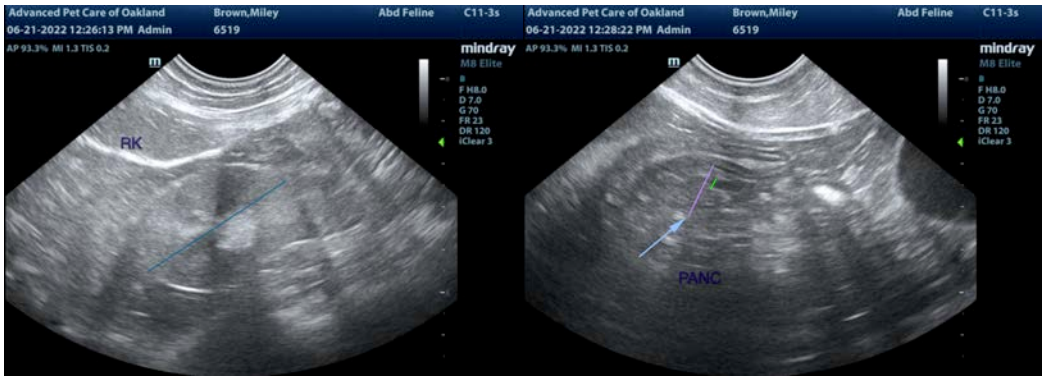

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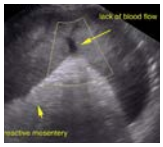
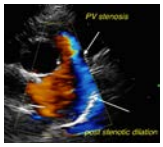
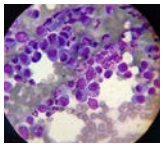
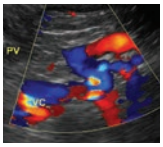

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com