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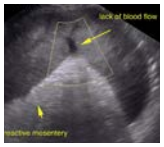
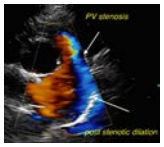
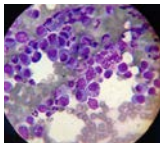
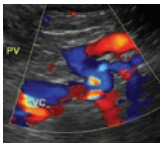
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Masha Monneaux

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on the Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

43546

DATE

6/28/23

PRESENTING CLINICAL SIGNS

Patient presents for vomiting and ALT of 282.
Abnormal PE/Chem/CBC/UA Results: AST 193 and ALT 282.

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 (4.0 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.33 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.38 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 is visualized.

Spleen

The spleen is subjectively normal in size (1.2 cm), 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.

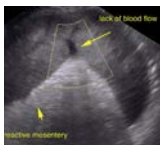
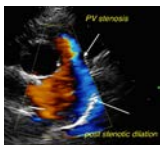
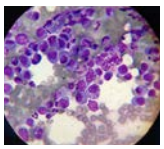
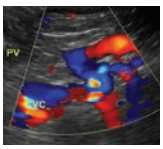
Liver

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid/ingesta. 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. 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is a large irregular hypoechoic vascular mass effect visualized in the craniodorsal abdomen dorsal to the stomach, possibly in the region of the left limb of the pancreas, measuring 3.05 cm x 3.27 cm, surrounded by hyperechoic mesentery.

Free Abdomen

There is a small amount of free abdominal fluid. Occasional prominent lymph nodes are visualized. One such lymph node measures 0.85 cm x 0.57 cm. The omentum is diffusely hyperechoic but severely hyperechoic around the cranial abdominal mass.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, hypoechoic vascular cranial abdominal mass – Findings are concerning for a possible pancreatic mass lesion, although other differentials (hepatic/splenic lymph node, other) are possible.
- Moderate fluid/ingesta dilated stomach – Findings are most consistent with delayed gastric emptying.
- Free abdominal fluid and severely hyperechoic mesentery – Findings are most consistent with focal peritonitis (likely sterile).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large irregular vascular hypoechoic mass effect visualized in the craniodorsal abdomen caudal to the stomach but cranial to the left kidney, likely in the region of the left limb of the pancreas. The appearance of this lesion is most consistent with a pancreatic mass lesion, although other differentials are possible.

Recommend a fine needle aspirate and 3-view thoracic radiographs. If surgical intervention is desired, consider a contrast CT scan to better evaluate for surgical planning and to look for evidence of subtle metastatic lesions. If surgery is not an option, consider treatment for a pancreatic abscess and consider repeat imaging in 48-72 hours (a fine needle aspirate would be very helpful in trying to determine if this is worthwhile/a good plan).

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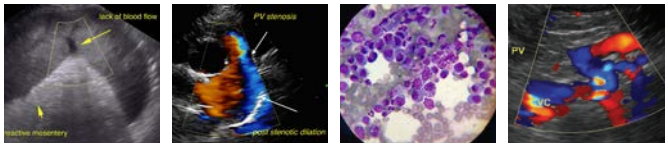

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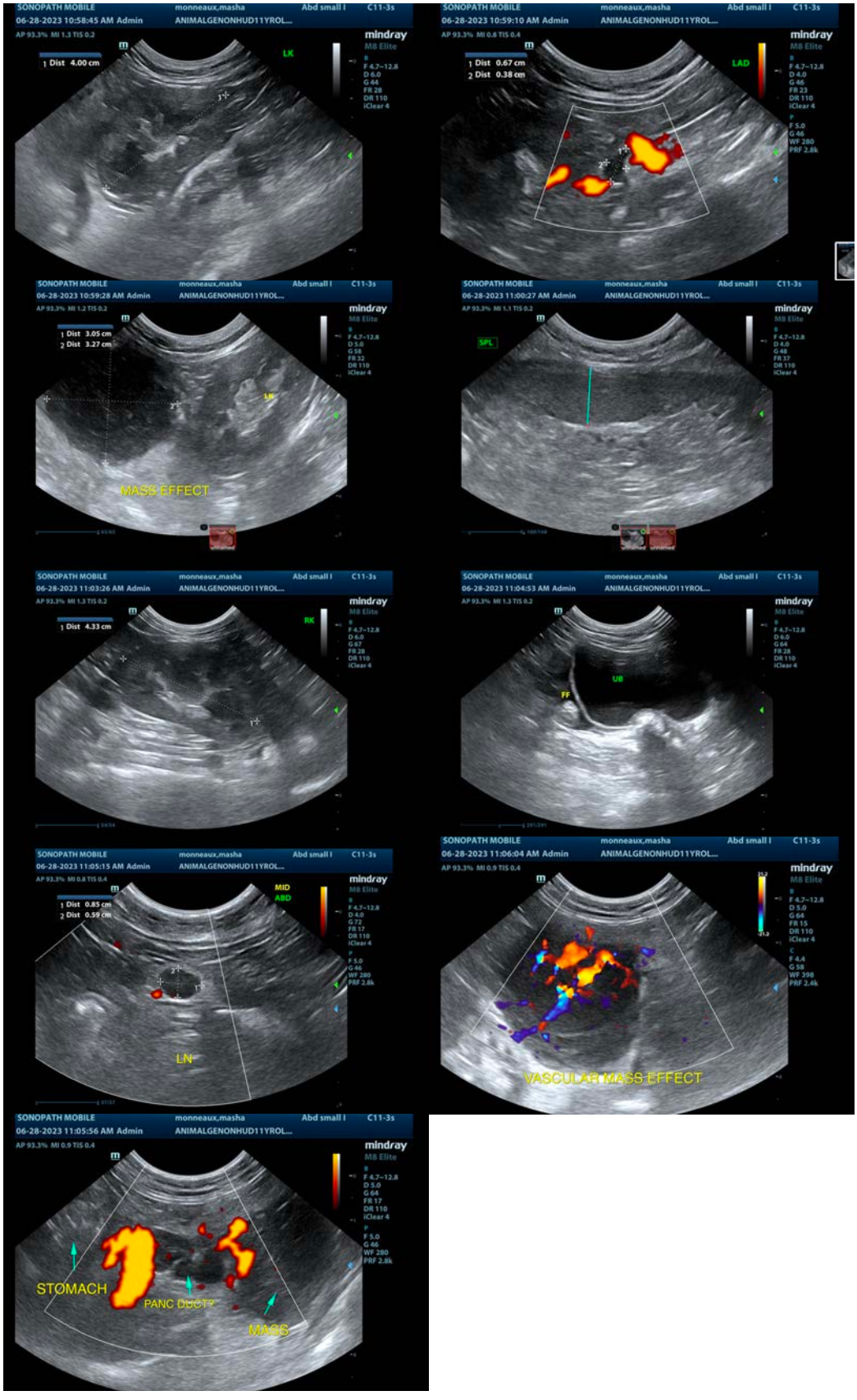

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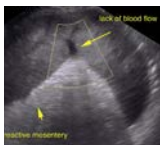
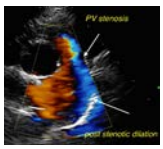
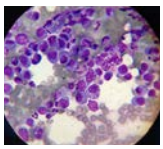
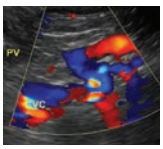

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com