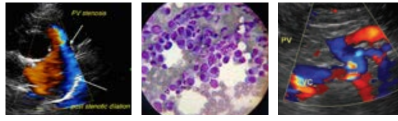
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

7/11/23

PATIENT

Lovie Chin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/15/08

WEIGHT

8.1 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Montessi

INVOICE

43877

PRESENTING CLINICAL SIGNS

Chronic vomiting, weight loss. Hx of IBD, hyperthyroidism, hepatic nodule, cystic pancreas. New large umbilical hernia.

Current Medications: Prednisolone 3mg SID, Methimazole 2.5mg SID.
Lab Results: TT4 4.4 on methimazole SID (o's mistake).
Date of Previous IntraPet Ultrasound: 4/23/21. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 (4.04 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.68 cm). Overall echogenicity is slightly hyperechoic with poor 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 (0.84 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. A portion of the spleen appears located in the subcutaneous space above the body wall in an area of an umbilical hernia.

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. There is a cystic hyperechoic nodule visualized in the right side of the liver measuring 1.77 cm x 1.46 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 mild and 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. Jejunum wall measures 0.25 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 large and hypoechoic to surrounding mesentery. The left limb of the pancreas appears significantly cystic and nodular. The largest cyst measures 1.48 cm in diameter. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis.

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.

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.

- Displaced hypoechoic spleen – The spleen appears to be in the subcutaneous within an umbilical hernia.

- Mottled hypoechoic, irregular pancreas with numerous nodules/cystic lesions – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Cystic, hyperechoic lesion in the right side of the liver – This could be consistent with a benign cystadenoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is significantly cystic and nodular. It appears more prominent with more significant inflammation on today's scan as compared to the previous scan in 4/2021. These changes could be consistent with nodular regeneration, benign cystic lesions, etc., but a component of inflammation is present, and underlying neoplastic change cannot be ruled out. Fine needle aspirate of the pancreas could be considered.

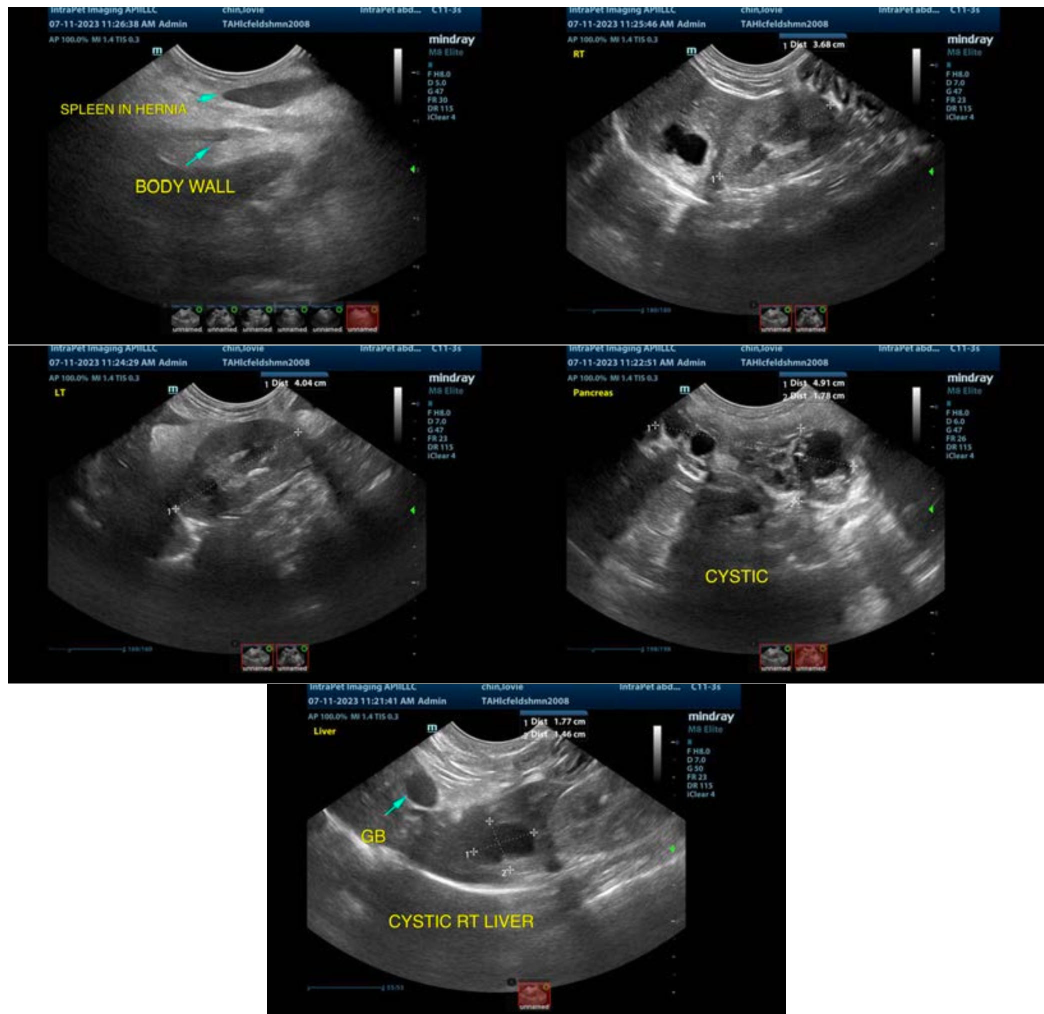
Additionally, the spleen appears irregular and displaced. There is a new umbilical hernia described and it appears that the spleen is within this subcutaneous hernia. Other abdominal structures could be entrapped within the hernia as well, and there is risk for vascular compromise to these areas. Recommend surgical correction.

The hyperechoic cystic lesion visualized in the liver appears relatively stable and could be consistent with a benign cystadenoma.

The changes observed in the kidneys are consistent with chronic age related renal disease. Recommend urinalysis, blood pressure, and a culture as a baseline.

The definitive cause for the chronic vomiting and weight loss reported is uncertain. Certainly the pancreas is concerning in appearance, and there is generalized inflammation in the abdomen. Additionally, the herniation could be contributing, particularly if there are entrapped loops of bowel, vascular compromised organs, etc.

Recommend 3-view thoracic radiographs. As long as the patient is stable, consider surgical reduction of the hernia with biopsies of the GI tract and pancreas, as well as any other concerning findings to better manage this patient's symptoms and disease process.



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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