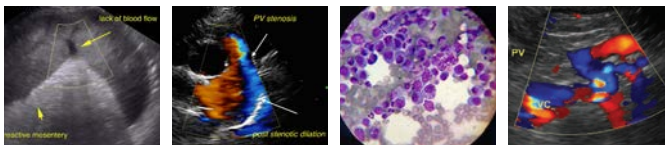
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
King Henry Day

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
14 Years

WEIGHT
17.26 Pounds

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Glen Rock Vet Hospital

REFERRING VET
Dr. Scott Stekler

INVOICE
39460

DATE
7/13/22

PRESENTING CLINICAL SIGNS

Patient presents for difficulty king/shuffles, no PU/PD, no vomiting or diarrhea.

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 (3.79 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 (3.7 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 left adrenal gland is normal in size measuring 0.29 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 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

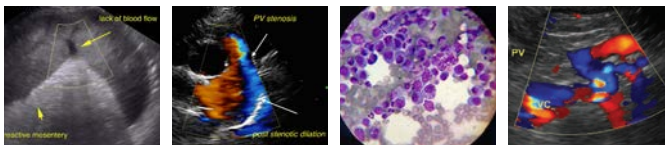
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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.)



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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 hypoechoic as compared to the surrounding isoechoic mesentery. It is visualized caudal to the stomach near the right limb. In this region, the pancreas appears relatively normal, but slightly prominent. More caudal on the right cranial abdomen, there is a hypoechoic region of tissue surrounded by hyperechoic omentum/fat. This lesion has the appearance of an ill-defined cyst/early abscess or even slightly necrotic fat. This could be associated with the pancreas, but no direct attachment is visualized.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a cluster of hypoechoic lymph nodes that appear to be surrounded by hyperechoic mesentery near the left caudal abdomen, measuring 0.33 cm and 0.42 cm. The omentum is hyperechoic around these lymph nodes and around the abnormal hypoechoic structure in the right cranial abdomen.

As described under the pancreas, there is an ill-defined 1.8 cm hypoechoic area in the right cranial abdomen, which is surrounded by hyperechoic mesentery. This has the appearance of an early cystic lesion, abscess or focus of necrotic fat surrounded by hyperechoic mesentery. Suspect pancreatic origin, but not attachment to the pancreas is visualized.

ULTRASONOGRAPHIC FINDINGS

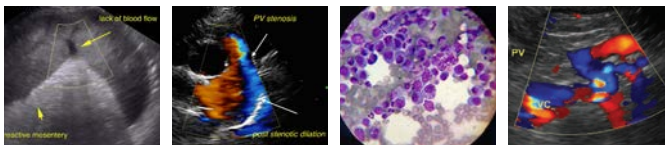
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Cluster of prominent lymph nodes surrounded by hyperechoic fat – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Ill-defined, hypoechoic area of tissue surrounded by hyperechoic mesentery – This area is concerning for possible necrotic fat or an early pancreatic abscess/cyst, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In general, the abdominal structures appear relatively normal on today's scan. There are two irregular omental lesions. One I suspect is a cluster of small lymph nodes surrounded by hyperechoic mesentery. This should be monitored, and a fine needle aspirate could be considered, as I cannot rule out the possibility that these are alternately omental nodules, etc.

Additionally, there is a larger ill-defined hypoechoic area in the right cranial abdomen that has the appearance of possible necrotic fat or an early abscess/cystic lesion developing in the pancreas, but no direct association with the pancreas is visualized, so the nature of this lesion is unclear. I would consider testing for pancreatitis and treating for pancreatitis while monitoring this lesion. If things are not improving or getting worse, consider a fine needle aspirate of hypoechoic region and the lymph nodes.

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



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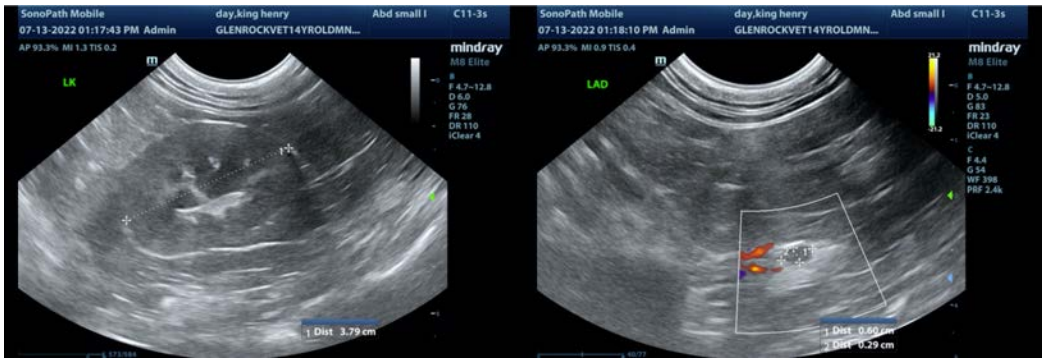
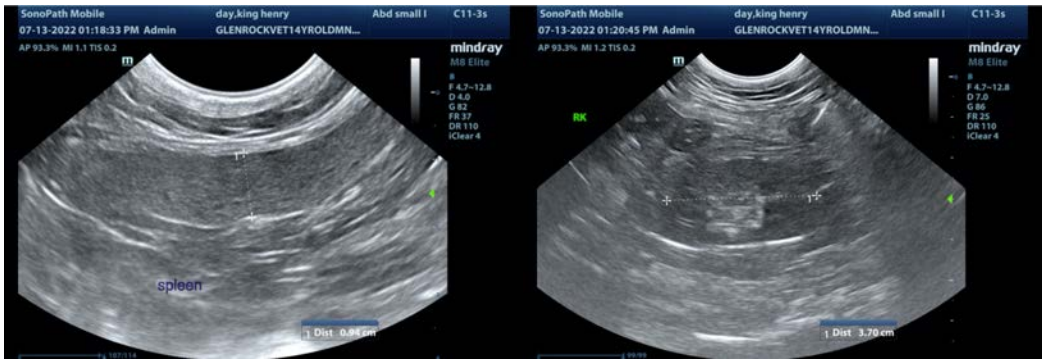
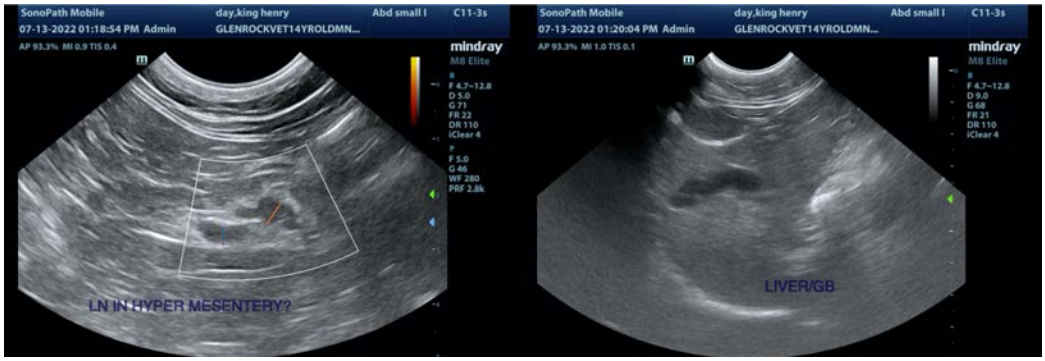
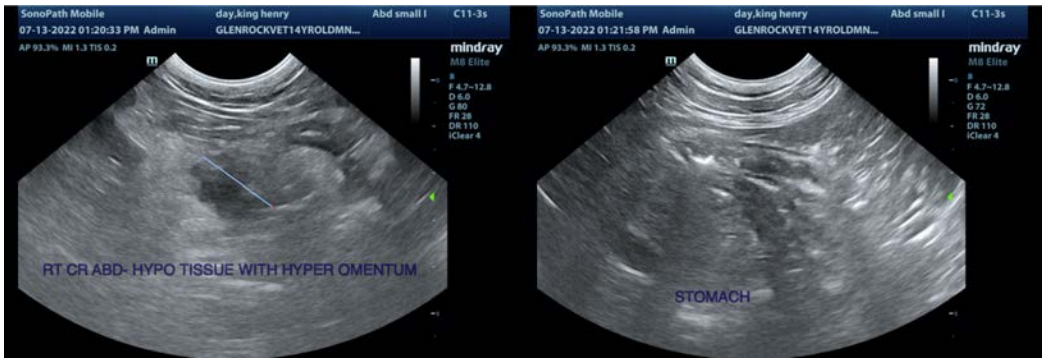
Additionally, consider neuromuscular/musculoskeletal differentials for the shuffling.









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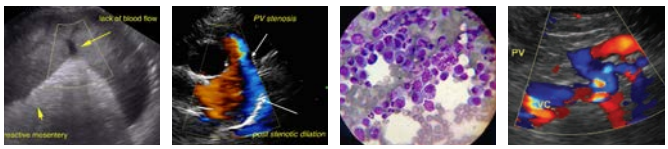

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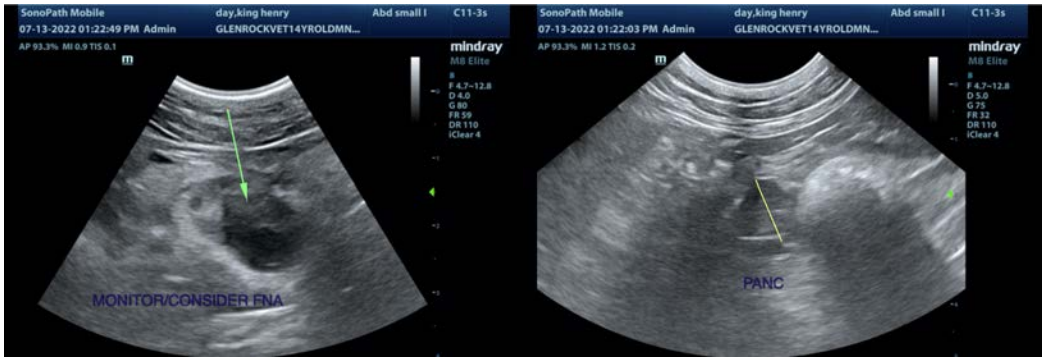

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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