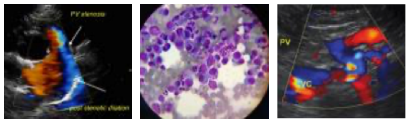
IMAGING PERFORMED BY

IntraPet.com



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DATE

7.14.2023

PATIENT

Joey Doyle

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/31/2006

WEIGHT

8.4 lbs

INTERPRETED BY

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

HOSPITAL NAME

Homeward Bound

REFERRING VET

Dr. Vance

INVOICE

13705

PRESENTING CLINICAL SIGNS

Weight loss, inappetence, vomiting bile.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with urine. No focal, calculi or irregularities are noted. Evaluation is extremely limited due to lack of urinary distention.

The left kidney has a normal shape and size (3.24 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 (3.32 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 (0.44 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 small (0.42 cm) and hypovolemic, 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 large in size, and irregular with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too-numerous-to-count ill-defined hypo- and hyperechoic, expansile nodules and mass effects visualized within the liver (examples measure 0.91 and 0.65 cm).

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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 jejunum measured as normal (0.22 cm)

Visualized peristalsis appears appropriate. There are some areas where the bowel appears somewhat corrugated, most consistent with focal enteritis.

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 area of 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

There is a large volume of echogenic free fluid. No lymphadenopathy is noted, but the omentum is diffusely irregular and nodular in appearance.

ULTRASONOGRAPHIC FINDINGS

Findings

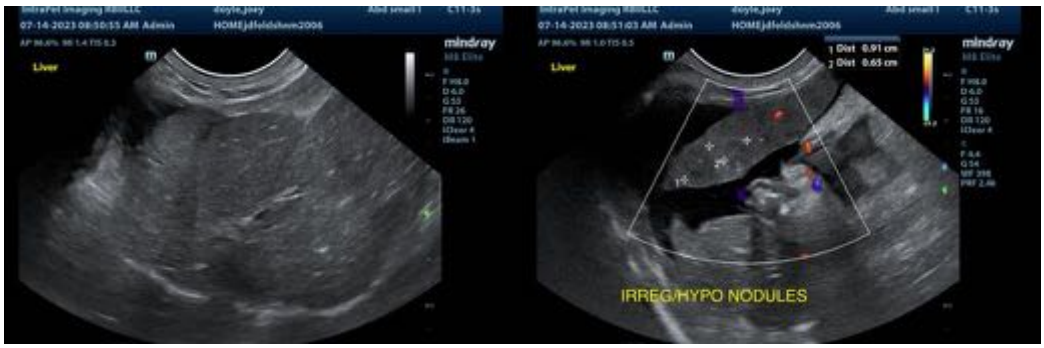
- Large, heterogenous, irregular rounded liver with numerous, somewhat ill-defined, hypo- and hyperechoic nodules/masses – The liver is very abnormal in appearance, with many ill-defined masses/nodules, which appear to deviate the splenic margins and appear expansile. Neoplastic infiltration would be of primary concern, although other differentials are possible (lymphoma, carcinoma, other).

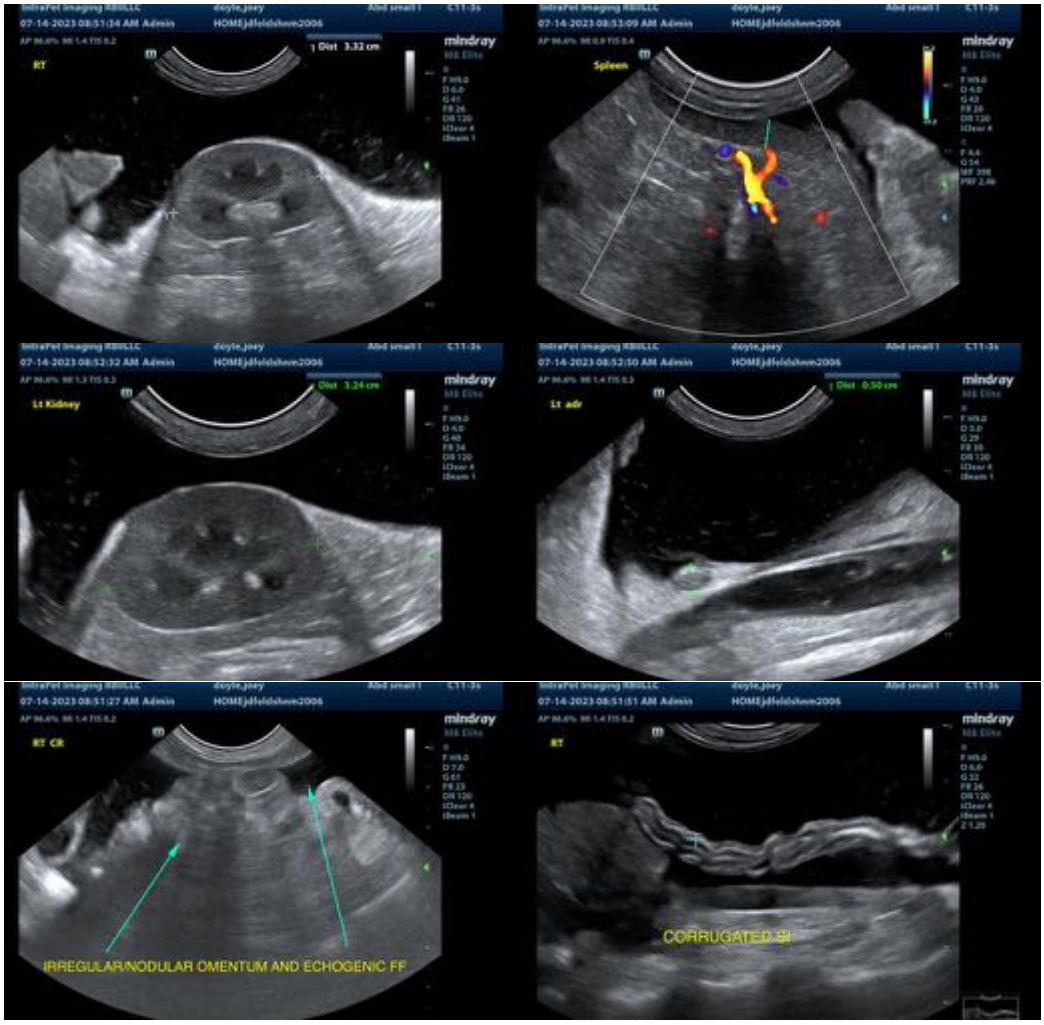
- Corrugated areas of small bowel – Findings are likely consistent with focal enteritis, possibly secondary to the inflammatory abdominal fluid.

- Large volume of echogenic free fluid with irregular nodular hyperechoic omentum – Findings are concerning for peritonitis and possible carcinomatosis. Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large volume of echogenic free fluid in the abdomen, as well as a hyperechoic, irregular/nodular-appearing omentum. Much of the abdomen appears somewhat inflamed with peritonitis (bacterial vs sterile) and some areas of corrugated bowel. The liver is very large and irregular, with expansile, ill-defined hypo- and hyperechoic mass lesions and nodules. Recommend a fine-needle aspirate of the liver and a fluid analysis and cytology on the free abdominal fluid, as well as three-view thoracic radiographs. If a diagnosis cannot be obtained based on this testing, surgical biopsies may be necessary.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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