

**DATE PRESENTING CLINICAL SIGNS**

7/19/23

Hx gradual weight loss--most noticeable over last few weeks but reported as far back as 11/2022. Last 1-2 wks markedly decreased appetite and Polydypsia. Stools soft, no Vomiting reported. PE: uncomfortable cranial abdomen with palpable thickening of gi but not discrete masses palpated as of 7/14 exam. Marked wt loss (1 lb since 11/2022).

PATIENT

Penny Reuter

SPECIES

Feline

Current Medications: None listed.

Lab Results: cbc/chem/t4/fPL pending

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Approved/Requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

4/29/16

The left kidney has a normal shape and size (3.82 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.

WEIGHT

6.8 Pounds

The right kidney has a normal shape and size (3.55 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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.

HOSPITAL NAME

Paradise AH

The right adrenal gland is normal in size measuring 0.47 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Kats

Spleen

The spleen appears somewhat contracted, measuring 0.72 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.

INVOICE

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Liver

The liver is subjectively normal in size but irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The left lobe of the liver appears particularly irregular with almost nodular margins and focally heterogeneous parenchyma.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal fluid, but some focal hard shadowing intraluminal material is noted measuring 1.3 cm in diameter. 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. There is no evidence of an obstructive process.

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 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 highly echogenic free abdominal fluid. No significant lymphadenopathy is noted but the mesentery is diffusely hyperechoic, irregular, and nodular.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

There is no apparent pleural effusion or thoracic mass lesions observed.

PRIMARY FINDINGS

- Irregular, heterogeneous, almost nodular left lobe of the liver – The significance of this is unclear. This could represent benign or neoplastic change.
- Focal hard shadowing material visualized within the gastric lumen – Correlate with the abdominal radiographs and the feeding history. No evidence of an obstruction is visualized.
- Large volume echogenic free fluid – Findings are concerning for peritonitis or carcinomatosis. Recommend fluid analysis and cytology.
- Hyperechoic, irregular/nodular and thickened omentum – Findings could be consistent with chronic peritonitis, carcinomatosis, etc. Recommend fluid analysis and cytology.

SECONDARY FINDINGS

- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

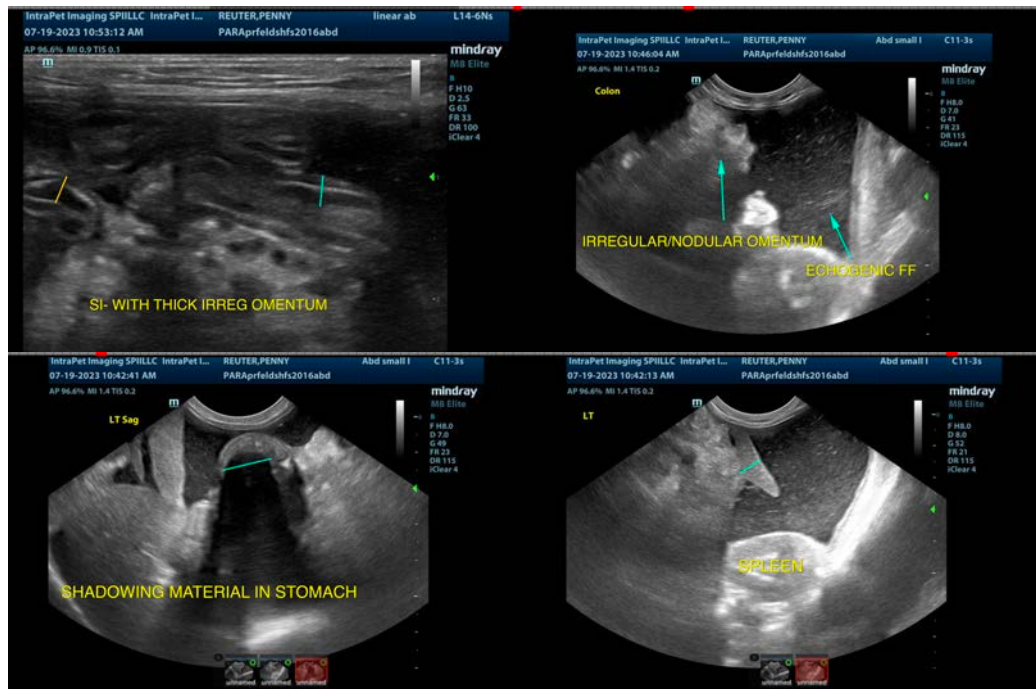
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

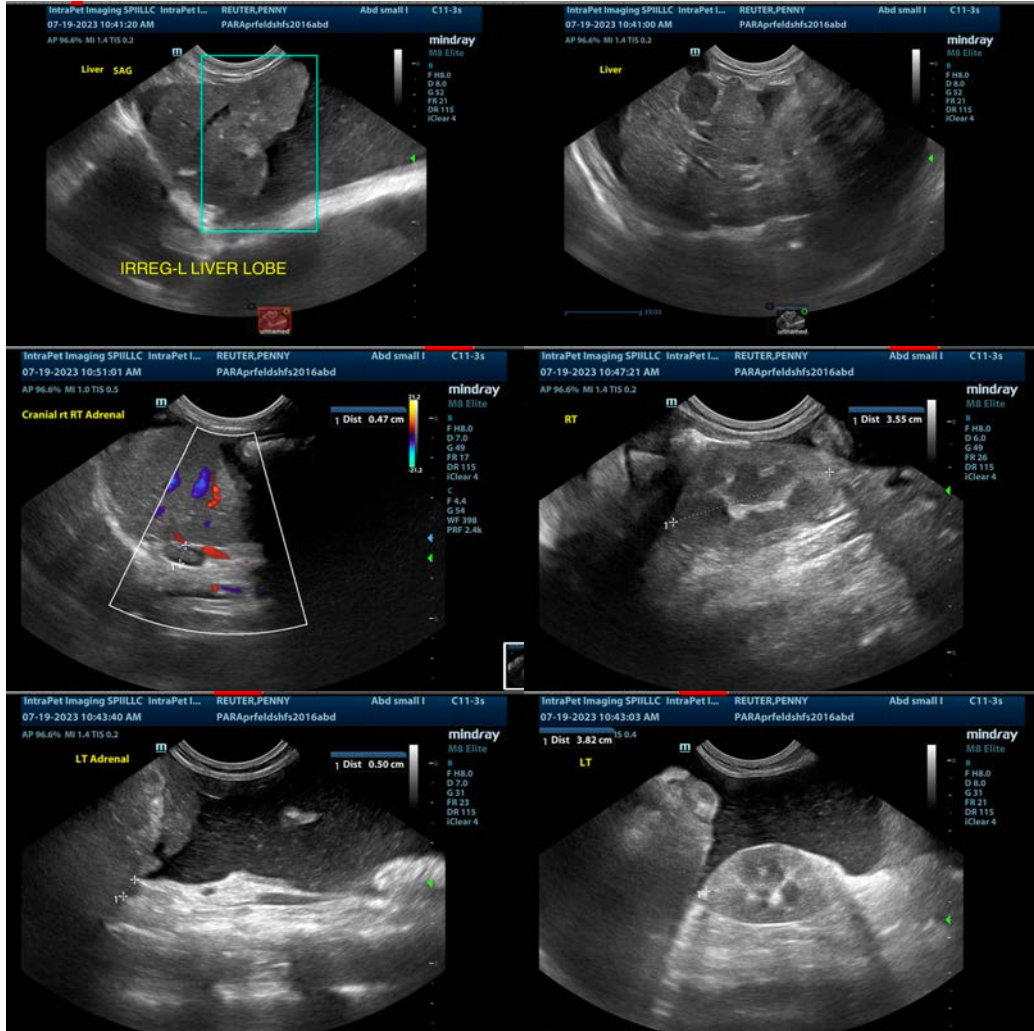
There is the impression of generalized inflammation with a very large amount of highly echogenic fluid present and hyperechoic, irregular/nodular mesentery, suggestive of peritonitis and concerning for possible carcinomatosis, mesothelioma, etc. Recommend fluid analysis and cytology.

The left lobe of the liver appears irregular, heterogeneous, and almost nodular. This could represent a mass effect or focal cirrhotic type change. If an answer cannot be achieved based on fluid analysis, a fine needle aspirate of the left lobe of the liver could be considered (provided coagulation parameters are normal).

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

If a diagnosis cannot be obtained based on the cytologic sampling recommended, a contrast CT scan and/or surgical biopsies may be necessary.





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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