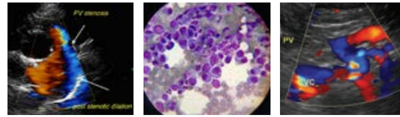
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
7/22/22

PATIENT
Apollo Hughes

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
7/21/14

WEIGHT
7.2 Pounds

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

IMAGING PERFORMED BY
Andi Parkinson RDMS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Goessling

INVOICE
39736

PRESENTING CLINICAL SIGNS

7-22-22 – Animal Emergency Hospital – Dr. Goessling.
Apollo Hughes Feline DSH 7.2lbs MN 7/21/2014.

ATO: 1st week of June; went to rdvm for acting strange. Increased thirst, eating some. Had an US on June 6ht, O believes he was dx with pancreatitis. Sent home with medications; O does not believe there was a big impact seen with medications, Apollo also did not like getting the medications. O scheduled follow up appt for today-- at rdvm they noticed jaundice, recommended coming to AEH for continued care. Over last 6 weeks, eating about 1/3 of his normal diet. O can barely keep water bowl filled, drinking very increased. No vomiting.

Current Medications: Ampicillin, Cerenia, Metronidazole, Vitamin B.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: 6/7/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested by DVM.

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 is borderline large in size (4.16 cm) and somewhat rounded/"swollen" in shape. It has normal corticomedullary distinction, but corticomedullary rim sign is evident.

The right kidney is borderline large in size (4.29 cm) and somewhat rounded/"swollen" in shape. It has normal corticomedullary distinction, but corticomedullary rim sign is evident.

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.

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 large and hypoechoic. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large with irregular contours of the margins. The visible portions of the vasculature and biliary tract appear normal. The hepatic parenchyma is diffusely nodular with ill-defined hyperechoic nodules varying in size from 0.5-2.0 cm.

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 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.) 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. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

There is a scant amount of free fluid. No lymphadenopathy noted. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Borderline large/swollen kidneys with corticomedullary rim sign – Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.

- Hypoechoic, subjectively large spleen – The spleen has a normal width, but appears long in length, hypoechoic and prominent. Consider a fine needle aspirate to rule out round cell neoplasia.

- Hypoechoic, prominent pancreas with prominent pancreatic duct – most consistent with mild pancreatic inflammation. The description sounds similar to the previous scan performed on 6/7/22. With lack of improvement, this could represent neoplastic change. Consider a fine needle aspirate.

- Large, irregular, diffusely nodular liver – The diffuse nodules could represent a benign or neoplastic process. Given the progression of these changes since the last scan approximately 6 weeks ago, the concern for an underlying neoplastic process is high. Recommend fine needle aspirate.

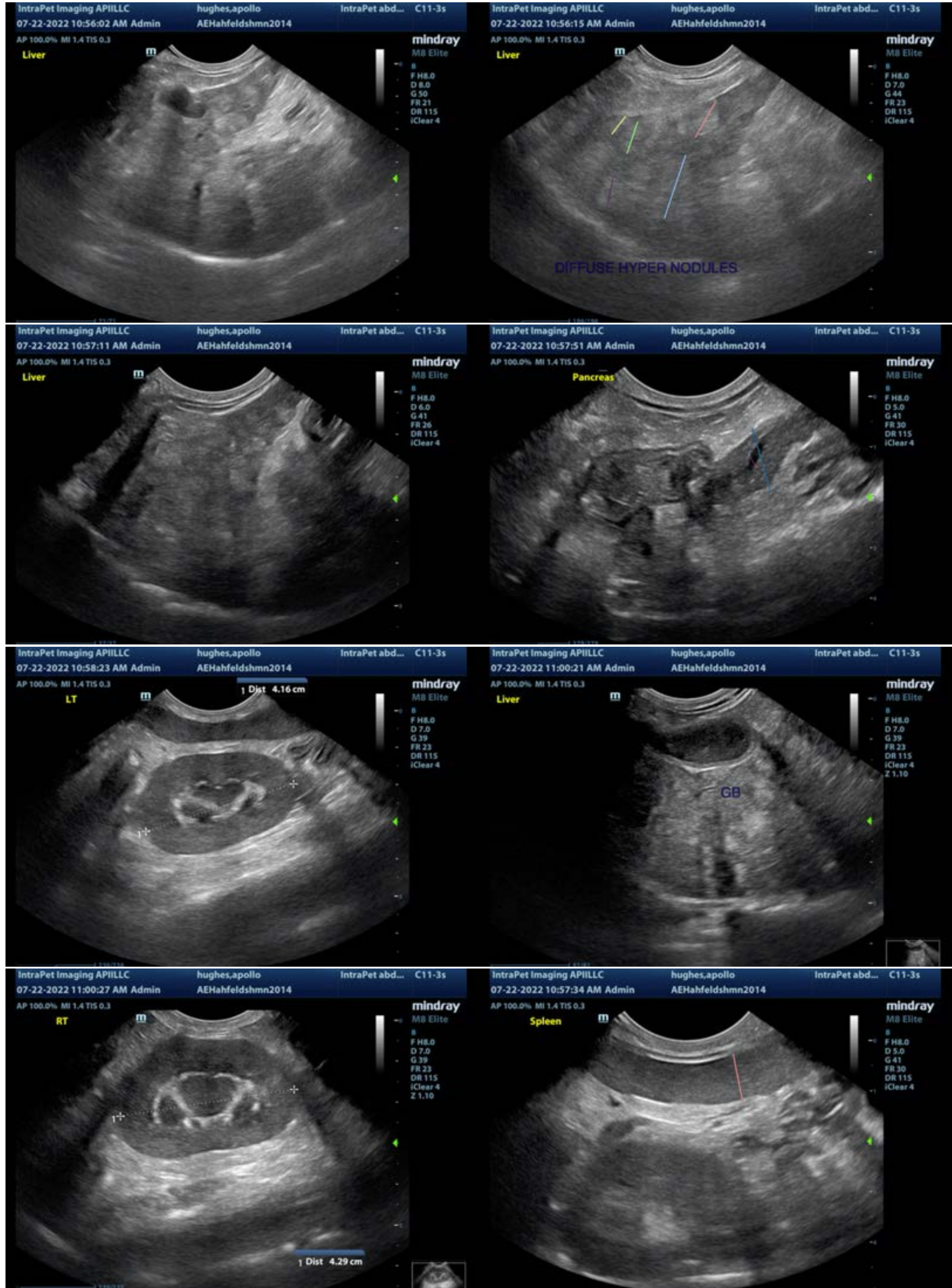
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

- Scant free abdominal fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan sounds similar to the previous scan performed approximately 6 weeks ago, but there appears to be progression of these lesions. The liver is severely nodular, large and irregular. The pancreas is very prominent and hypoechoic, as is the spleen. Both kidneys appear rounded and somewhat swollen. Based on these findings, I'm concerned about possible infiltrative disease, but other disease processes are also possible. Consider a fine needle aspirate of the liver, spleen +/- pancreas. If a cytologic diagnosis is not obtained, then consider biopsies of the liver.

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



IntraPet Imaging APIILLC hughes,apollo IntraPet abd... C11-3s
07-22-2022 10:56:02 AM Admin AEHahfeldshmn2014
Liver
mindray
M8 Elite
IntraPet Imaging APIILLC hughes,apollo IntraPet abd... C11-3s
07-22-2022 10:56:15 AM Admin AEHahfeldshmn2014
Liver
DIFFUSE HYPER NODULES
IntraPet Imaging APIILLC hughes,apollo IntraPet abd... C11-3s
07-22-2022 10:57:11 AM Admin AEHahfeldshmn2014
Liver
IntraPet Imaging APIILLC hughes,apollo IntraPet abd... C11-3s
07-22-2022 10:57:51 AM Admin AEHahfeldshmn2014
Pancreas
IntraPet Imaging APIILLC hughes,apollo IntraPet abd... C11-3s
07-22-2022 10:58:23 AM Admin AEHahfeldshmn2014
LT
1 Dist 4.16 cm
IntraPet Imaging APIILLC hughes,apollo IntraPet abd... C11-3s
07-22-2022 11:00:21 AM Admin AEHahfeldshmn2014
Liver
GB
IntraPet Imaging APIILLC hughes,apollo IntraPet abd... C11-3s
07-22-2022 11:00:27 AM Admin AEHahfeldshmn2014
RT
1 Dist 4.29 cm
IntraPet Imaging APIILLC hughes,apollo IntraPet abd... C11-3s
07-22-2022 10:57:34 AM Admin AEHahfeldshmn2014
Spleen

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)
kathleen.sennello@sonopath.com