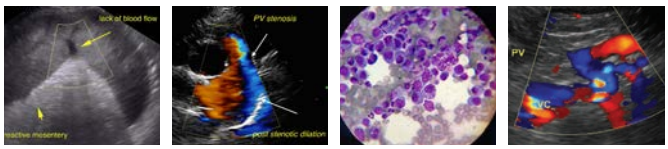
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Larry Barron

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
7 Years

WEIGHT
7.1 Pounds

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Glen Rock VH

REFERRING VET
Dr. Stekler

INVOICE
39887

DATE
7/27/22

PRESENTING CLINICAL SIGNS

Decreased appetite; 4 pound weight loss in last 2 years; occasionally vomiting/diarrhea. No current meds.
Abnormal PE/Chem/CBC/UA Results: low cobalamin, elevated TLI/PLI

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 (4.3 cm) with mild pyelectasia at 0.35 cm. Overall echogenicity is normal with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.74 cm) with mild pyelectasia at 0.22 cm. Overall echogenicity is normal with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline large in size measuring 0.66 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 right adrenal gland is normal in size measuring 0.48 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.

Spleen

The spleen is subjectively normal in size (0.84 cm in width at the level of the hilus), 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.

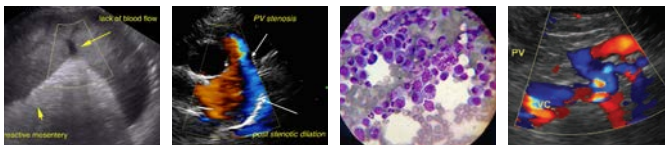
Liver

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. In the right lateral lobe of the liver, there is a hyperechoic focal mass lesion measuring approximately 2.35 cm x 1.83 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 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.



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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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Prominent pancreatic duct noted measuring 0.18 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a diffuse mild mesenteric lymphadenopathy present with lymph nodes measuring 0.36, 0.41, 0.49 cm. The omentum appears diffusely hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Borderline enlarged left adrenal gland – This could represent a benign or an early neoplastic lesion.
- Mildly reduced corticomedullary distinction in both kidneys with pyelectasia – Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent, hypoechoic pancreas with prominent pancreatic duct – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Focal hyperechoic mass lesion in the right side of the liver – This could represent a benign or neoplastic lesion, although the appearance somewhat favors a benign lesion. Recommend a fine needle aspirate.
- Mild diffuse mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the weight loss reported is not identified. There are numerous abnormalities described, but the clinical significance of these lesions is currently unclear. There is a hyperechoic focal mass effect visualized on the right side of the liver. This could represent a benign or cancerous mass effect. Recommend a fine needle aspirate. The location and appearance of this mass effect makes it likely a good candidate for surgical removal.

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

There is mildly reduced corticomedullary distinction and pyelectasia in both kidneys. Recommend urinalysis, culture, and blood pressure evaluation.

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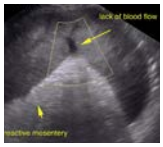
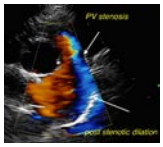
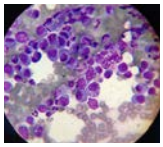
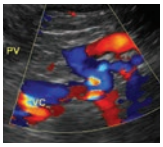

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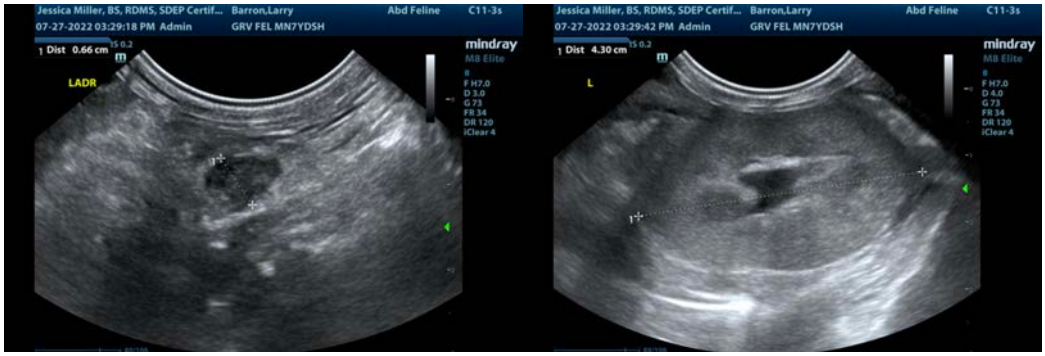
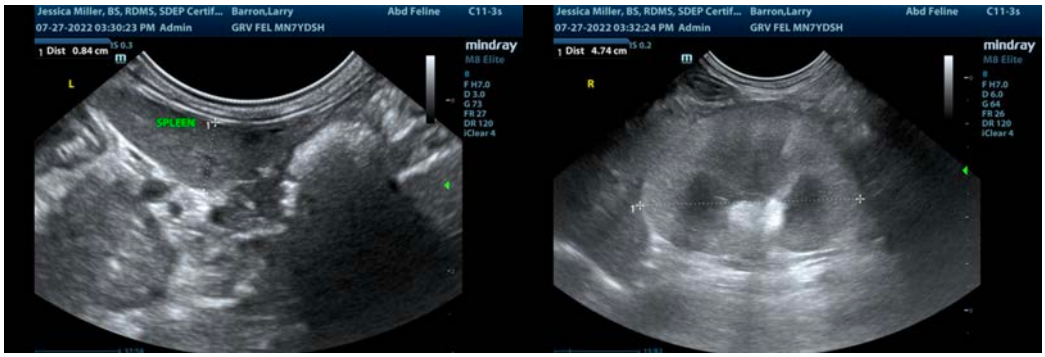
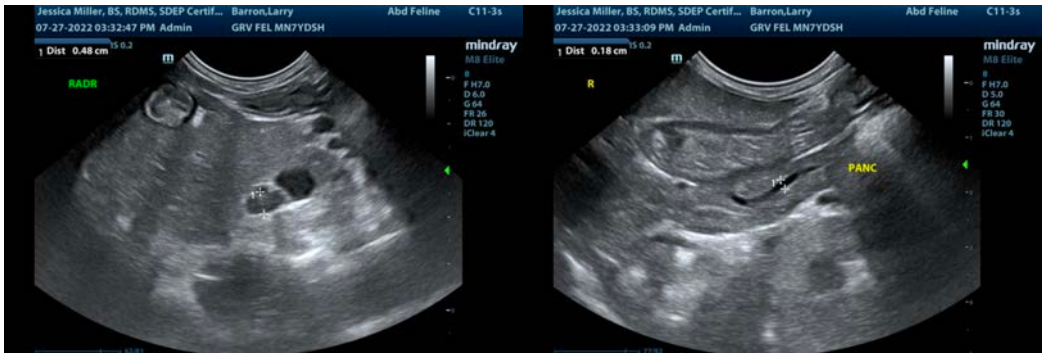
Additionally, the left adrenal gland is mildly enlarged. The significance of this is currently unclear, as the described symptoms are atypical for a cortisol excess. Recommend a blood pressure evaluation (as previously recommended) and continued monitoring of this lesion. if surgical removal of the liver mass is considered, then evaluation for surgical removal of the adrenal could be an option.

The pancreas is hypoechoic and prominent. This could be contributing to the vomiting and reduced appetite. Recommend treatment for chronic pancreatitis. Additionally, there could be concurrent GI disease present, as your history mentions a B12 deficiency. Consider a novel protein/hydrolyzed protein prescription diet, chronic probiotic therapy, and if weight loss continues or surgical evaluation for the liver mass is considered, obtaining GI biopsies could be considered as well.







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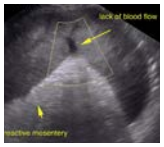
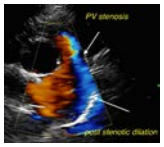
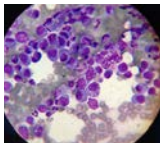
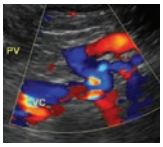

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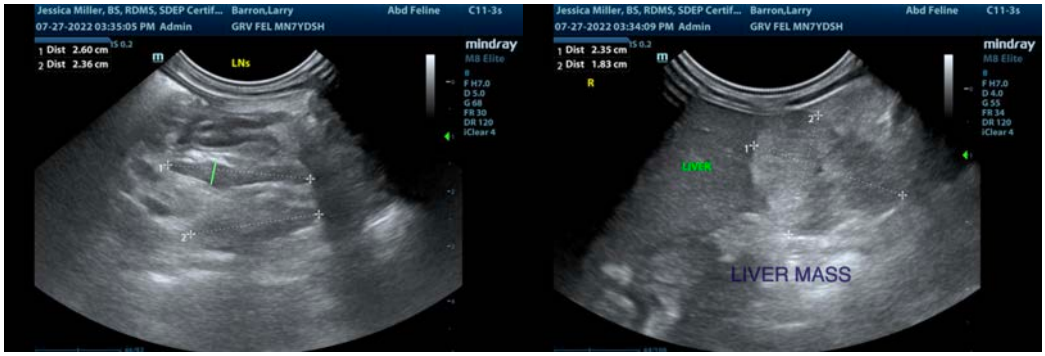

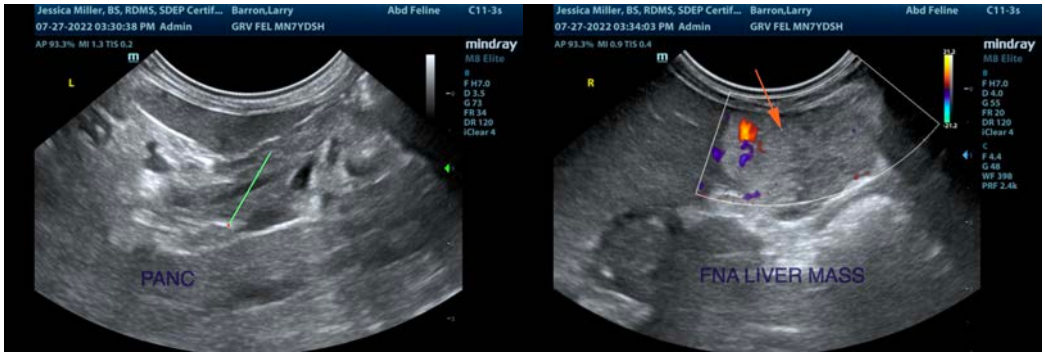

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com