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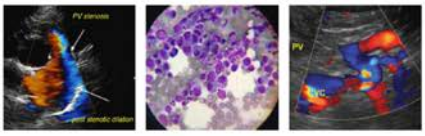

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PATIENT

Maggie Kirkland

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

9.25 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Pinecrest AH

INVOICE

39206

DATE

7/5/22

PRESENTING CLINICAL SIGNS

1 month ago had an episode of vomiting and diarrhea that resolved with antibiotics, probiotics, B12, and a steroid injection. The cat continues to lose weight with a decreased appetite and is lethargic.
Abnormal PE/Chem/CBC/UA Results: Senior BW panel was WNL.

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 normal in size (3.76 cm), but irregular in shape. Overall echogenicity is slightly hyperechoic with poor 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 is normal in size (3.54 cm), but irregular in shape. Overall echogenicity is slightly hyperechoic with poor 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 0.30 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 0.43 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, 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic cystic region in the ventral portion of the liver measuring 2.82 cm x 2.31 cm. Additionally, there are small, hyperechoic focal lesions measuring 0.88 cm and 0.88 cm x 1.1 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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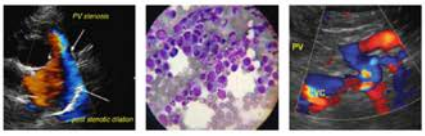

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. 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 mottled compared to the surrounding isoechoic mesentery. There is a large hyperechoic, partially cystic mass effect in the cranial right portion of the abdomen, measuring 2.33 cm x 3.41 cm. This lesion abuts the pancreas and is suspected to be of pancreatic origin.

Free Abdomen

There is a small amount of free abdominal fluid. There is a moderate lymphadenopathy present with a cluster of prominent, round, hypoechoic mesenteric lymph nodes around the ileocecal junction measuring 0.81 cm and 0.68 cm in diameter. The omentum is generally increased in echogenicity, particularly around the lymph node clusters.

PRIMARY FINDINGS

- Hyperechoic mass effect in the right cranial abdomen – This is suspected to be of pancreatic origin, but other possibilities exist. Recommend fine needle aspirate.
- Heterogeneous liver with hyperechoic cystic mass effect and additional hyperechoic nodules – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. The cystic nature of these lesions trends towards a more benign process, but an underlying neoplastic lesion cannot be excluded as a possibility.
- Subjectively thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Small volume free abdominal fluid.
- Mild to moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hyperechoic mass effect in the right cranial abdomen. This lesion touches the pancreas and is suspected to be of pancreatic origin, although other possibilities exist (hepatic, enlarged lymph node, etc.). Recommend a fine needle aspirate of this lesion.

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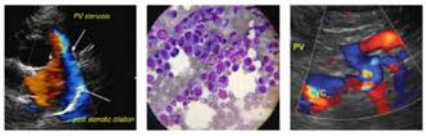

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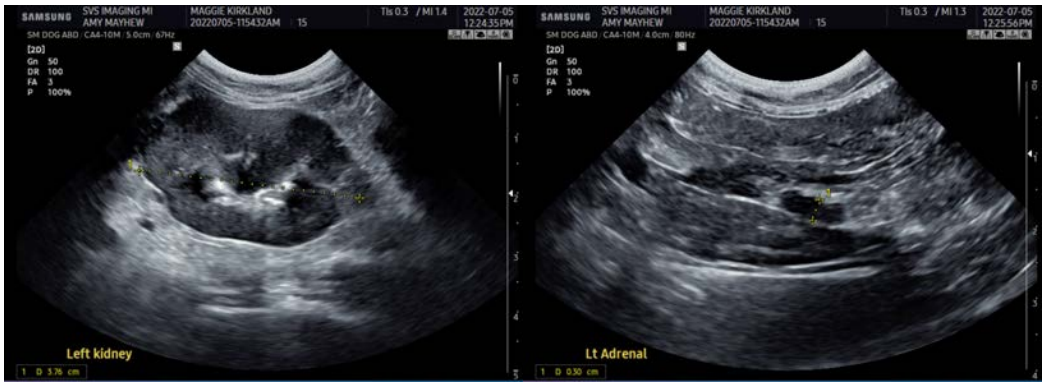
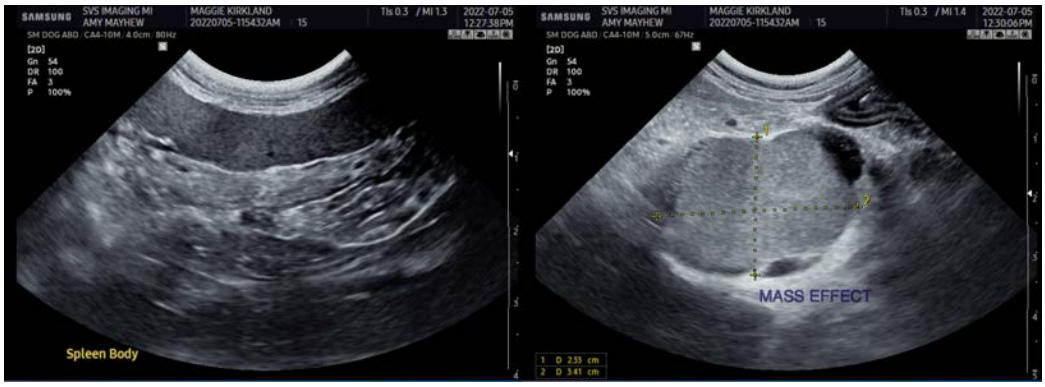
Additionally, there is a lymphadenopathy present, and mild thickening of the small intestine. Consider a fine needle aspirate of a mesenteric lymph node to look for evidence of neoplastic change, inflammation, etc.

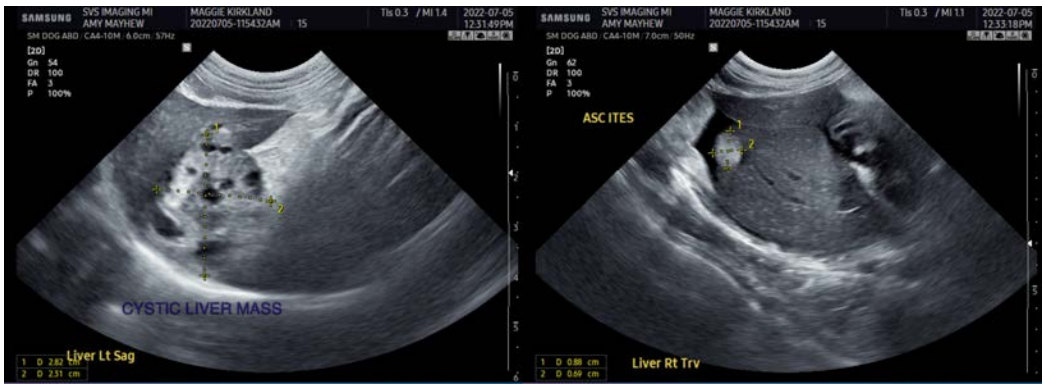
There is a cystic mass effect in the liver. This could represent a benign lesion, but continued monitoring is warranted.

Moving forward, in addition to obtaining fine needle aspirates of these areas, I would consider a contrast CT scan to evaluate for possible surgical intervention or evidence of metastatic disease not evident on today's scan.

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







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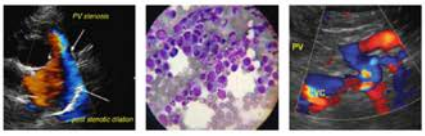

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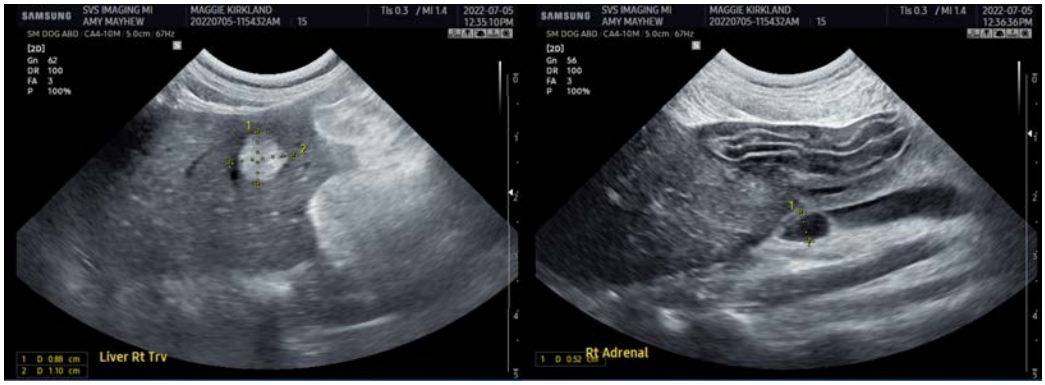

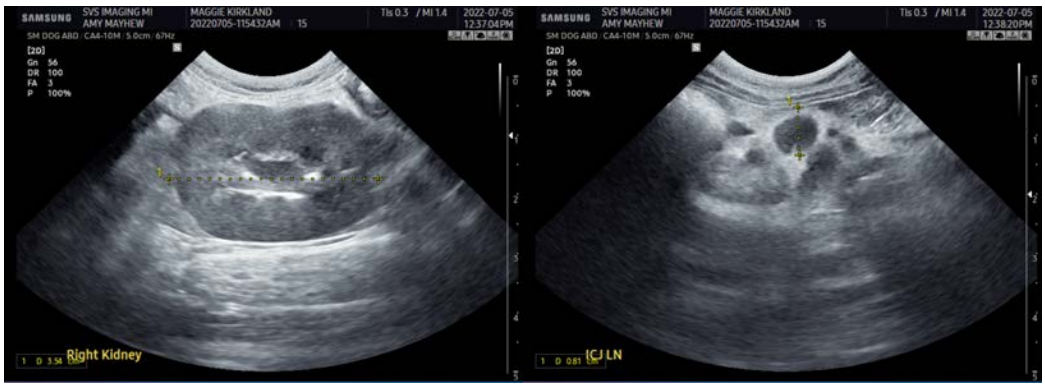

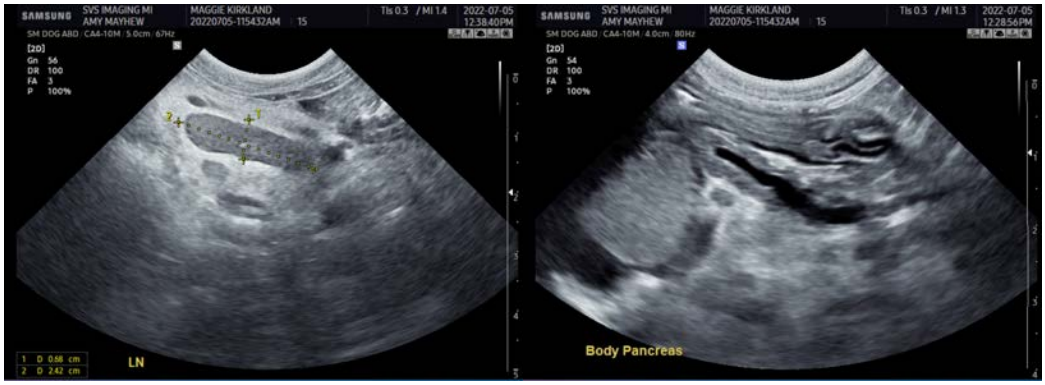

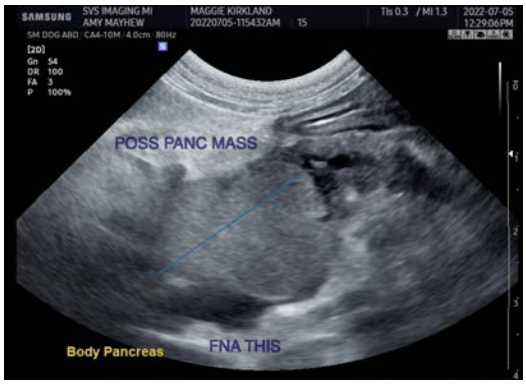

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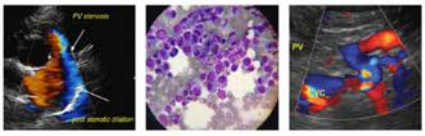

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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