

**DATE PRESENTING CLINICAL SIGNS**

7/7/22 Losing weight despite always hungry. BW- non-specific findings.

PATIENT Current Medications: Gabapentin 50mg/mL 0.3mL BID.

Lab Results: T4 3.1, HCT 27%.

Tux Montevago Radiographs: Concern for mass effect.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED** *Urinary System*

DSH 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.

SEX

Neutered Male

The left kidney has a normal shape and size (4.65 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.

AGE

7/3/12

WEIGHT

6lb 9 oz

The right kidney has a normal shape and size (4.4 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.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

The right adrenal gland is normal in size measuring 0.50 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.

HOSPITAL NAME

Alexander AH

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.

REFERRING VET

Dr. Alexander

Liver

The liver is subjectively normal in size, and 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 hypoechoic region/mass effect near the diaphragmatic surface of the liver measuring 2.81 cm x 1.34 cm. Additionally, there is a hypoechoic mass effect on the left side of the liver measuring 2.77 cm x 2.4 cm.

INVOICE

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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.

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. Jejunum wall measured 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The area of the ileocecal junction is visualized. The ileum at the junction is severely thickened with a complete loss of layering. Wall thickness in this area measures 0.73 cm. The diameter of the bowel was 2.08 cm. These findings are most consistent with a mass at the ileocecal junction.

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes visualized measuring 0.48 and 0.47 cm. The omentum is hyperechoic around the mass effect in these lymph nodes.

PRIMARY FINDINGS

- Heterogeneous liver with two hypoechoic mass effects – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. The significance of these hypoechoic mass lesions is uncertain. Recommend a fine needle aspirate.
- Generalized thickening and prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Severe wall thickening and loss of layering of the ileum at the ileocecal junction – most consistent with a mass effect at the ileocecal junction.
- Mild/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

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

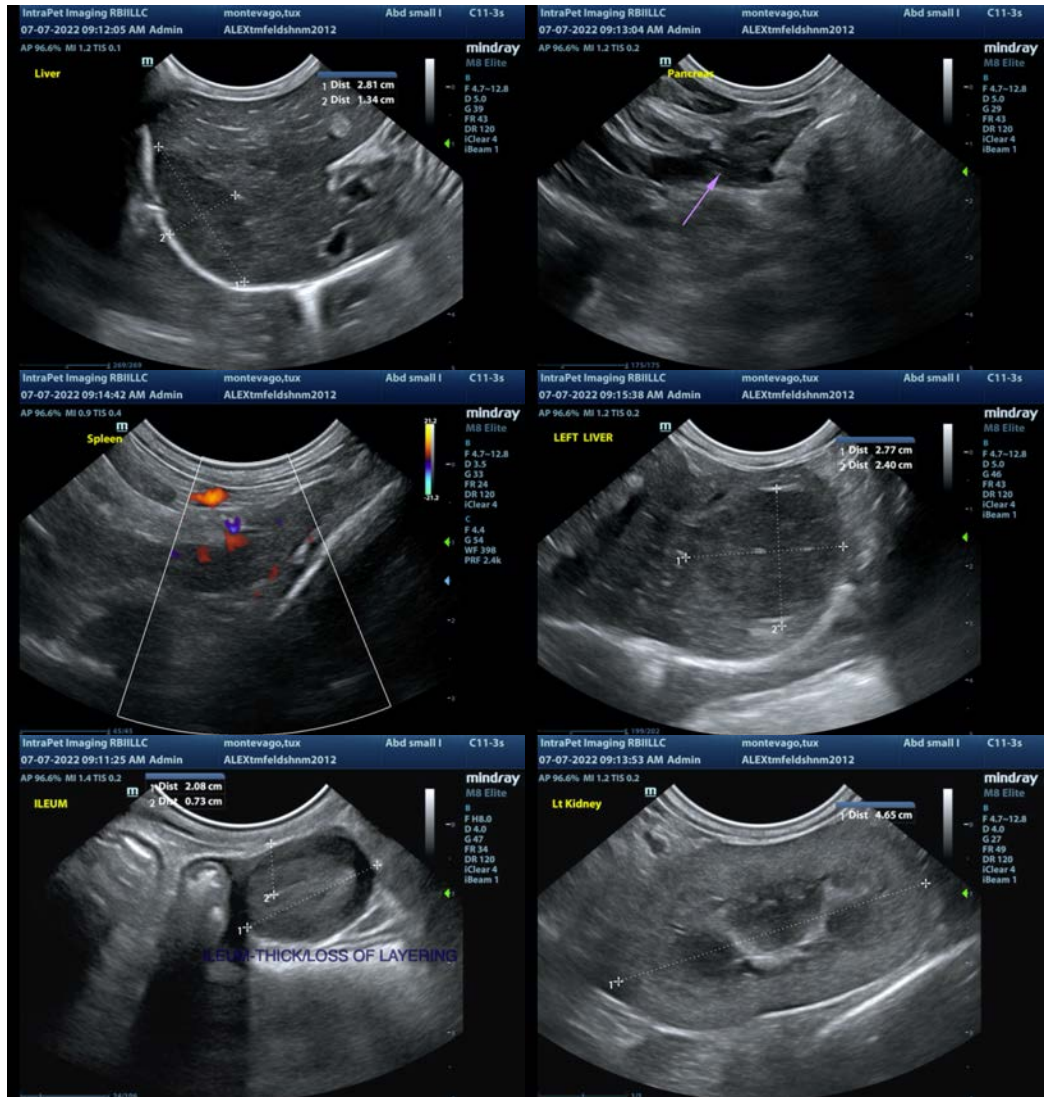
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

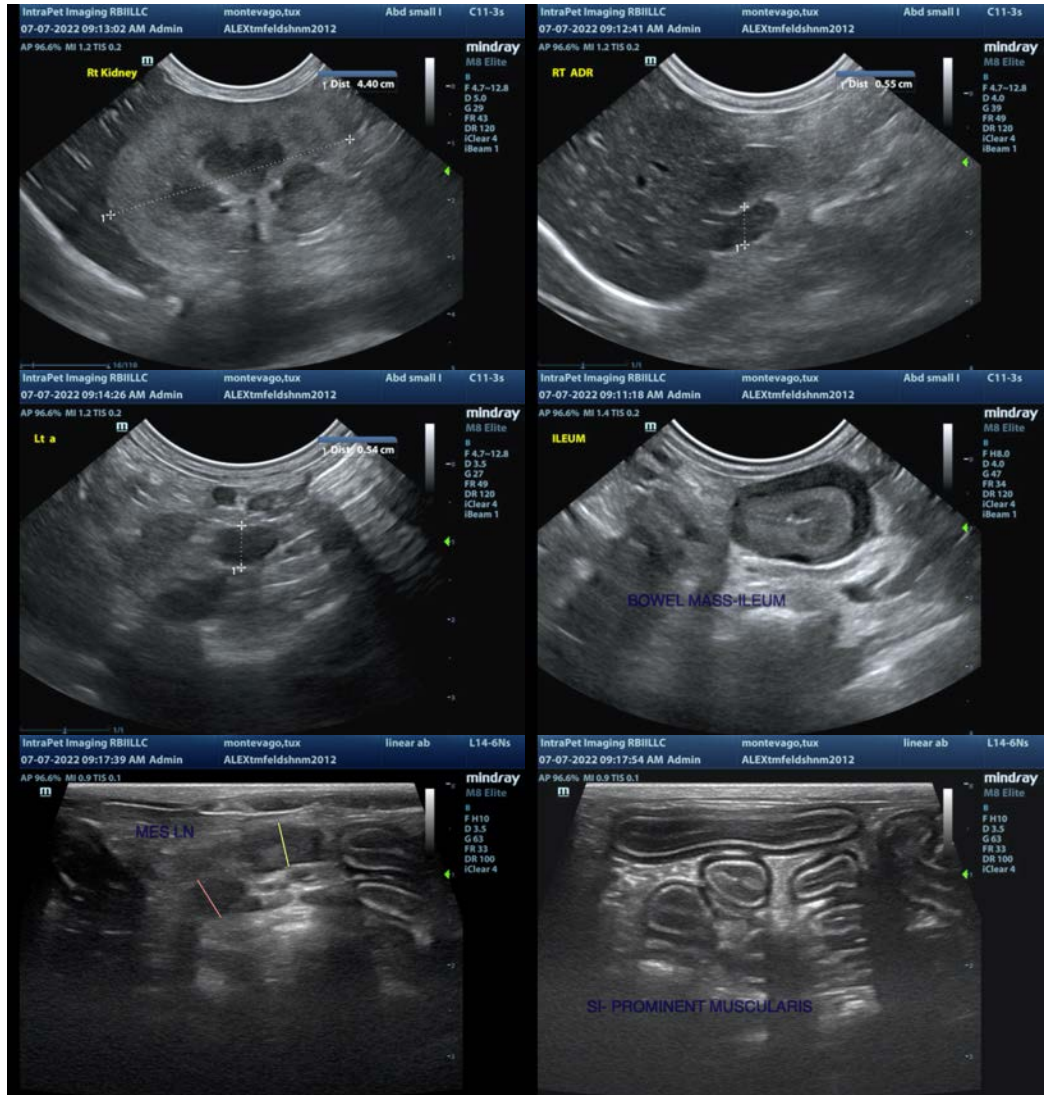
There is a focal mass effect at the area of the ileocecal junction, where there appears to be severe wall thickening and loss of layering of the ileum. Recommend a fine needle aspirate of this section of bowel. Additionally, the liver is hypoechoic and very heterogeneous with focal hypoechoic regions/masses.

Recommend a fine needle aspirate of the liver.

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

If a cytologic diagnosis cannot be obtained, then recommend surgical biopsies of the abnormal section of bowel, lymph nodes and liver.





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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