

PATIENT PRESENTING CLINICAL SIGNS

Junior Poirier

Abdominal mass palpated, suspect associated with Right Kidney. Chronic URT issues and mild CHF. Has been on K-Gluconate, Zylkene, Furosemide, Cerenia, Fortiflora, many homeopathic and chinese herbal remedies.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: April 2022 bloodwork CBC and Chem WNL

BREED

DSH

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.

SEX

Neutered Male

The left kidney has a normal shape and size (5.29 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

12 Years

The right kidney has a normal shape and size (4.96 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.

WEIGHT

7.79 kg

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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The spleen is not clearly visualized.

HOSPITAL NAME

New Hamburg VC

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. In the right cranial abdomen, medial to the right kidney and caudal to the caudate lobe, there is a mass effect of heterogeneous cystic tissue. This could be of hepatic origin, pancreatic origin, or less likely splenic.

REFERRING VET

Dr. Findlater

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.

INVOICE

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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.

DATE

8/16/22


PATIENT

Junior Poirier

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.

SPECIES

Feline

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.

BREED

DSH

Pancreas

The area of the pancreas is normal. In the region of the right limb of the pancreas, there is a large cystic mass effect. Based on the appearance, I suspect hepatic origin, but a pancreatic mass is possible.

SEX

Neutered Male

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

AGE

12 Years

Other
WEIGHT

7.79 kg

There is a large, mixed echogenic, partially cystic mass effect visualized medial to the right kidney and caudal to the liver on the right side. This is the region of the caudate lobe of the liver and the pancreas. Suspect hepatic origin. This lesion measures approximately 4.54 cm x 5.81 cm.

ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY

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

- Large, heterogeneous, irregular, mixed echogenic mass effect in the right cranial abdomen – The obvious source of this mass is not evident. Consider hepatic, pancreatic, or less likely splenic origin. Recommend a fine needle aspirate.
- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Findlater

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

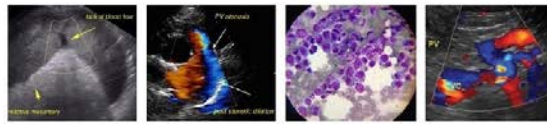
There is a large irregular, heterogeneous and partially cystic mass effect in the right cranial abdomen. It appears medial to the right kidney and caudal to the liver. There is no obvious bowel involvement. Of primary concern would be an association with the liver, pancreas, or possibly spleen. Recommend fine needle aspirate and 3-view thoracic radiographs. If cytology is not diagnostic then consider either a contrast CT scan for better delineation of tissues, or exploratory surgery for biopsy and possible removal.

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**IMAGING
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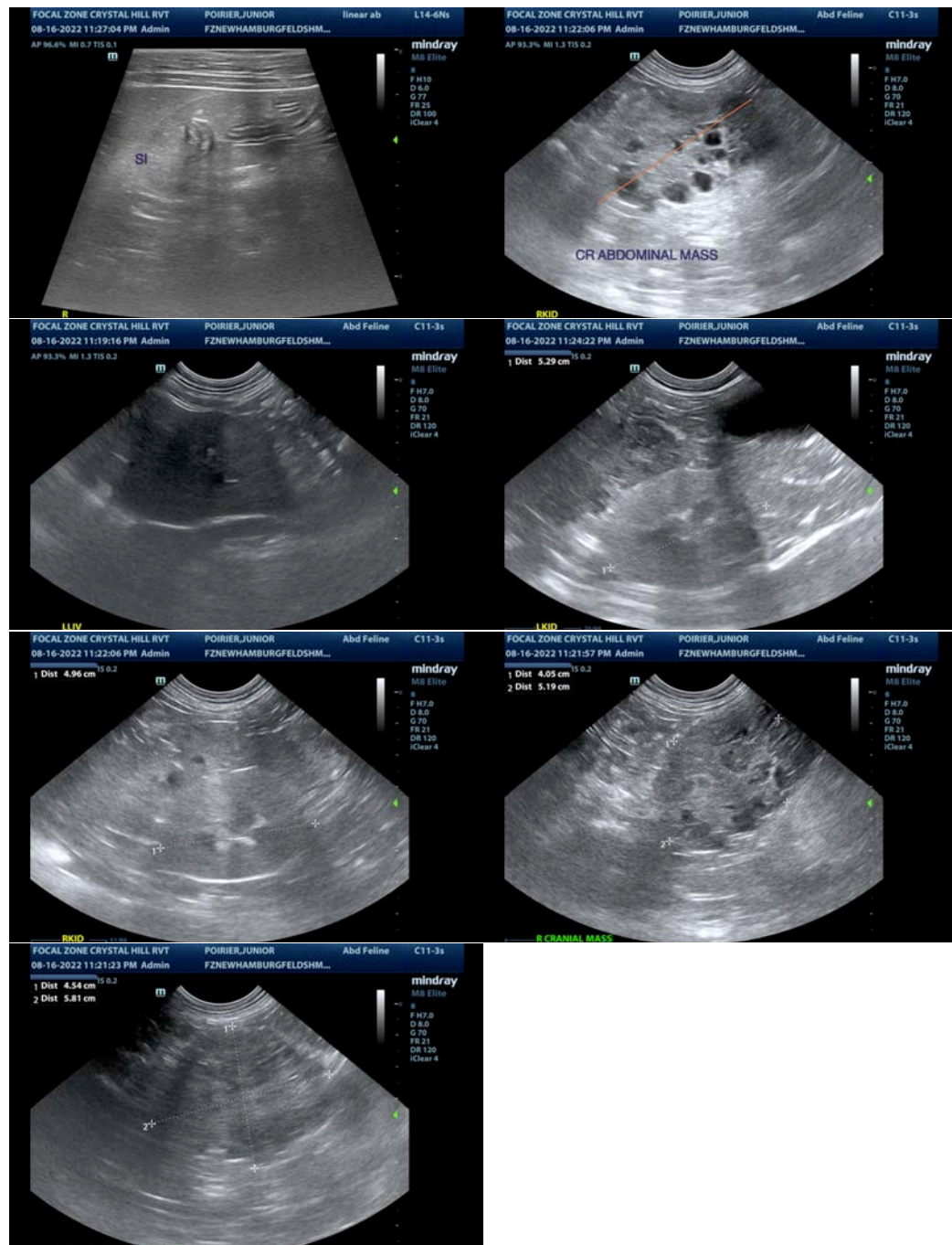
Dr. Findlater

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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)

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