

**DATE PRESENTING CLINICAL SIGNS**

8/17/21 Icterus (Jaundice), Losing Weight, Inappetance.

PATIENT

History: Date: 08-14-2021 Notes: Jaundice / noticed skin yellowing today. Losing weight, eating less. More lethargic. Had frontline 3 weeks Ago.

Tidas Mars

SPECIES

Feline

Current Medications: Ampicillin 125mg/vial Injection (Per mL), Metronidazole 5mg/mL Injection (Per mL), Vitamin B Complex Injection (Per mL), Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Doxycycline Suspension 100mg/ml, Denamarin Advanced 61 mg (Cats & Small Dogs), Omeprazole 10 mg (per ml), Mirtazapine 1mg (per cap)

Lab Results: Attached

BREED

DSH

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

SEX

Neutered Male

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.

AGE

2005

The left kidney has a normal shape and size (3.96 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. Pyelectasia noted at 0.3 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9.7 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

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.

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.

HOSPITAL NAME

Animal Emergency
Hospital

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.

REFERRING VET

Dr. Trout

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.

INVOICE

24766

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. No focal nodules or cystic lesions are observed.

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 bile duct is tortuous and somewhat dilated,

measuring up to 0.73 cm. There is a mass effect in the area of the duodenal papilla, which is likely causing a partial or complete obstruction.

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.

Some of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. There are several areas of focal abnormalities. There is a mass effect and a cluster of enlarged lymph nodes in the area of the duodenal papilla. This measures 3.4 cm x 1.3 cm. This appears to be causing either a partial or complete obstruction of the common bile duct. There is a caudal mass effect involving the bowel measuring 3.68 cm in length. This mass is 2.1 cm in diameter, and the wall thickness of the bowel is 1.2 cm with complete loss of layering.

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 moderate pancreatitis. Pancreatic duct measures 0.24 cm.

Free Abdomen

Evaluation of the peritoneal cavity reveals a small amount of anechoic free fluid. There is a severe lymphadenomegaly present. There is a suspected mid abdominal mass/effaced lymph node measuring 2.7 cm x 2.2 cm. There is another enlarged lymph node measuring 1.95 cm x 4.1 cm. There are numerous, very large mesenteric lymph nodes sprinkled around the abdomen, particularly in the area of the duodenal mass and bowel mass. These areas are surrounded by hyperechoic omentum. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation.

PRIMARY FINDINGS

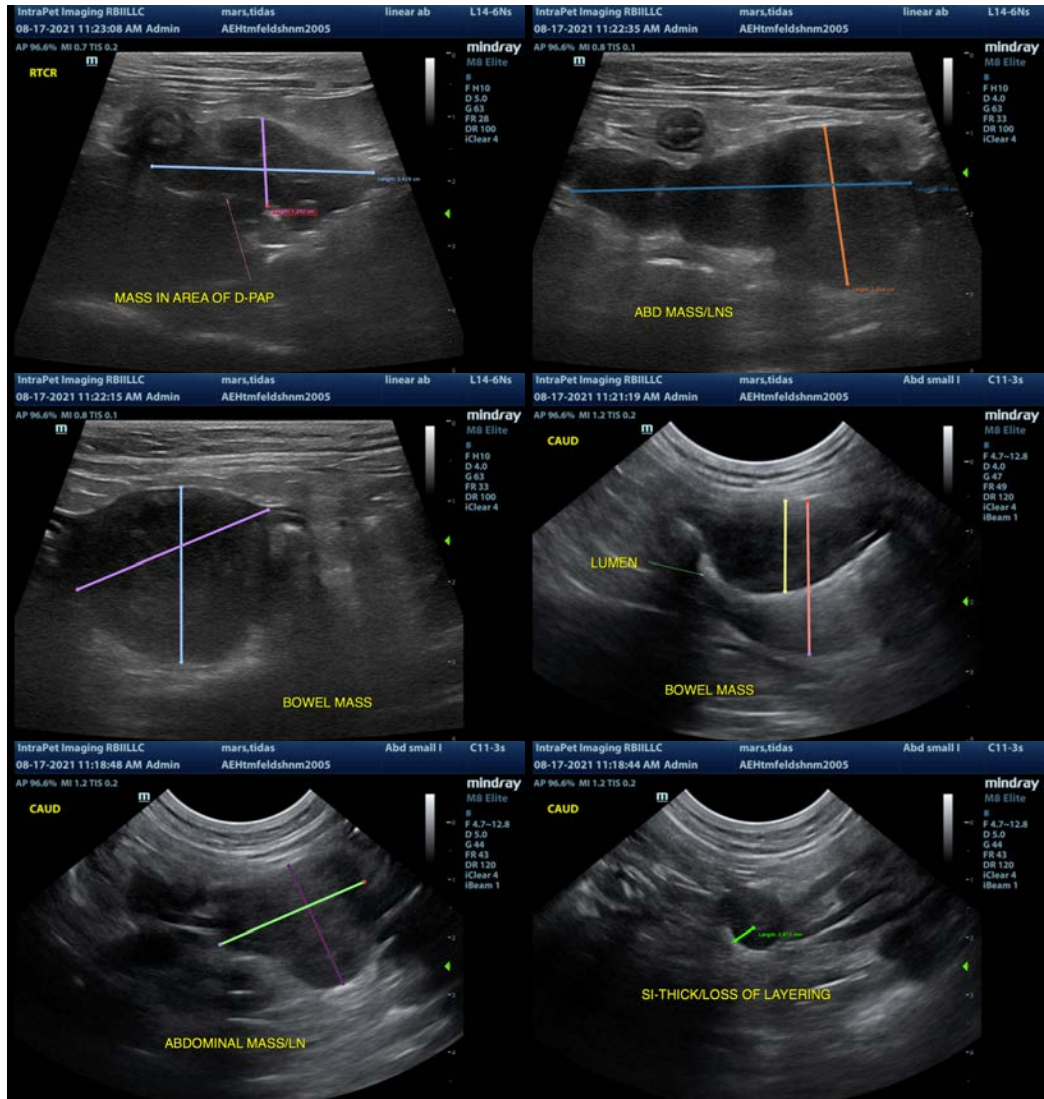
- Tortuous, dilated common bile duct – likely obstruction due to mass at the duodenal papilla
- Multiple bowel mass that feature complete loss of layering – most supportive of a neoplastic process, consider round cell neoplasia.
- Severely hypoechoic pancreas with dilated pancreatic duct – most consistent with moderate pancreatitis or infiltrative disease to the pancreas.
- Severe enlargement of mesenteric lymph nodes, creating a possible mass effect – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

SECONDARY FINDINGS

- Small amount of free abdominal fluid
- Mild left-sided pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple large masses in the abdomen, which appear to be small intestinal in origin. There is a mid abdominal mass that is either an effaced lymph node or a freestanding mass. The pancreas is very prominent, and the common bile duct appears obstructed by a mass at the duodenal papilla. Recommend fine needle aspirate of an abdominal mass, as round cell neoplasia is very high on the differential list. Otherwise we would be dealing with metastatic neoplasia such as carcinomatosis. Recommend 3-view thoracic radiographs.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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