

PATIENT

Stitch Pickett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

24845

DATE

8/19/21

PRESENTING CLINICAL SIGNS

Chief Concern / Provisional Diagnosis: ~On routine health work-up, palpation of abdominal cyst was noted, and chylous-like milky fluid found on aspiration. Concern is if cyst is invasively related to another structure and is surgery an option/drain it?~ Relevant Medical History and Physical Exam findings: ~Abdominal palpation found moderate sized cystic structure ventro-caudal left region. Pet has always had hard time gaining weight, and appetite is on/off at times.~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~MCH=16.7, MCHC= 34.1, MCV=49 : TSH=0.06, B12 = 1632 Ca= 10.7 (was 11.4 6 months ago), CK= 467 Spec fPL= 4.8 Cardiopet ProBNP= 362, SDMA=10, BUN=24/Cr.=1.7 UPC=0.20, T4=1.9 Spec G= 1:038, pH=6.5, 3+ Blood/2-5 RBC's Abdominal Cyst had lymphocytes, ~ Current medications (include full name, dosage and frequency): ~Gabapentin daily, Mirtazapine ~

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. A small tubular structure most consistent with a ureter is visualized ventral to the urinary bladder, but appears to be emptying into the urinary bladder with a prominent ureteral papilla. Suspect this is a normal anatomic variation. The urinary bladder would need to be evaluated more fully distended to obtain more information.

The left kidney has a normal shape and size (3.81 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. An irregularity in shape of the left kidney is most consistent with a previous infarct. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.84 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. Mild pyelectasia noted at 0.14 cm. There is no evidence of, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 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 0.34 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 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.



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Stitch Pickett 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.

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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.

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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.)

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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

WEIGHT

7.8 Pounds

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

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Medicine)

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is questionable lymphadenomegaly. There is a cystic round structure measuring 1.43 cm lateral to the left kidney. This could be a cystic lymph node. The omentum is of normal echogenicity. 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.

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Other

There is a large cystic structure mid caudal abdomen measuring 4.6 cm x 2.5 cm. This cystic structure does not appear directly attached to anything and is of unknown significance.

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ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Sarah Kalivoda

- Prominent ureter and prominent ureteral papillae – likely anatomical variant. Monitor for symptoms of urinary incontinence/recurrent UTIs.
- Cystic ovoid structure lateral to left kidney – likely cystic lymph node.
- Large mid abdominal cyst – unknown significance, likely a benign mesenteric cyst.
- Previous infarct in left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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This patient has numerous ultrasonographic lesions, which are not easily identified as associated with other structures. These could be congenital variants, and unfortunately would likely need either advanced imaging and/or surgical evaluation to obtain more information. You could consider cytologic analysis of the abdominal fluid from the cyst if not already done to see if the pathologist has any thoughts. Options moving forward consist of:

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- 1) Conservative management with just monitoring if the patient is doing well.
- 2) Conservative monitoring with drainage of the system
- 3) Or CT scan +/- surgery if there is a better idea of where these structures originate from.

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Feline Recommend 3-view thoracic radiographs.

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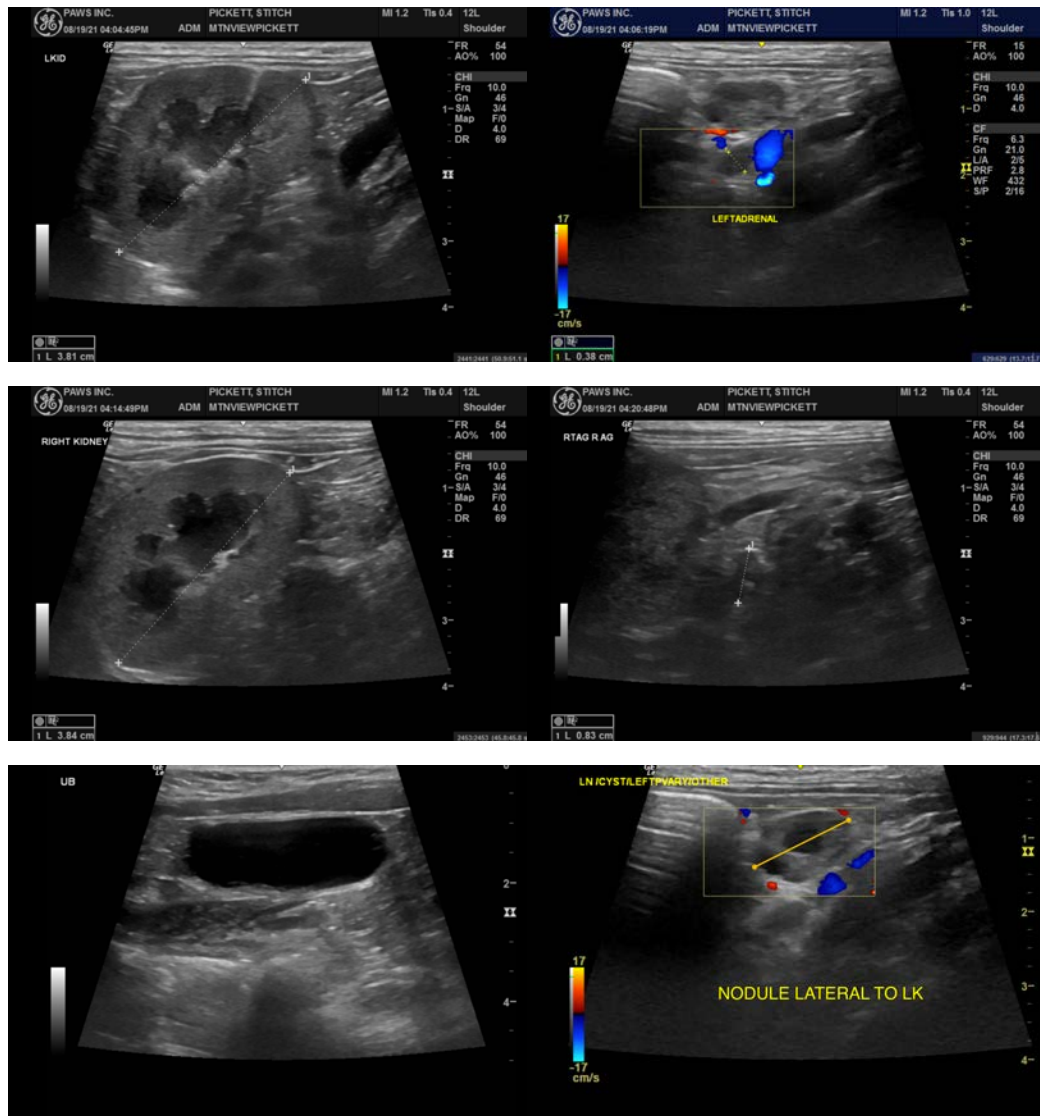
Dr. Sarah Kalivoda

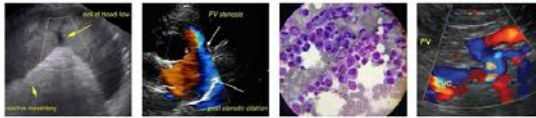
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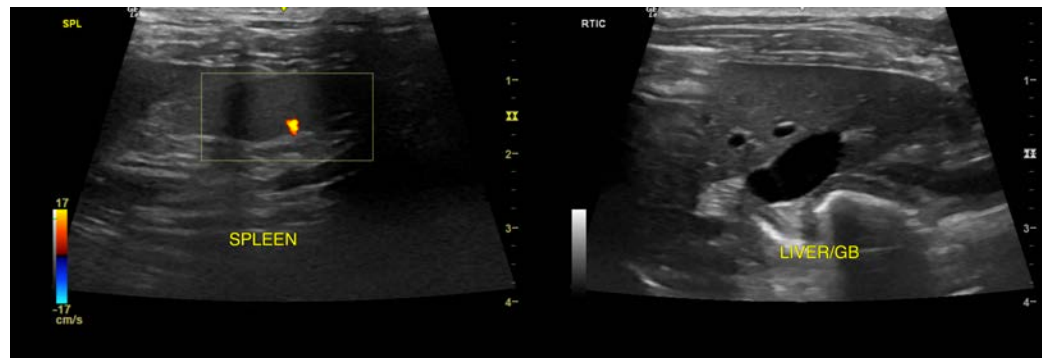
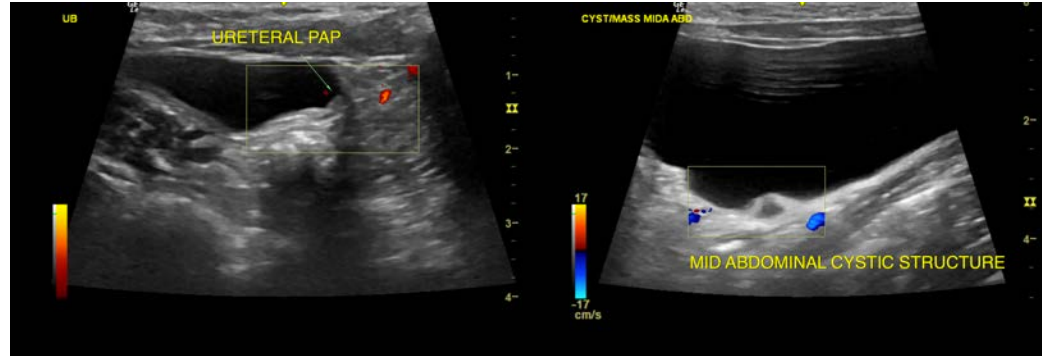
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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