

**DATE PRESENTING CLINICAL SIGNS**

8/19/22

History: Weight loss, elevated Amylase.

PATIENT

Puddles Humphries

Current Medications: None listed.

Lab Results: Tp 7.7, Alb 2.8, Glob 4.9, A/G ratio 0.6, AST 23, ALT 25, ALKP 24, GGT 1, Tbili 0.1, BUN 16, Creat 1.1, BUN/Creat ratio 15, Phos 3.5, Glucose 102, Ca 8.3, Mg 1.8, Sodium 152, Potassium 3.7, Na/K ratio 41, Chloride 114, Cholesterol 178, Triglyceride 44, Amylase 1653, Precision PSL 18. CBC: WBC 12.31, RBC 8.81, HGB 11.4, HCT 35%, MCV 40, MCH 13, MCHC 32, Platelet count 150x1000, Neutrophils 9471, Lymph 1845, Monocytes 246, Eos 738, Baso 0, T4 2.4.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

6/13/10

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

WEIGHT

7.1 Pounds

The left kidney has a normal shape and size (3.5 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
Medicine)

The right kidney has a normal shape and size (3.82 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

Edgewood VH

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. Wright

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

16944

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are multiple hyperechoic solid septated mass lesions visualized within the parenchyma, two mass lesions visualized at 1.9 cm and 3.44 cm x 1.88 cm.

The gall bladder 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 <0.36 cm 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 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 0.13-0.38 cm in wall thickness) and the jejunum measured as normal, measuring 0.22 cm. 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 are multiple ill-defined hypoechoic irregular nodules visualized within the pancreatic tissue, measuring 0.5, 0.67, 0.52 cm. There is no evidence of regional mesenteric inflammation or fluid.

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.

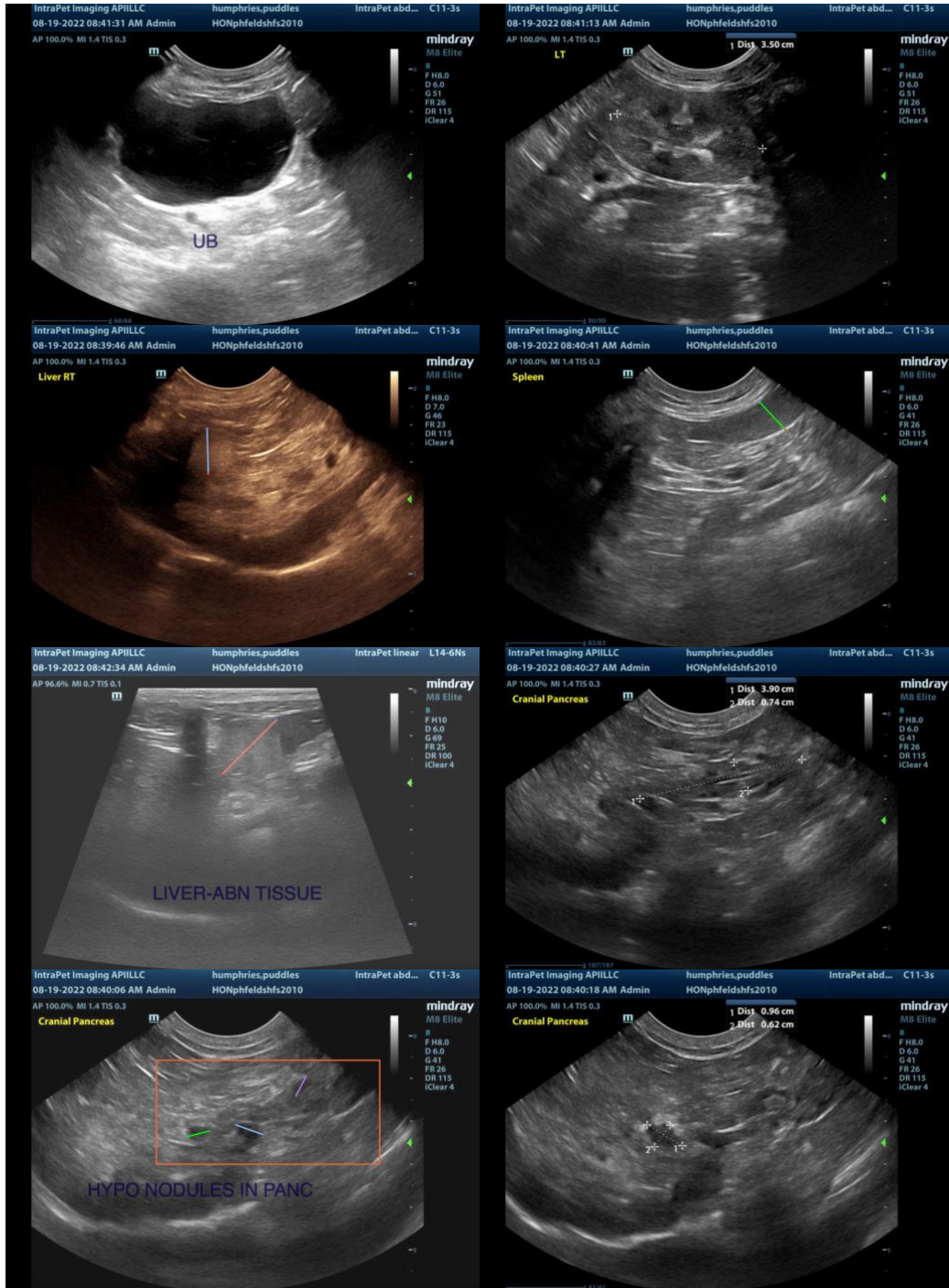
ULTRASONOGRAPHIC FINDINGS

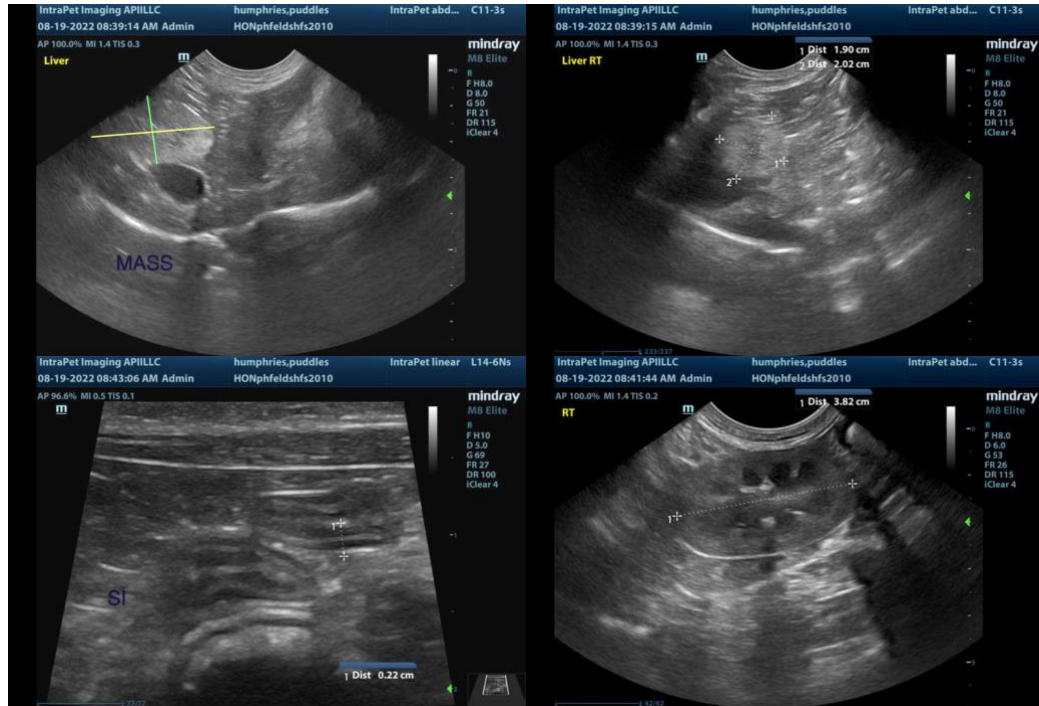
- Mildly mottled pancreas with numerous hypoechoic ill-defined nodules. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. The nodules could represent benign lymphoid hyperplasia or neoplastic lesion. I recommend a fine needle aspirate.
- Heterogeneous liver with hyperechoic mass lesions. The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time. These lesions could represent benign or neoplastic lesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous ill-defined hypoechoic nodules visualized within the pancreas. These could represent benign lymphoid follicles or be more concerning and an underlying neoplastic process. I recommend a fine needle aspirate of a hypoechoic lesion. Additionally, there are hyperechoic mass lesions within the liver. These could be benign, such as cystadenomas, etc., or something more concerning. I recommend a fine needle aspirate of the liver mass and continued monitoring of lab work.

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





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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