

**DATE**

8/19/22

PRESENTING CLINICAL SIGNS

History: Weight loss, eating well, non-regenerative anemia, loss of detail on radiograph.

PATIENT

Walter Thorn

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

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.

SEX

Neutered Male

The left kidney has a normal shape and size (4.73 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 is present, measuring 0.35 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

9/8/08

The right kidney has a normal shape and size (4.24 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

6.4 Pounds

INTERPRETED BY

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

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.

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.

HOSPITAL NAME

Animal Care Center

Spleen

The spleen is normal/borderline large in size (1.2 cm in width at the level of the hilus), 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. Beavers

Liver

The liver is subjectively large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INVOICE

16945

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 mild to moderate 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 (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 is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a moderate amount of echogenic free fluid. No discrete lymphadenopathy is noted, but there is diffuse heterogeneous, irregular tissue throughout the mesentery, most consistent with mass effect and the omentum is of increased echogenicity.

Other

A brief view of the heart was submitted. No pericardial effusion was seen. There is a solid homogeneous mass effect cranial to the heart, most consistent with a mediastinal mass, measuring 1.63 cm x 2.46 cm.

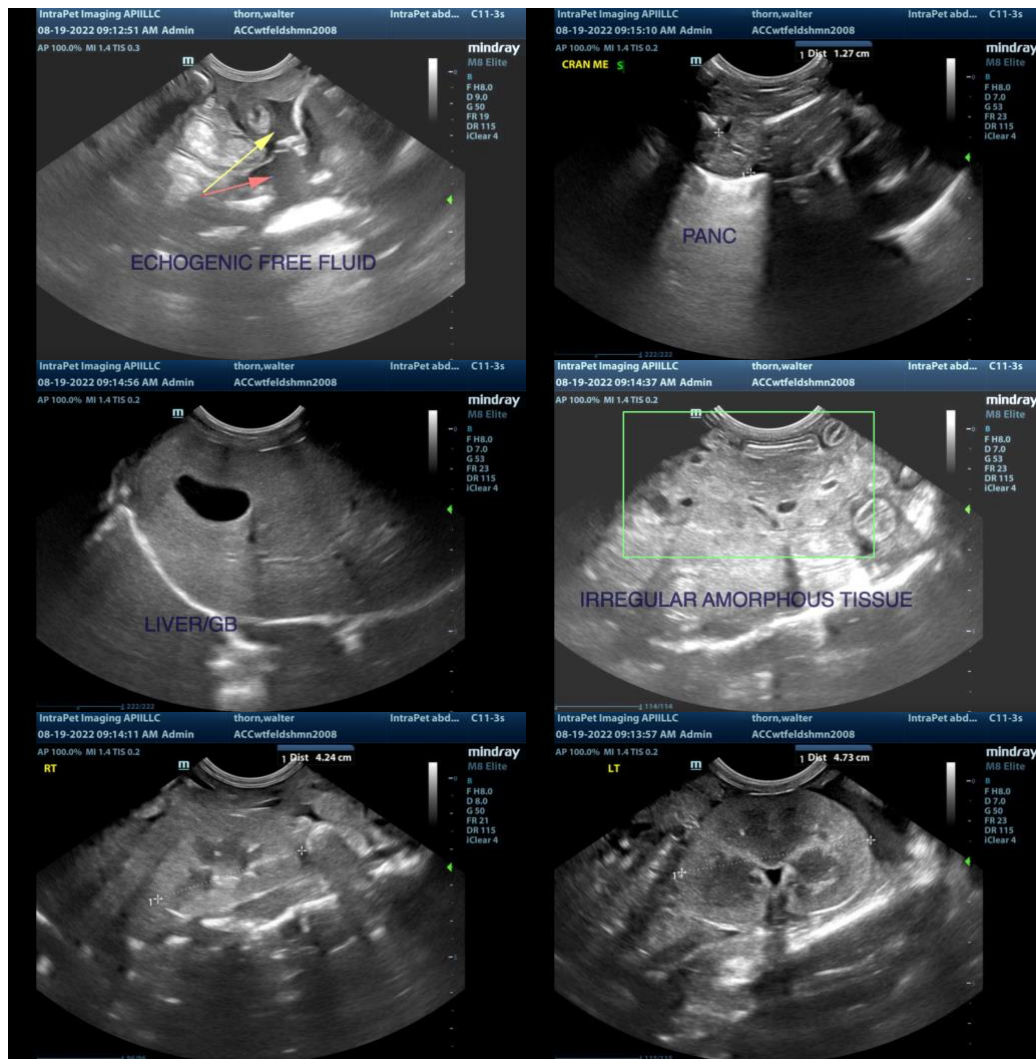
ULTRASONOGRAPHIC FINDINGS

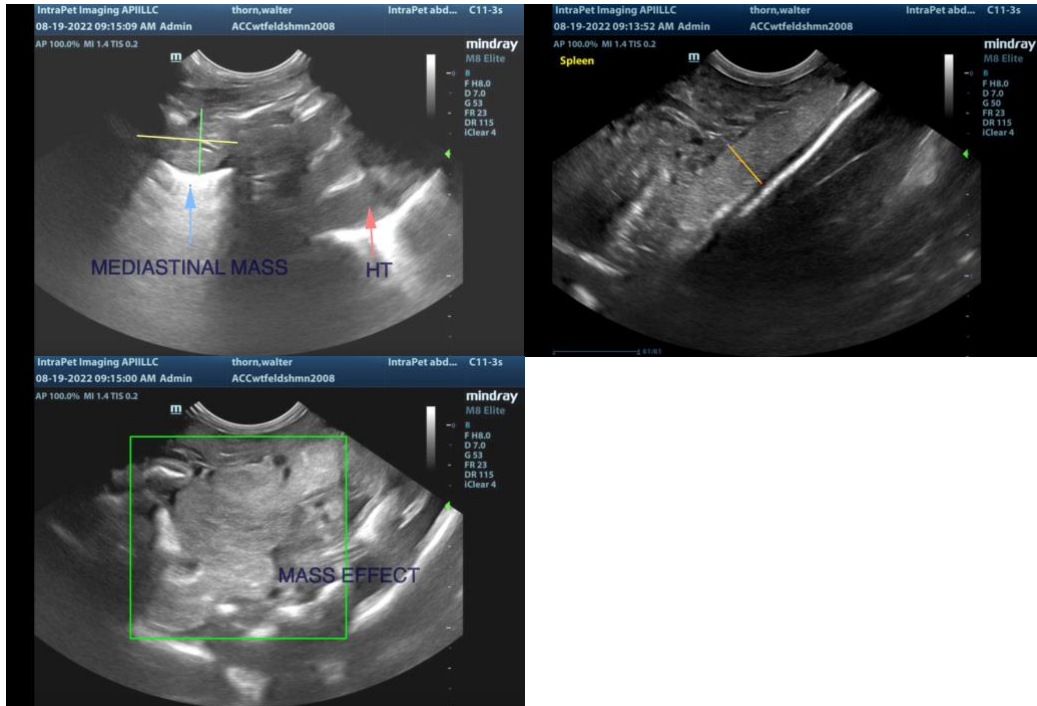
- Mild renal pyelectasia. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Borderline large spleen. This could be within normal limits for this individual or consistent with infiltration or congestion. Consider a fine needle aspirate.
- Prominent mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large hyperechoic liver. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Moderate amount of free echogenic fluid. I recommend fluid analysis and cytology +/- culture.
- Heterogenous irregular soft tissue effect within the abdomen. The findings are concerning for an amorphous abdominal mass. I recommend a fine needle aspirate.
- Cranial mediastinal mass. This could be consistent with a benign or neoplastic lesion. Consider a fine needle aspirate and three view thoracic radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In general, the mesentery appears thickened and irregular with echogenic free fluid. This tissue appears to be possibly adhered to the bowel and peritoneum. This could be consistent with peritonitis, carcinomatosis, etc. I recommend fluid analysis and cytology +/- culture, as well as a fine needle aspirate of the amorphous abdominal mass like tissue. The liver and spleen also appear somewhat large. This could be due to congestion or infiltration. A fine needle aspirate of these tissues could be considered if sampling of the omental fluid and abdominal mass is not diagnostic.

Additionally, there is a mass effect in the cranial mediastinum. This could represent a mediastinal mass, an enlarged mediastinal lymph node, etc. Consider a fine needle aspirate if evaluation of the abdomen is unrewarding. Additionally, consider three 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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