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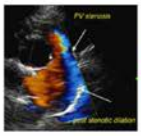
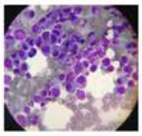
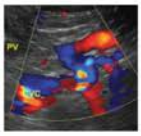

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PATIENT

Homer Pasterski

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

15 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Huggins
Prairie Side

INVOICE

40111

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Presented for chronic diarrhea and weight loss. May refer to oncologist depending on the results of the report.
Abnormal PE/Chem/CBC/UA Results: Slight PSL elevation mild neutrophilia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with mildly echogenic urine. The Bladder wall largely appears of normal thickness, but there is some mild irregularity noted in the dependent portions of the urinary bladder, possibly consistent with dependent debris or small polypoid projections. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. Findings are most consistent with lack of urine distention or cystitis. Recommend urinalysis and culture.

The left kidney has a normal shape and size (3.92 cm). Overall echogenicity is slightly hyperechoic with poor 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.

The right kidney has a normal shape and size (4.0 cm). Overall echogenicity is slightly hyperechoic with poor 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 left adrenal gland is normal in size measuring 0.28 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 0.43 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 large in size, and normal in 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. There is a hyperechoic, slightly cystic, small nodule visualized in the left lateral aspect of the liver, measuring 0.82 cm x 0.77 cm.

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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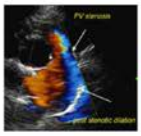
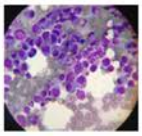
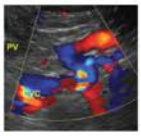

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Gastrointestinal

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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.32 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. No focal abnormalities are visualized associated with the colon. In some areas, the wall appears subjectively thickened, measuring up to 0.39 cm with intact wall layering.

Pancreas

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a lymphadenopathy in the caudal abdomen, likely in the area of the colon. The sublumbar lymph node is visualized at 0.48 cm in diameter. Two caudal lymph nodes are 0.45 cm and 0.46 cm. Additionally, the mesenteric lymph nodes are prominent. An example of this measures at 0.41 cm. The omentum is slightly hyperechoic around the prominent lymph nodes.

PRIMARY FINDINGS

- Echogenic debris within the urinary bladder with mild mucosal irregularity – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Mildly heterogeneous liver with hyperechoic cystic nodule – 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. The hyperechoic nodule visualized could represent a benign or neoplastic lesion. Recommend a fine needle aspirate.
- Mildly prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Prominent caudal abdominal lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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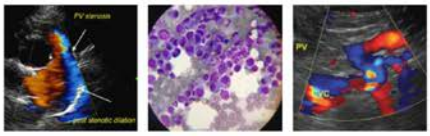

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the gastrointestinal tract to explain the chronic diarrhea reported. If metabolic evaluation including thyroid testing is within normal limits, then metabolic disease is less likely, and primary gastrointestinal disease should be considered. Consider such differentials as food allergy/dietary intolerance, GI parasitism, dysbiosis, IBD, and intestinal neoplasia.

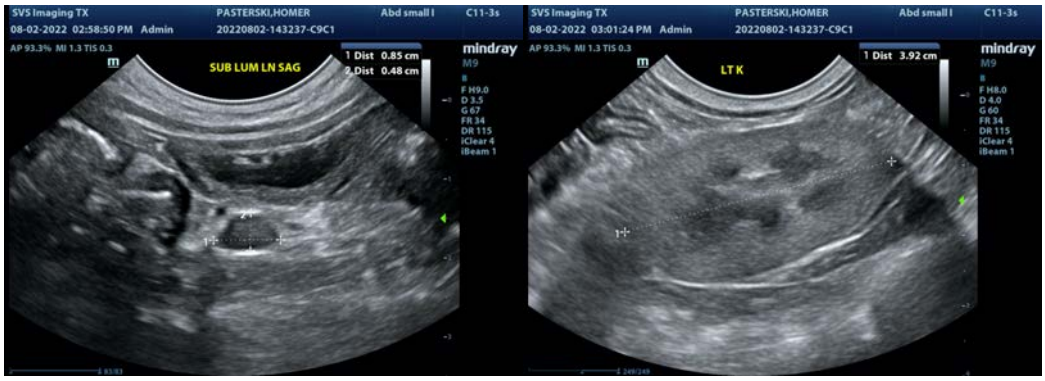
- Recommend a novel protein/hydrolyzed protein prescription diet.
- Recommend chronic probiotic therapy.
- Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- If GI signs persist, recommend obtaining GI biopsies.

Additionally, there are some prominent caudal abdominal lymph nodes. A fine needle aspirate of one of these lymph nodes could be considered.

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

There is a small hyperechoic cystic nodule in the periphery of the left liver lobe. Recommend a fine needle aspirate to better evaluate this lesion.

There is some suspended/mobile echogenic debris visualized within the urinary bladder and some mild irregularity to the urinary bladder wall. Recommend urinalysis and culture and continued monitoring of the urinary bladder wall.



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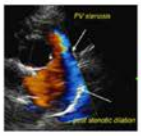
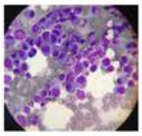
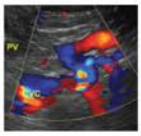

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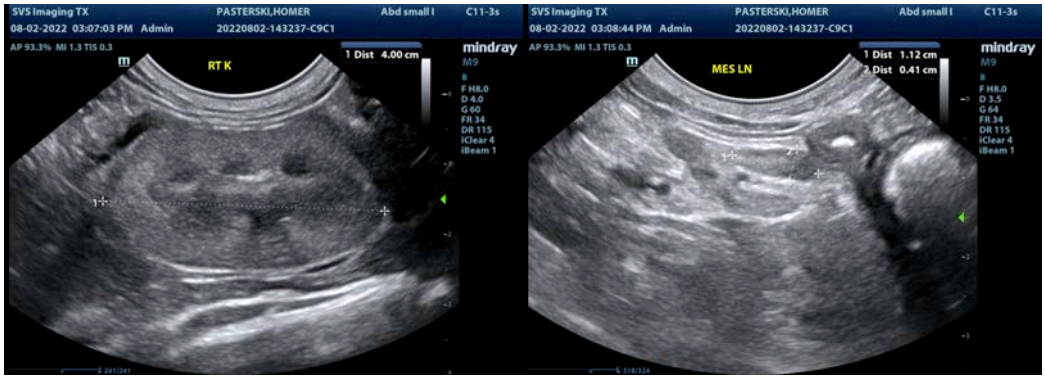

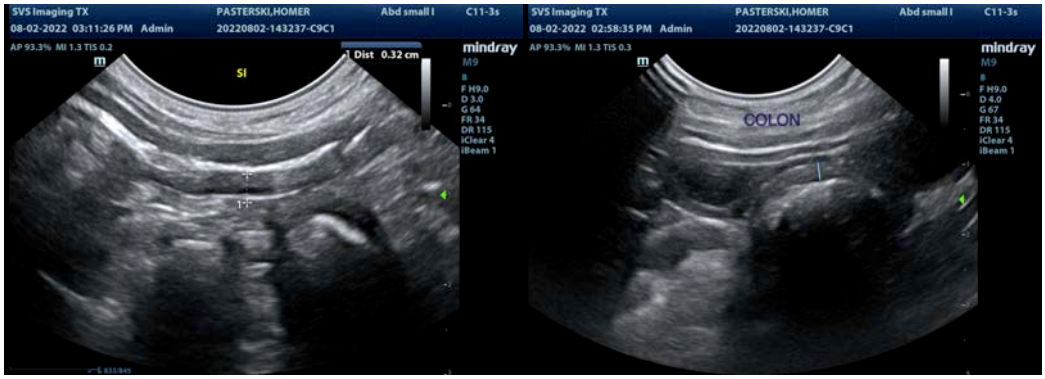

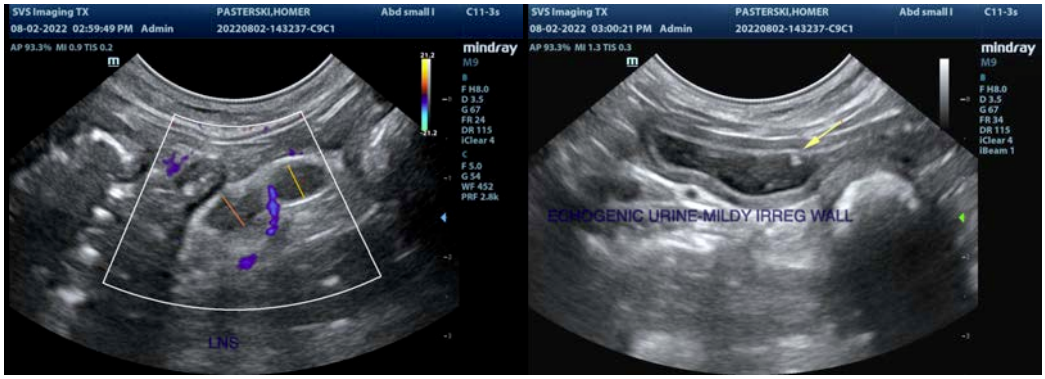

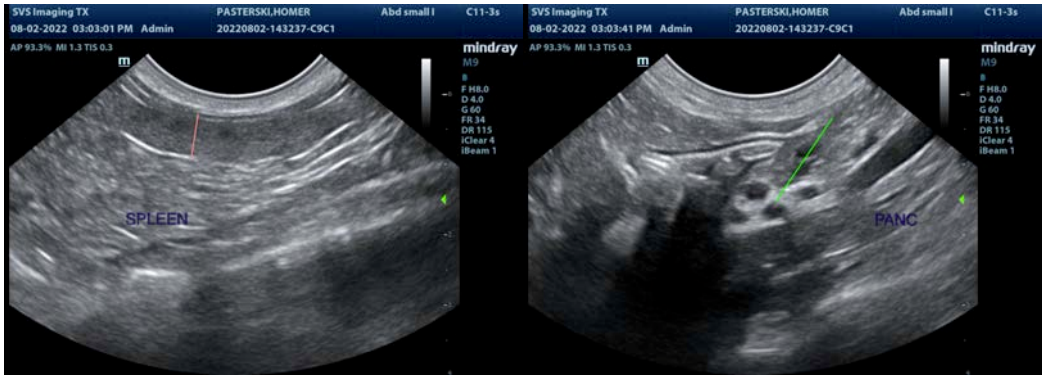

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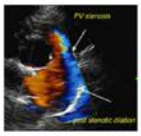
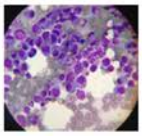
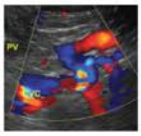

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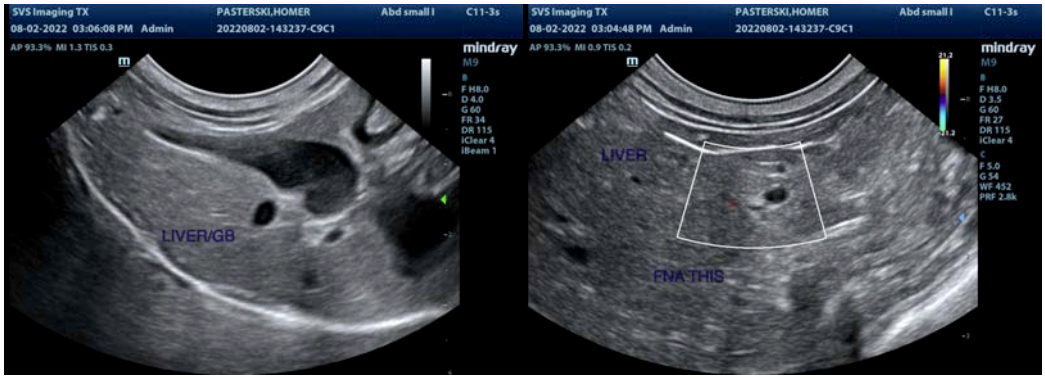

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

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