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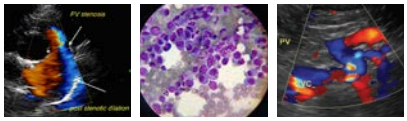
IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

8/31/22

PATIENT

Eddie McConnell

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10/7/08

WEIGHT

9.08 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Twardzik

INVOICE

40862

PRESENTING CLINICAL SIGNS

Patient presented on 8/6 to establish care with new vet. History of pancreatic flare ups Q 6-8 weeks. History of straining to defecate; will vomit when he strains to the point of becoming dehydrated and lethargic. Cerenia and Buprenex seem to help. With stool, sometimes nothing comes out, sometimes watery stool, sometimes regular stool, sometimes harder nuggets. Pancreatitis episodes going on for at least 6 months. Controlled diabetic. Seems hungry, but losing weight. Urinates heavily and often; history of CKD. On exam on 8/6, patient had firm stools in colon, decreased ROM in hips and left elbow, and dental tartar/gingivitis

Current Medications: 0.5 unit Lantus SID – chronic, 4 mg Cerenia SID PRN -- chronic, usually needs 1-2x/week, DM diet, Buprenex PRN
Lab Results: Bloodwork from previous clinic on 6/8: CBC: Elevated WBC 42.3 K/uL, Elevated Neuts 37,901 /uL, Elevated Monos 1354 /uL
Chem: Elevated Ca++ 11.4 mg/dL, Elevated BUN 38 mg/dL, Elevated Phos 8 mg/dL, Decreased Glu 55 mg/dL, Elevated Na+ 159 mmol/L
Decreased Cl- 114 mmol/L. U/A: SG = 1.017. Bloodwork from 8/11:
BP: WNL, T4: 2.8 ug/dL, BG curve: appropriate.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested by DVM.

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.

The left kidney has a normal shape and size (3.43 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (3.57 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.50 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 0.47 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 (0.77 cm 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.

Liver
The liver is subjectively normal in size, and 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 small anechoic cyst visualized on the right side of the liver measuring 1.5 cm x 1.57 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 mild and 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 <0.36cm 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 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. Duodenum wall measures 0.27 cm. Jejunum wall measures 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 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, 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.

Other
There is a homogeneous, slightly hypoechoic, rounded mass effect visualized in the left cranial abdomen measuring 4.6 cm x 3.1 cm. A direct association with other abdominal structures is not visualized.

ULTRASONOGRAPHIC FINDINGS

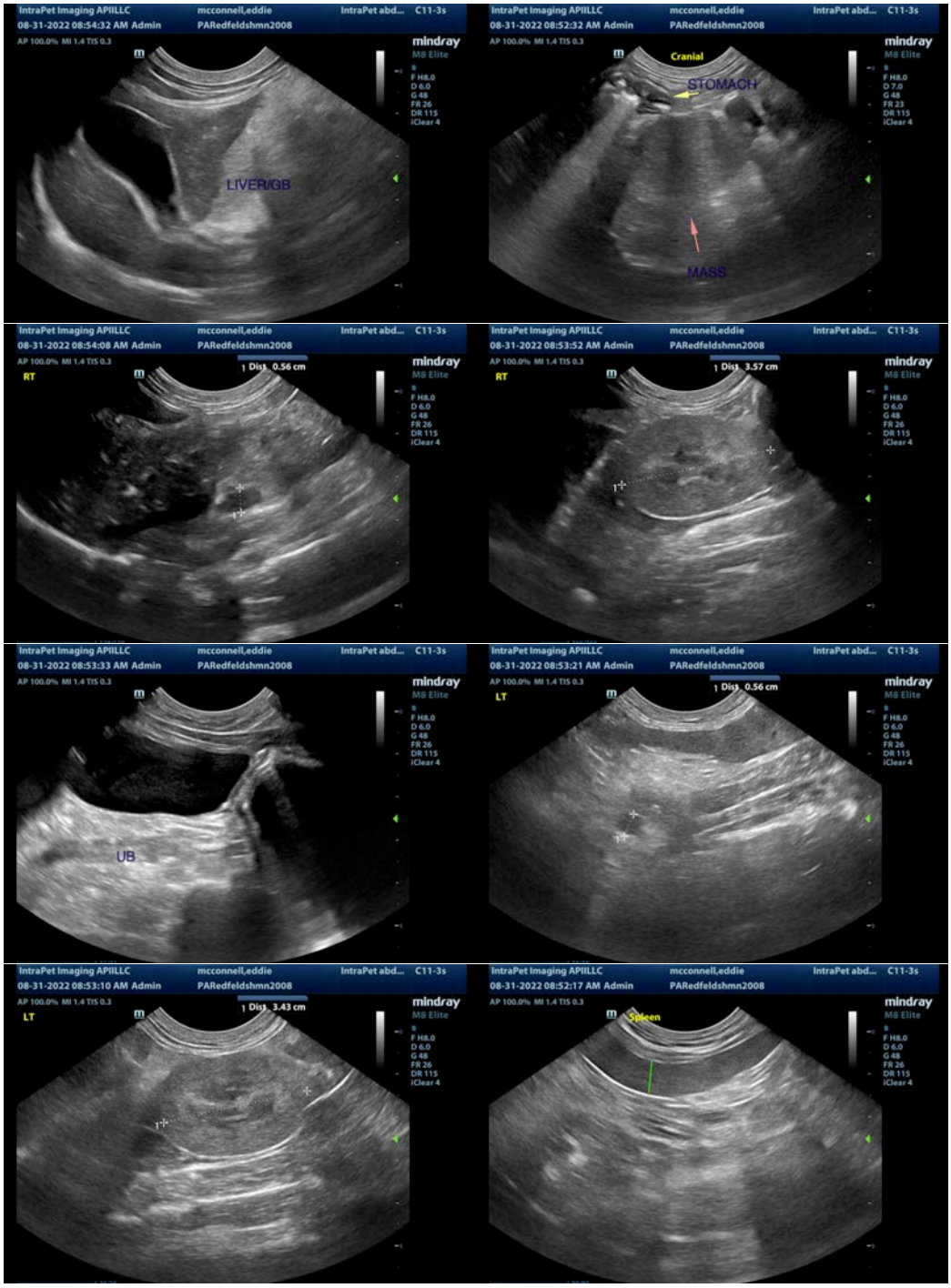
- Cranial abdominal mass – This could represent a large lymph node, a mesenteric mass, or could be associated with a cranial abdominal structure (a direct association with another structure is not visualized).

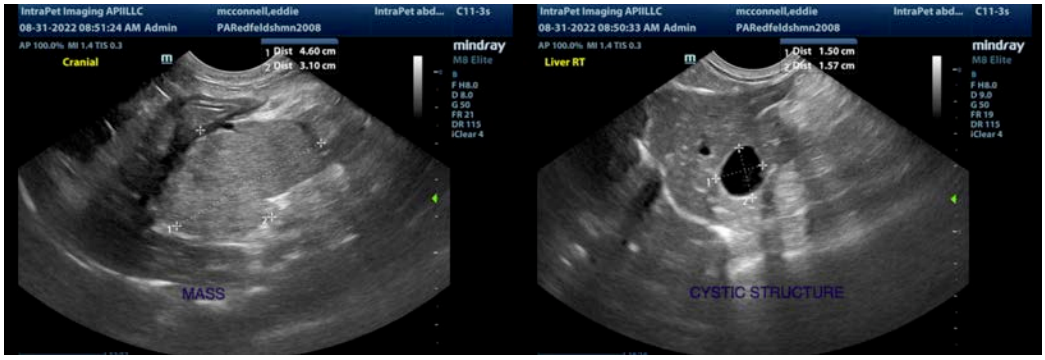
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

- Heterogeneous liver with right-sided cystic structure – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. This could be consistent with a diabetic hepatopathy. The cystic structure is likely a benign cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS\

There is a homogeneous, slightly hypoechoic, rounded mass effect in the cranial abdomen. A direct association with other structures is not visualized. I suspect this represents an effaced lymph node or a mesenteric mass effect. Recommend a fine needle aspirate and 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained, consider surgical biopsy and removal.





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