



PATIENT

Ginny Lightfoot

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

10.56 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Harasimowicz

INVOICE

40906

DATE

8/31/22

PRESENTING CLINICAL SIGNS

Recheck Abdominal US (7/21/22) - hepatic cysts and pancreatic lesion noted at that time. After visit on 7/21, p was sent home with zeinquin x 2 weeks and GI supportive care. She was doing well clinically and was started on hypoallergenic diet (rabbit) and prednisolone for chronic otitis and dermatitis. P is currently doing great at home. e/d well, no v/d/c/s. Normal energy level. Eating rabbit diet well and skin/ears look great. Currently receiving 2.5 mg prednisone PO SID.

Abnormal PE/Chem/CBC/UA Results: Today's exam is unremarkable aside from 0.34 pounds of weight loss and mild cranial abdominal pain. Recheck lab work not performed today.

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 (3.51 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 (3.94 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 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.

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 and slightly irregular. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a large anechoic hepatic cyst visualized measuring 4.4 cm (previously measured 4.49 cm on 7/21/22).

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.



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Gastrointestinal

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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.) 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

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The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There are numerous hypoechoic, slightly irregular lesions visualized associated with the pancreas. Most of these are smaller hypoechoic nodules measuring approximately 0.50 cm (0.42, 0.51, 0.32 cm). There is a larger more isoechoic mass/nodule measuring 1.1 cm, and more cranial in the left limb, there is a hypoechoic/possibly cystic lesion measuring 0.87 cm. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

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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

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- Prominent, mottled pancreas with numerous hypoechoic nodules and cystic nodules – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. Differentials would include lymphoid hyperplasia or underlying neoplasia.
- Large cystic structure within the liver – most consistent with benign hepatic cyst. Measurements are stable from the previous scan a year ago.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There are numerous large nodules and possibly cystic structures visualized associated with the pancreas. This would typically be very concerning but given the previous suspected pancreatic lesion has not significantly progressed (maybe it is the hypoechoic cyst in the cranial liver?), I am hoping these lesions could represent dramatic lymphoid hyperplasia. A fine needle aspirate could be considered. There does not appear to be significant surrounding inflammation or classic pancreatitis.

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The hepatic cyst appears stable and is likely benign.

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The kidneys have mild changes most consistent with age related change. You could consider a blood pressure, urinalysis and culture if there is concern.



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Additionally, you could consider 3-view thoracic radiographs.

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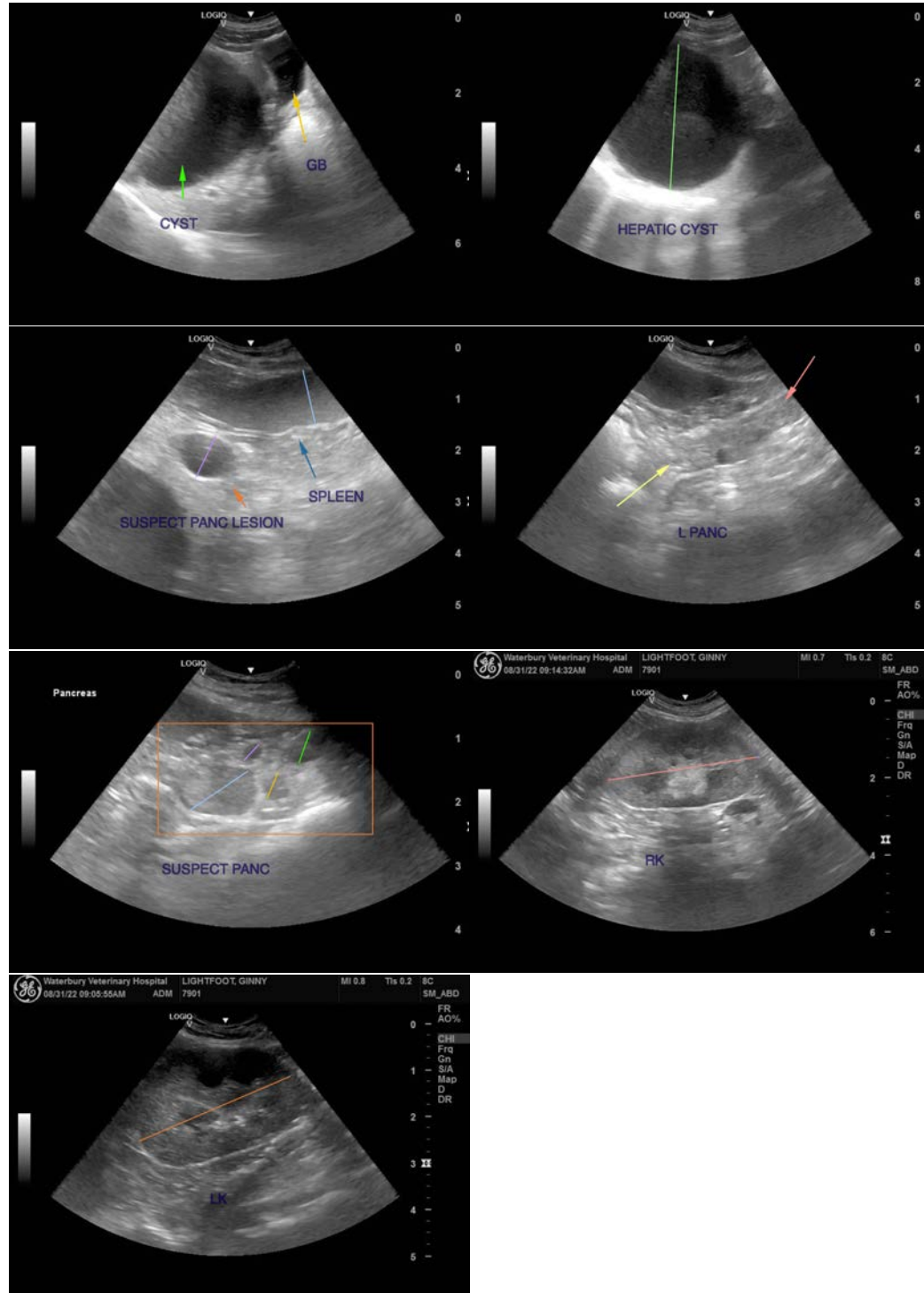
Dr. Harasimowicz

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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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