

**DATE PRESENTING CLINICAL SIGNS**

8/9/23

Pt presents for exam due to weight loss. Pt dx'd with hyperthyroidism and is currently under tx from md mobile vet. Last recheck t4 levels were regulated. Pt was 10.5# in May (2months ago) and is 8.5# today. O states pt eats well on/off- some mornings he is voraciously hungry and others sort of indifferent.

PATIENT

Jazz Moeller

Current Medications: Felimazole 5mg- 1/2 tab PO in AM, Felimazole 2.5mg- 1/2 tab PO in PM

Lab Results: overall normal aside from decreased TP, albumin, globulin,

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Feline

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH

Urinary System**SEX**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

Neuterd Male

AGE

The left kidney has a normal shape and size (3.55 cm). Overall echogenicity is normal with adequate 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.

9/8/09

WEIGHT

8.5 Pounds

The right kidney has a normal shape and size (3.91 cm). Overall echogenicity is normal with adequate 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 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.

HOSPITAL NAME

Eldersburg Vet

The right adrenal gland is normal in size measuring 0.33 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.

REFERRING VET

Dr. James

Spleen

The spleen is subjectively normal in size (0.60 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.

INVOICE

44518

Liver

The liver is subjectively normal in size but slightly irregular. The visible portions of the vasculature and biliary tract appear normal. There is a somewhat poorly defined hyperechoic cystic/moth eaten appearing mass lesion on the right side of the liver, measuring approximately 4.21 cm x 3.65 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 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 measures 0.25 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 left limb of 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant lymphadenopathy present with large, hypoechoic, rounded lymph nodes at the mesenteric root measuring 0.77 cm and 0.74 cm. Other lymph nodes visualized measure at 0.33 cm and 0.53 cm. The omentum is generally of normal echogenicity. It is slightly hyperechoic around the prominent lymph nodes.

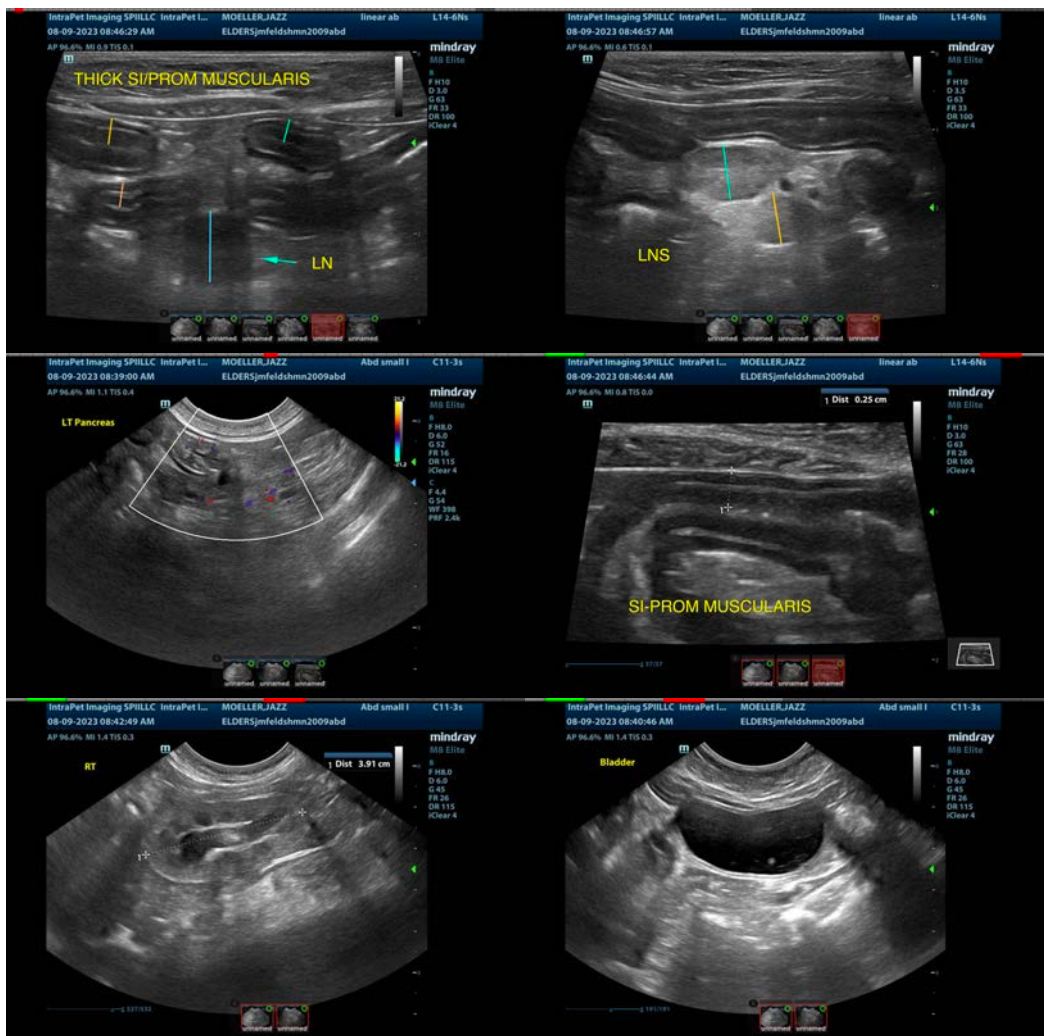
ULTRASONOGRAPHIC FINDINGS

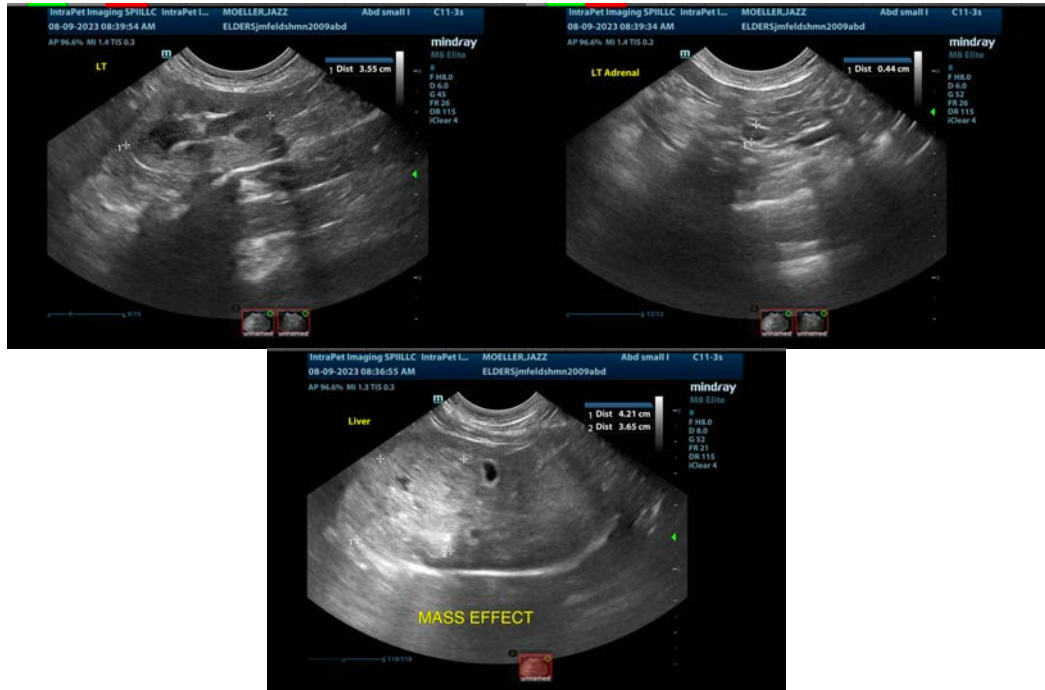
- Mild echogenic debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Prominent, mottled left limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Hyperechoic, mildly cystic mass effect on the right side of the liver – The appearance of this lesion is most consistent with a primary hepatic mass lesion such as a cystadenoma. Other differentials (carcinoma, lymphoma, etc.) are possible. Consider a fine needle aspirate.
- Diffusely thickened small intestine with a prominent muscularis layer – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Large, rounded, hypoechoic mesenteric lymph nodes – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of the diffusely thickened small intestine and the enlarged lymph nodes is concerning for a possible primary enteropathy as a cause for the hypoalbuminemia reported. Likely differentials would include round cell neoplasia or severe IBD. Consider a fine needle aspirate of a mesenteric lymph node for cytologic evaluation. If a diagnosis cannot be obtained, biopsies of the GI tract may be necessary.

There is an ill-defined, slightly cystic/moth eaten appearing mass effect in the right side of the liver. This has the appearance most consistent with a benign cystadenoma, although other more aggressive tumors are possible. Consider a fine needle aspirate of this lesion as well as 3-view thoracic radiographs.





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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