

**DATE**

9/13/21

PRESENTING CLINICAL SIGNS

History: Mister presented for PE- weight loss/muscle wasting - can palpate spine easily; eating normal amounts.

Current Medications: No current medications.

PATIENT

Lab Results: CBC – NSF; CHEM- NSF, (SDMA - high normal??); UA- NSF; t4-wnl.

Radiographs: Not provided by the veterinarian.

Mister Stinebaugh

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

SPECIES

Feline

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.

BREED

Domestic Shorthair

SEX

Neutered male

The left kidney has a normal shape and size (4.06 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.

AGE

9/1/10

The right kidney has a normal shape and size (3.66 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 noted and measures 0.18 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

10.3 lbs

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.

INTERPRETED BY

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

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

Noah's Ark Veterinary
and Boarding Resort

Spleen

The spleen is subjectively normal in size The spleen echotexture is heterogenous and mottled, 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. Martinez-
Hernandez

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 solid, irregular, hyperechoic, mass that measuring 2.16 x 2.11 cm. A smaller, less defined, cystic lesion is noted and measured 1.02 x 0.94 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.

INVOICE

91786

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. The jejunum measures 0.33 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 hypoechoic and prominent with a pancreatic duct that measured 0.2 cm. 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 mild lymphadenomegaly present. The mesenteric lymph nodes at the root of the mesentery measured 0.33 cm and 0.32 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Heterogenous liver with hyperechoic mass and a cystic lesion. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Mildly mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with mild pancreatitis/pancreatic infiltration. I recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.
- Subjectively thickened small intestine with increased muscularis layer. 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:

- Mild, right sided pyelectasia. Pyelectasia of the right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

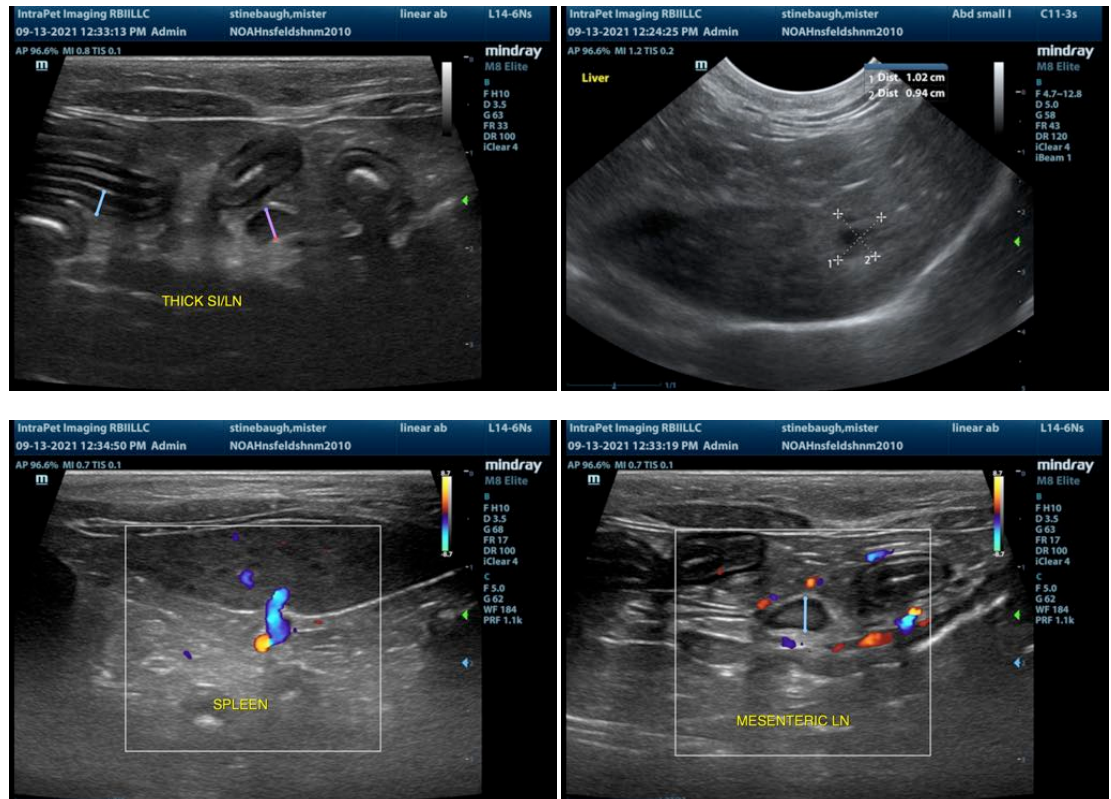
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

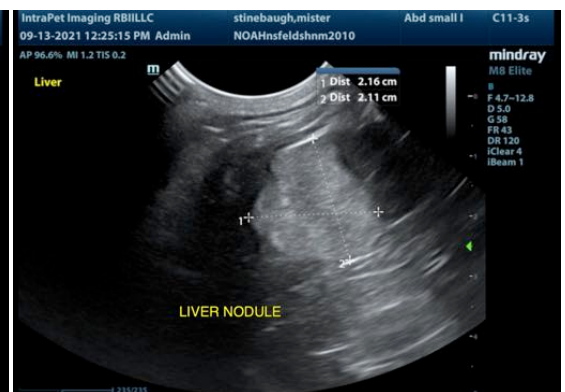
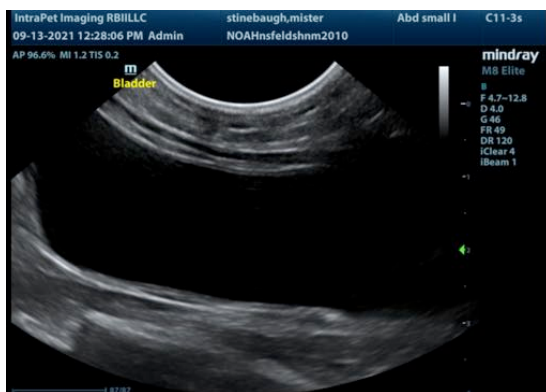
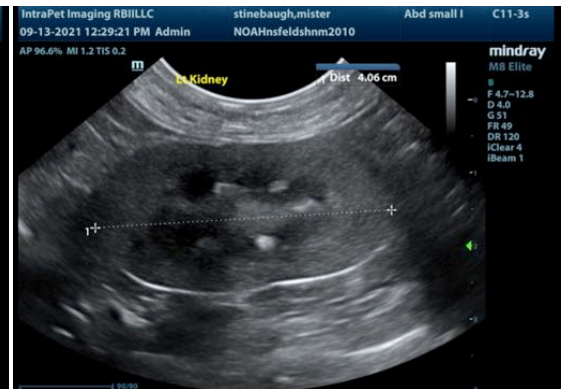
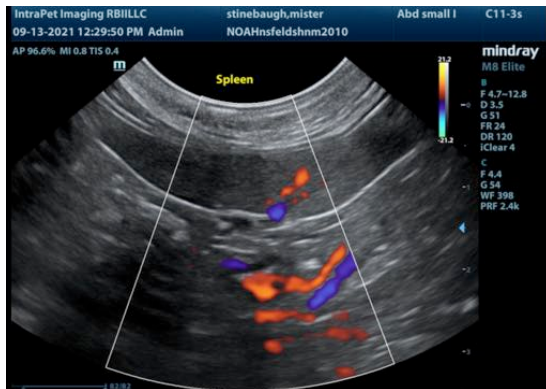
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hepatic mass and cystic lesion noted in the liver. Hyperechoic nodules are generally less concerning, but these are very discrete and of significant size for a cat. I recommend FNA of the hepatic lesions and three view chest radiographs. These changes are concerning for a neoplastic process.

Additionally, the small intestine appears somewhat thickened and the pancreas is prominent. This indicates some degree of gastrointestinal involvement. Consider a GI panel for a quantitative fPLI, B12 and folate to obtain more information regarding the gastrointestinal tract.

The spleen appears somewhat mottled as well. Consider a FNA of the spleen at the same time as the liver lesion. There is concern for possible underlying neoplastic process. If FNA are not diagnostic then consider an exploratory for biopsies with possible pre-surgical advanced imaging (CT scan).







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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