IMAGING PERFORMED BY

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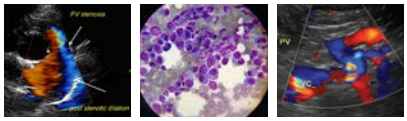

SonoPath

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DATE

9/2/21

PATIENT

Ayla Kohl

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2007

WEIGHT

14 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Sole

INVOICE

25159

PRESENTING CLINICAL SIGNS

Abdominal distention- drained 2.8L serous fluid.

Current Medications: Convenia 9/1, Orbax started 9/1, Prednisolone 5mg 9/1
Lab Results: Significant leukocytosis-- neutrophilia, monocytosis
Mild elevation ALT, ALKP, GGT
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

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 (4.07 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.

The right kidney has a normal shape and size (3.98 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.

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 in size, and normal in echogenicity with rounded, irregular, nodular peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The liver appears to be a cluster of large, rounded masses/mass effects with individual hyperechoic mass effects measuring 2.7, 1.8 cm, and some of these mass effects having cystic portions within.

The gallbladder lumen is minimally distended. The wall of the gall bladder appears somewhat thickened at 0.25 cm, but this is likely due to lack of distention, as there is a smooth mucosal surface. There is no intraluminal contents. The bile ducts appear tortuous and mildly dilated, but no obstruction is visualized.

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. 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.

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 prominent and hypoechoic as 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 revealed a large volume of anechoic free fluid. No lymphadenomegaly, but there are numerous omental nodules visualized, suspicious for metastatic lesions. 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

A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, nodular liver with cystic regions – 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. Due to the severity of this lesion, a neoplastic differential is favored.

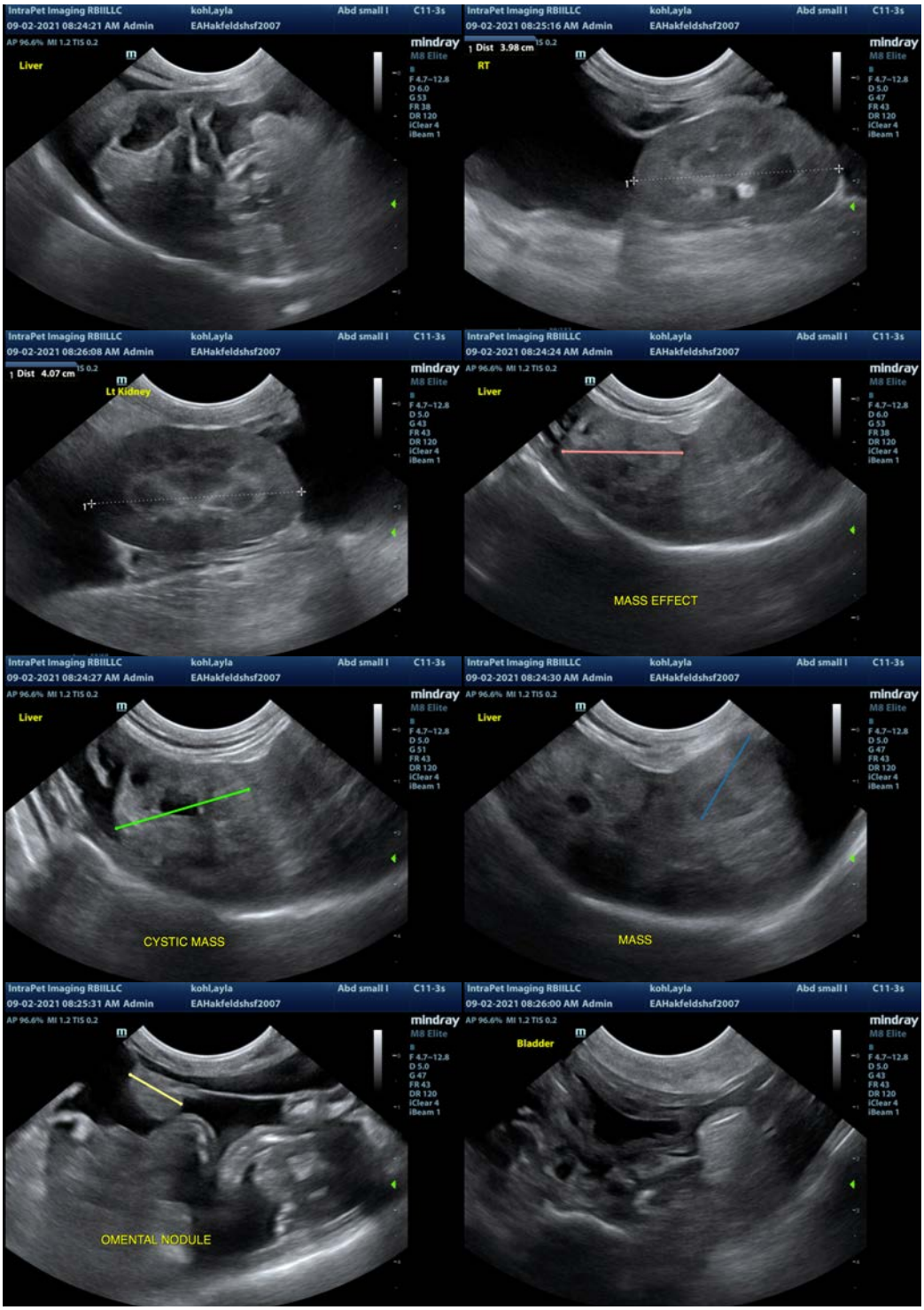
- Prominent, hypoechoic pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

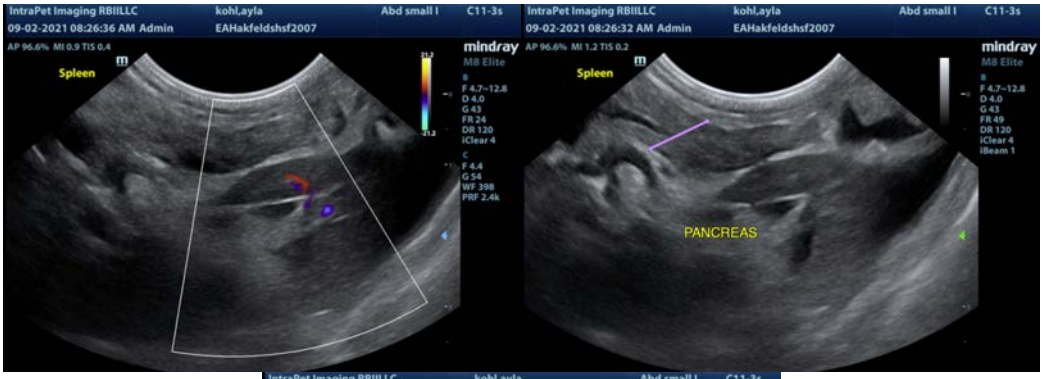
- Large volume free abdominal fluid with omental nodules – likely differentials would be portal hypertension due to the hepatic lesions or a neoplastic effusion. Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is very large and irregular, appearing like a large cluster of mass effects with some cystis regions. Recommend fine needle aspirate of the liver. Additionally, there are some irregularities in the omentum suspicious for omental nodules/possible metastasis. Recommend fluid analysis and cytology to try to obtain further information. If cytology is not diagnostic, a biopsy may need to be considered.

Additionally, the pancreas is prominent. I suspect some of this is artifact due the large amount of abdominal fluid present, but symptomatic therapy for pancreatitis should be considered.





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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