IMAGING PERFORMED BY

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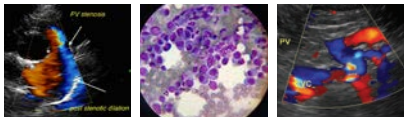

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DATE

9/30/21

PATIENT

Lucky Conway

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2015

WEIGHT

7.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Gambrills Vet Center

REFERRING VET

Dr. Hamilton

INVOICE

25978

PRESENTING CLINICAL SIGNS

Not eating, loose stool.

Lab Results: wbc-38, plt- 144-, tbil- 1.2, tp- 12.3, glob 9.9, mon 2.49+, neu- 32.08+.
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 (4.0 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 (4.45 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 large in size, measuring 1.0 cm in diameter at the hilus. 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.

Liver

The liver is large and heterogeneous with irregular rounded borders. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count ill-defined, hypoechoic nodules throughout the hepatic parenchyma, varying in size from 0.3-1.25 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.

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 measured 0.23 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

A moderate amount of anechoic free fluid is noted. No lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity.

Other

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

There is a pocket of subcutaneous fluid visualized on the right side of the thorax/abdomen, consistent with subcutaneous fluid administration.

Cranial to the heart in the mediastinal region is a prominent mediastinal lymph node measuring 1.21 cm x 0.79 cm.

PRIMARY FINDINGS

- Large, irregular, heterogeneous and nodular liver – 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.

- Hypoechoic, prominent pancreas with hyperechoic mesentery – The pancreatic changes are most consistent with mild/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.

- Mottled, broderlineenlarged 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 muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

- Free abdominal fluid

- Prominent, mildly enlarged mediastinal lymph node – This lymph node drains the abdomen and could be reactive or secondary to a neoplastic process.

SECONDARY FINDINGS

- Subcutaneous fluid visualized – consistent with subcutaneous fluid administration.

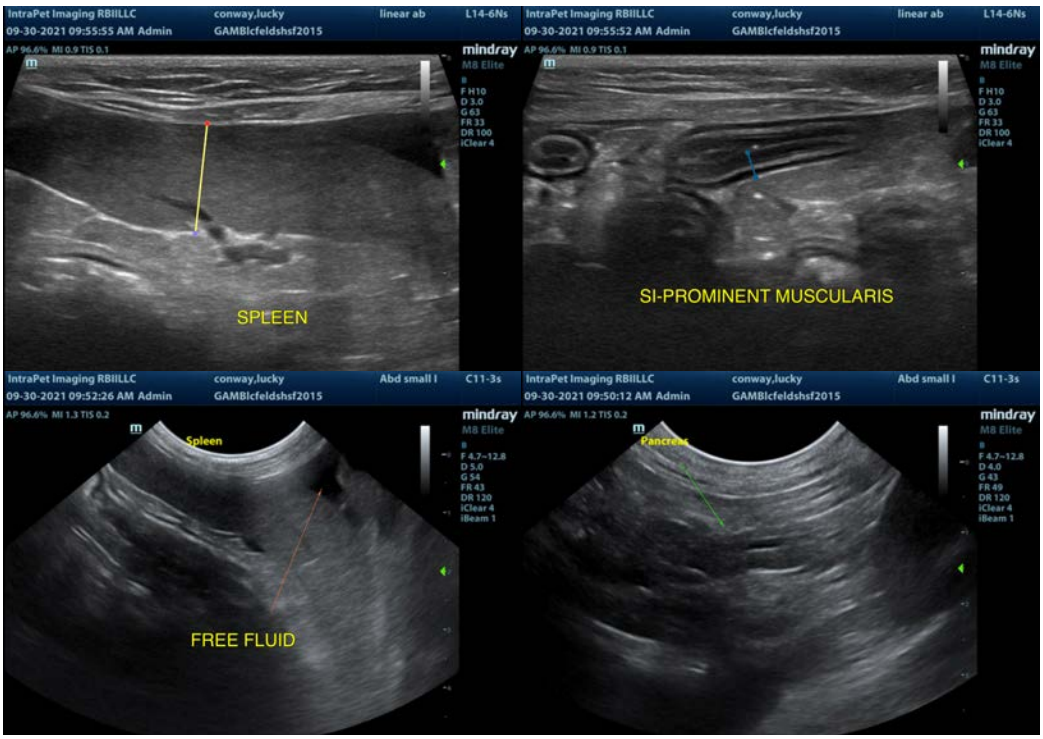
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

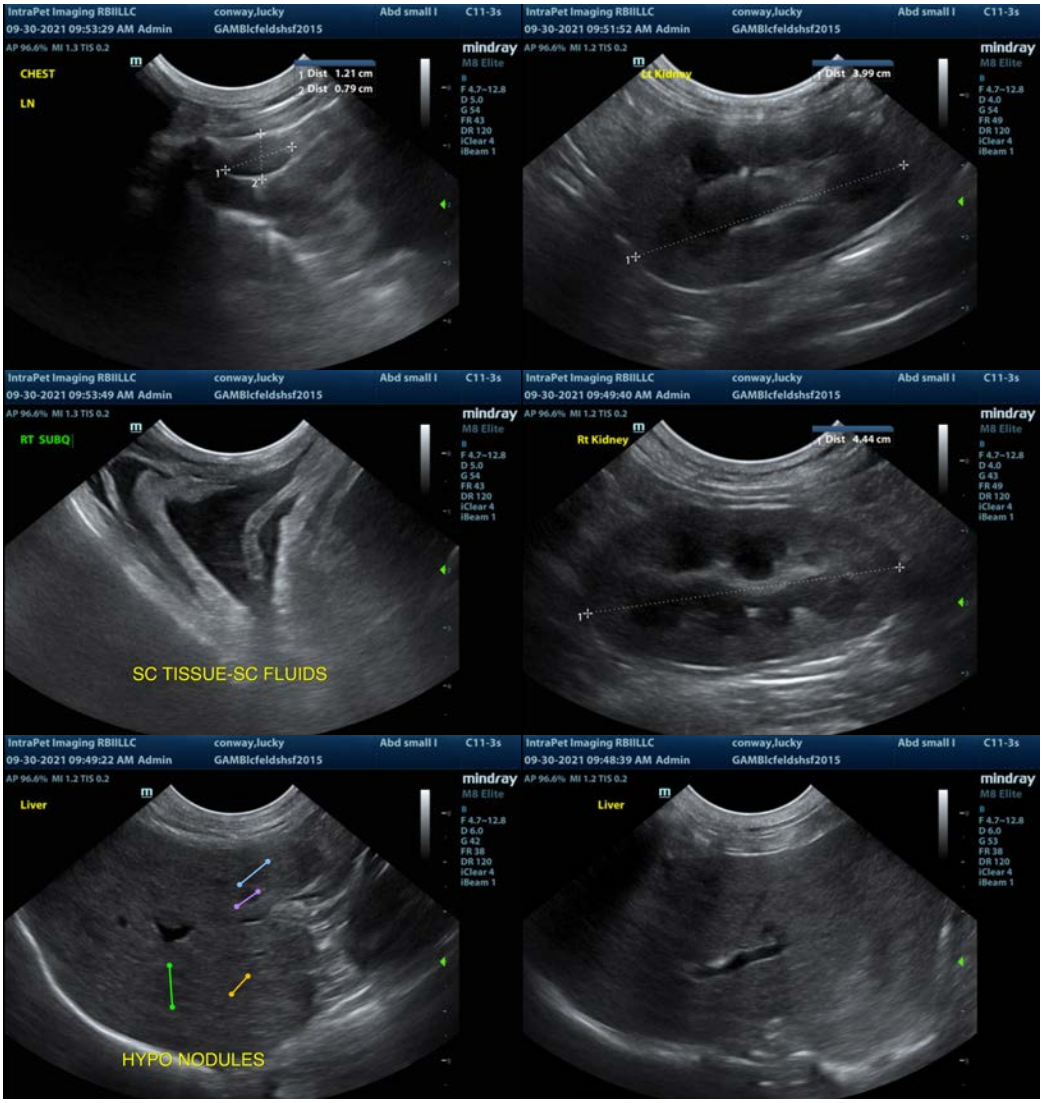
The elevated bilirubin reported appears to be coming from a primary hepatopathy, as the biliary tract and gallbladder appear normal. The liver is large and swollen and very nodular. Recommend a fine needle aspirate, as round cell neoplasia would be a concern. Additionally, the spleen is enlarged, and cytology of this area would be beneficial as well.

There is a moderate amount of free abdominal fluid. Recommend sampling of this and fluid analysis and cytology for classification of the fluid and to look for any evidence of neoplastic cells/infectious organisms.

The pancreas appears prominent and inflamed. This could be due to primary pancreatitis or infiltrative disease to the pancreas. If fine needle aspirates of the liver and spleen are non-diagnostic, you could consider a quantitative fPLI +/- fine needle aspirate of the pancreas.

Overall, there appears to be involvement of several areas as well as at least reactivity within the thoracic cavity. Recommend 3-view thoracic radiographs. A primary concern would be a neoplastic process or FIP.





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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