

**PATIENT**

Taz Walters

**PRESENTING CLINICAL SIGNS**

History of constipation, was seen at another clinic and prescribed Zeniquin and SQ fluids. Presented today dehydrated 7%, abscessed teeth, and anorexic. meds: Zeniquin 25mg 1/2 tab SID

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A small amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

**SEX**

Neutered male

**Kidneys**

**AGE**

13 years

The **left** kidney measures 4.77 cm (3.80-4.40 cm). The capsule is smooth. The cortex is severely hyperechoic and a marked loss of the normal definition of the corticomedullary junction is observed. The cortex is thinner along the anti-mesenteric border. Mineralizations and nephrolithiasis are present in the diverticulae and pelvis without signs of pyelectasia. Blood flow is decreased. The surrounding mesentery is hyperechoic.

**WEIGHT**

5.4 kg

The **right** kidney measures 3.49 cm (3.80-4.40 cm). The kidney is malformed. The cortex is severely hyperechoic and a marked loss of the normal definition of the corticomedullary junction is observed. There are no signs of pyelectasia or nephrolithiasis. Hyperechoic areas are present in the pelvis, which may be due to fat, mineralization and fibrosis. Blood flow is decreased. The surrounding mesentery is hyperechoic.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**Adrenal Glands**

**HOSPITAL NAME**

Spencer Creek AH

The **left** adrenal gland measures 0.44 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**REFERRING VET**

Dr. Whelan

The **right** adrenal gland is not visualized due to the large amount of gas in the surrounding GI tract. No obvious abnormalities are noted with the surrounding vasculature.

**INVOICE**

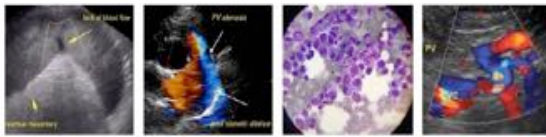
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**Spleen**

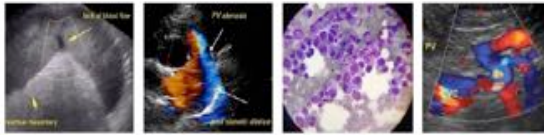
Splenomegaly is present 12.2 mm (normal = 10 mm). It is mildly hypoechoic and has a diffuse, miliary echotexture. It has scalloped contours, as well as pinpoint hyperechoic foci that are most likely due to mineralization. A small amount of effusion is present surrounding the spleen, in addition to multiple hypoechoic, well defined nodules within the mesentery. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

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<b>PATIENT</b>	<b>Liver</b>
Taz Walters	Hepatomegaly is suspected, but is difficult to ascertain. The liver's border are smooth and sharp, to mildly rounded. The liver's echotexture is homogeneous and mildly to moderately hyperechoic. No abnormalities are observed with the hepatic vessels visualized.
<b>SPECIES</b>	
Feline	The gallbladder (GB) wall is mildly thicker and hyperechoic compared to normal. There is no evidence of echogenic material within the GB or edema surrounding it. The cystic and common bile ducts are not visualized, however, there are no signs of an obstruction.
<b>BREED</b>	
Domestic Shorthair	<b>Gastrointestinal</b>
	The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.
<b>SEX</b>	
Neutered male	The definition of the individual walls of the duodenum is not as crisp. Gas is present within its lumen.
	The small intestinal wall thickness is within normal limits. Definition of the wall layers is exaggerated, i.e., the muscularis and submucosa are more prominent than usual. Abnormally dilated loops of bowel are not observed.
<b>AGE</b>	
13 years	The colonic wall is not thickened and mural detail is considered normal.
<b>WEIGHT</b>	
5.4 kg	<b>Pancreas</b>
	The left limb is heterogeneous with multiple punctate hyperechoic foci disperse throughout the parenchyma, as well as a hypoechoic nodule. The nodule appears to have a hyperechoic wall. The nodule measures 1.1 cm in diameter x 0.76 cm in length. The hyperechoic foci are suggestive of fibrosis due to previous episodes of pancreatitis, ischemia or amyloid deposition.
<b>INTERPRETED BY</b>	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The right limb is mildly hypoechoic, and homogeneous. The surrounding mesentery is hyperechoic.
<b>IMAGING PERFORMED BY</b>	<b>Other</b>
Kelly Reshny, RVT	<b>Lymph nodes</b>
<b>HOSPITAL NAME</b>	Lymphadenomegaly noted throughout the abdomen.
Spencer Creek AH	Caudal abdomen: the lymph node is hypoechoic and has irregular contours. Its largest diameter measures 1.61 cm x 3.65 cm in length. The surrounding mesentery is severely hyperechoic.
<b>REFERRING VET</b>	The mesentery is diffusely hyperechoic.
Dr. Whelan	<b>Abdominal effusion</b>
<b>INVOICE</b>	A very small amount is visualized in between the liver lobes, as well as the spleen.
30115	A heterogeneous mass measuring 4.13 cm in diameter x 3.92 cm in length is present ventral and medial to the spleen. It does not appear to be originating from the spleen. It is difficult to identify the organ of origin. The most likely differential diagnosis is a lymph node, however, another differential diagnosis is that it is originating from the retroperitoneal space. The mass has a mixed echogenicity, but is primarily
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5/3/22	



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hypoechoic with areas or “patches” of hyperechogenicity scattered throughout, as well as the occasional anechoic lesion. The surrounding mesentery is hyperechoic.

**SPECIES**

Feline

A large number of well defined, hypoechoic nodules of variable size are present throughout the omentum. These findings are suggestive of carcinomatosis.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered male

- The left limb of the pancreas may be consistent with pancreatitis, however, infiltrative disease cannot be excluded, for example, pancreatic adenocarcinoma. The appearance of the right limb is more suggestive of low grade pancreatitis.

**AGE**

13 years

- High index of suspicion of abdominal neoplasia, including pancreatic carcinoma or adenocarcinoma with carcinomatosis or lymphoma with lymphomatosis. The abdominal mass noted in the region of the spleen may be a lymph node, however, a mass originating from the retroperitoneal space cannot be excluded. Taz’s blood work shows lymphocytes at the high end of the normal reference range and thrombocytopenia. Basophils are at the high end of normal; basophils are rare, therefore, these cells may be being misread by the Procyte. A review of a blood smear is suggested.

**WEIGHT**

5.4 kg

- The spleen has a miliary echotexture, which may be due to lymphoma or other round cell tumour. However, splenitis and extramedullary hematopoiesis cannot be excluded.
- The changes noted with the gastrointestinal tract are very subtle and somewhat subjective. They may not be clinically significant, however, underlying inflammation, for example, inflammatory bowel disease, may be present.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

- The hepatic changes may be due to a vacuolar hepatopathy associated with chronic illness. Cholangitis/cholangiohepatitis, as well as cholecystitis are other differential diagnoses that remain possible.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

- The abnormalities observed with the kidneys are most likely due to age-related degeneration, however, fibrosis and ischemia may also be playing a role. The left kidney may be larger in size as a means of compensating for decreased function of the right. Glomerulonephritis, interstitial nephritis and pyelonephritis cannot be excluded as complicating factors.

**HOSPITAL NAME**

Spencer Creek AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Whelan

Fine needle aspirates of the abdominal mass, enlarged lymph node adjacent to the urinary bladder, spleen and liver are suggested providing the platelet count is within the normal reference range. A coagulation profile is recommended prior to performing the fine needle aspirates. Administration of vitamin K (0.5 mg/kg SQ q8-12h for 1-3 doses) is suggested even if the results of the PT/PTT are within normal limits.

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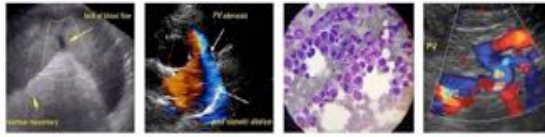
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A urinalysis, urine culture and sensitivity are recommended. If negative, a urine protein: creatinine ratio is suggested.

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A fundic exam is also recommended, as is an evaluation of the blood pressure, ideally in the presence of the client to minimize the effects of stress.



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Analgesia for visceral pain, such as buprenorphine, is suggested, as well as supportive care, including subcutaneous fluids, if the clients are willing to administer them at home.

**SPECIES**

Feline

If further diagnostics are not pursued, prednisolone may be administered (1-1.5 mg/kg/day), and then tapered to the minimum effective dose that maintains Taz's appetite, activity level, etc.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

5.4 kg

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**HOSPITAL NAME**

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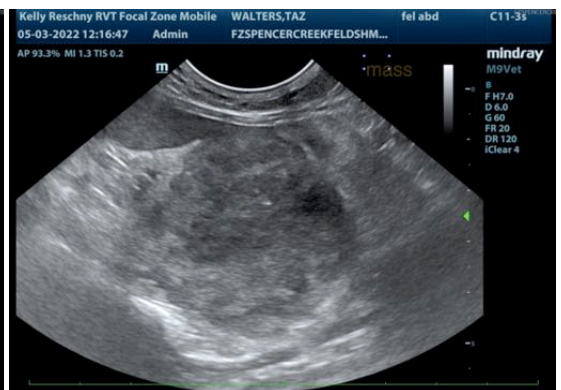
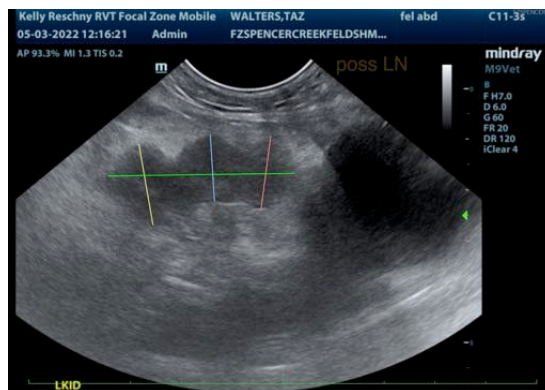
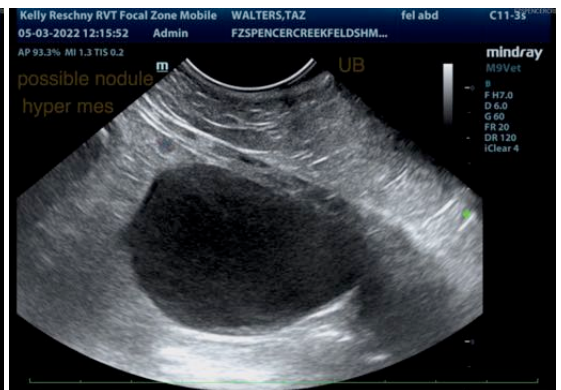
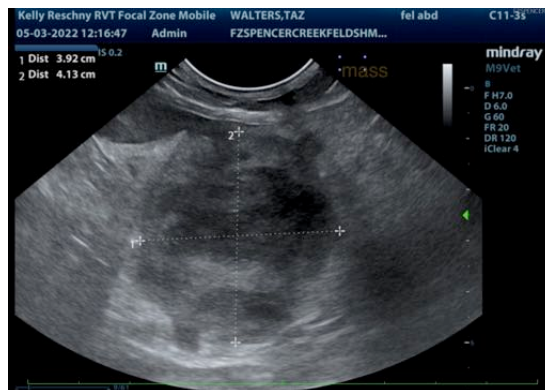
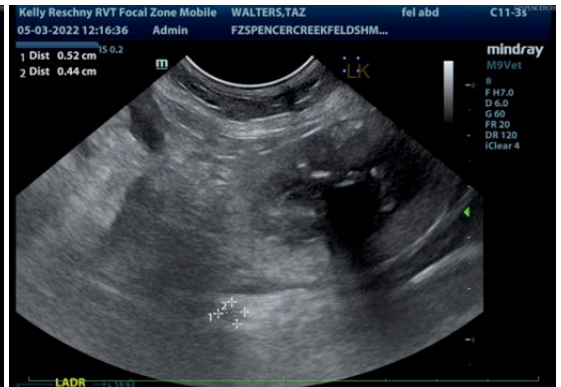
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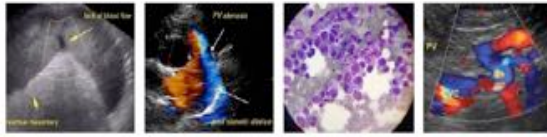
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**SPECIES**

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**BREED**

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**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

5.4 kg

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**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Spencer Creek AH

**REFERRING VET**

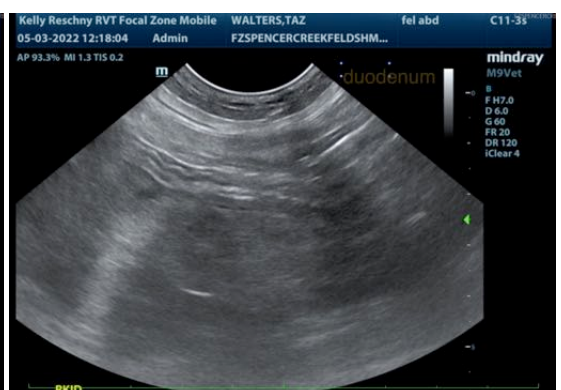
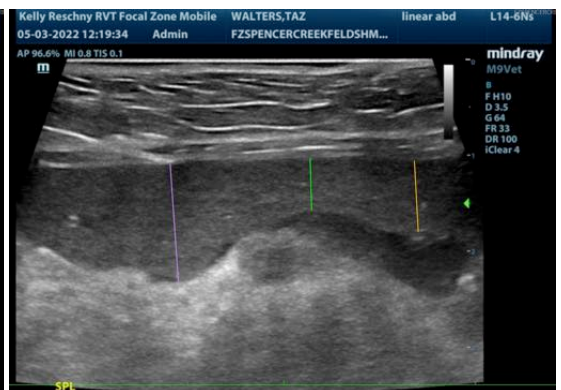
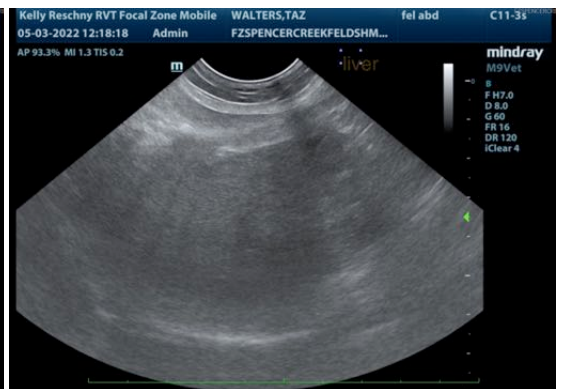
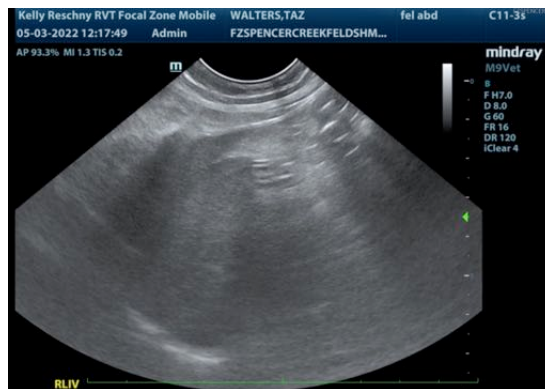
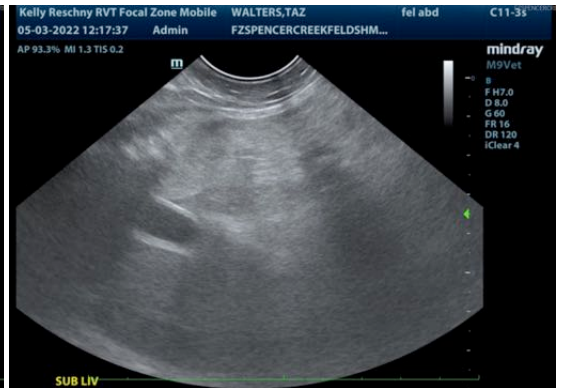
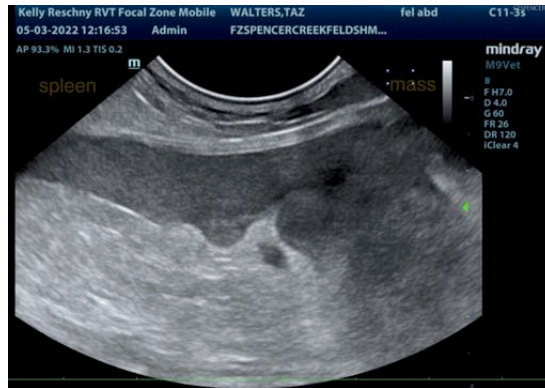
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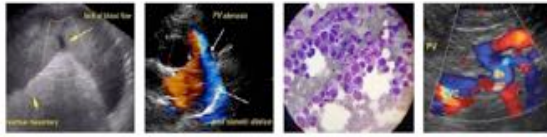
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**SEX**

Neutered male

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Dr. Whelan

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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