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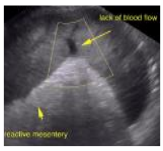
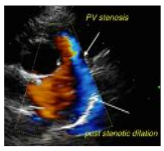
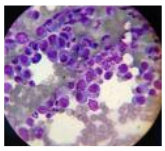
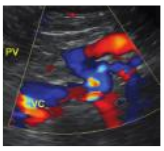





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cheeto Mastroivanni

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

6.2 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Endy

INVOICE

10146

DATE

01/13/22

PRESENTING CLINICAL SIGNS

History: Patient presents for weight loss and black watery stool, possible abdominal tumor palpated.
Current med: metronidazole 50mgs BID.
Abnormal PE/Chem/CBC/UA Results: Blood work: NSF.
Total # of Files Uploaded: 42

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.07 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and there is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.12 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. The cortex is hyperechoic and there is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.85 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

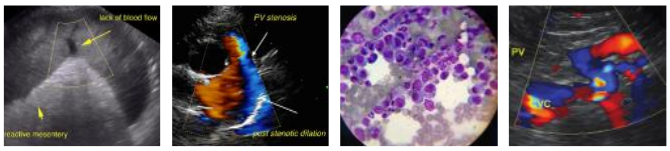
Liver

The liver is subjectively prominent in size with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and mottled in appearance. Several target-like nodules/masses are observed throughout the organ, some of which appear to have cavitated areas. Several of the lesions cause capsular expansion. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is normal in thickness. A scant amount of echogenic debris is observed in the lumen in the region of the urinary bladder neck. The cystic and common bile ducts are borderline dilated (0. 29 cm) with echogenic material within the lumen. The common bile duct can be followed to the level of the duodenal papilla.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and small amounts of hyperechoic shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. A >4 cm segment of descending colon just dorsal to the urinary bladder is severely thickened (up to 0.99 cm) and irregular with a mass effect and complete loss of the normal layering pattern. Foci of mineralization are observed within the mass effect. The mesentery effacing the serosal surface in this region is hyperechoic



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Pancreas
The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter).

Free Abdomen
A moderate amount of free fluid is present within the abdomen. The mesentery throughout the abdomen appears hyperechoic and nodular, the largest measuring 0.99 cm in the mid to caudal abdomen. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

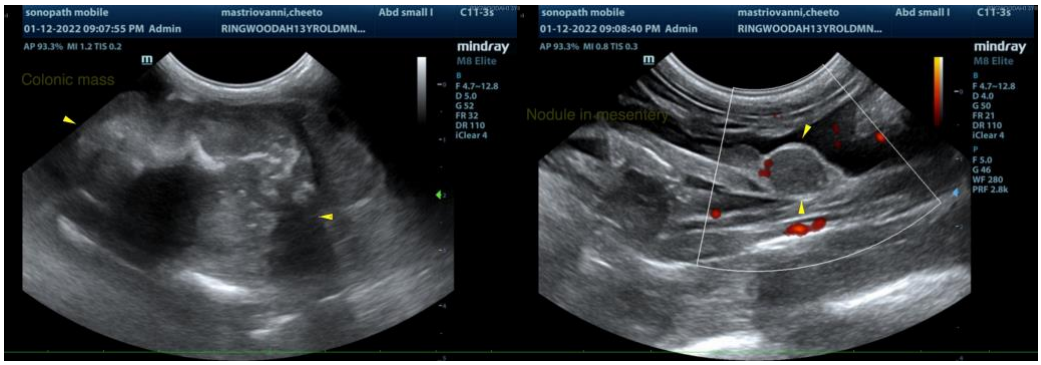
- Descending colonic wall mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma), is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous).
- Peritonitis is present, likely secondary to colonic pathology.
- The hepatic nodules/masses likely represent metastatic lesions. At least one mesenteric metastatic is also suspected.

Secondary Findings

- The pancreatic changes are suggestive of low-grade pancreatitis.
- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspirates of the colonic wall and hepatic masses can be considered to further define the lesions. However, given the high likelihood of metastatic disease, the prognosis for this patient is considered guarded and palliative care is recommended.



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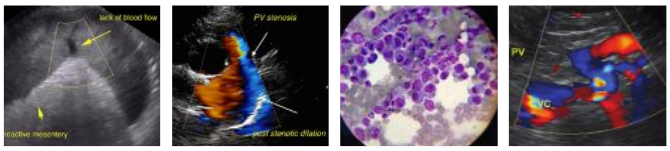

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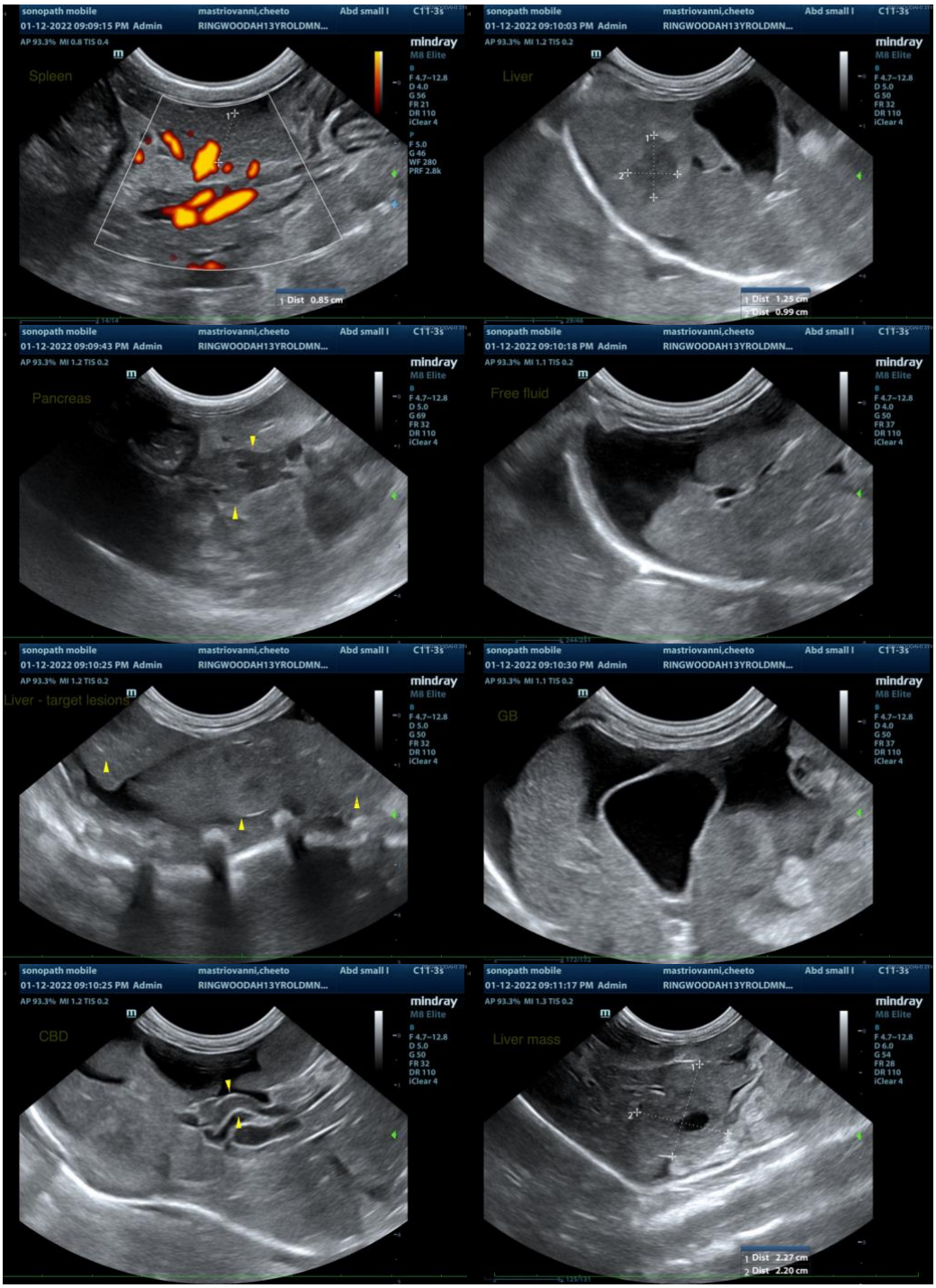

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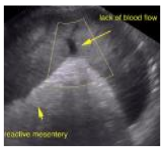
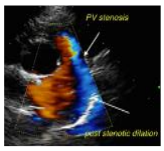
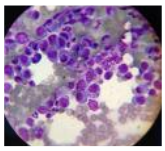
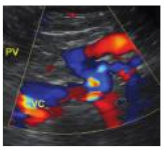

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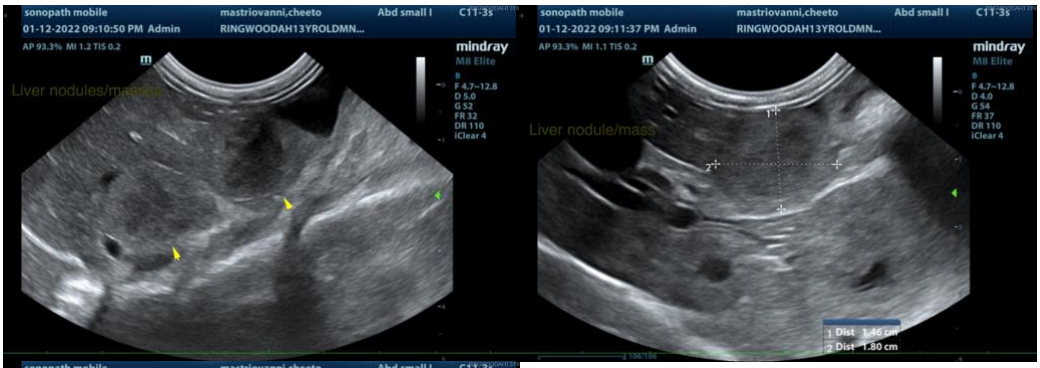

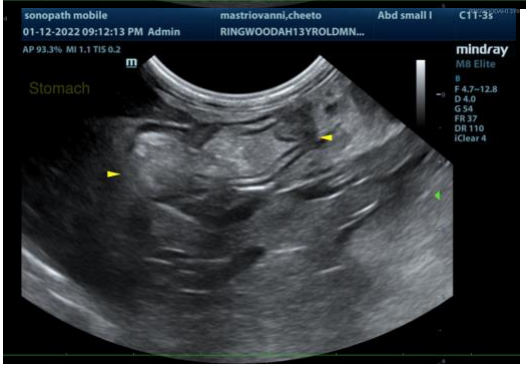

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com