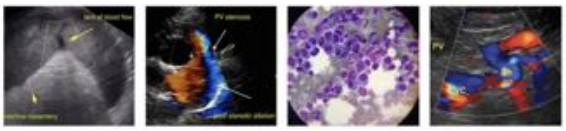
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Samantha Lowrance

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 years

WEIGHT

NP

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Guffey

INVOICE

12075

DATE

1.20.23

PRESENTING CLINICAL SIGNS

History: weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2-3 cm, are normal.

The left kidney is normal in size (4.02 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild 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 (4.03 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.66 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Numerous varying-sized hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and soft, 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 is normal in thickness with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Near the ileocecocolic junction, an approximately 6.00 cm hypoechoic to slightly heterogenous mass is present. The mesentery effacing the serosal surface of the mass is hyperechoic. The remaining colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen
Trace free fluid is observed. There is no obvious evidence of lymphadenopathy.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

A fine-needle aspirate of the bowel mass was performed at the end of the study without incident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

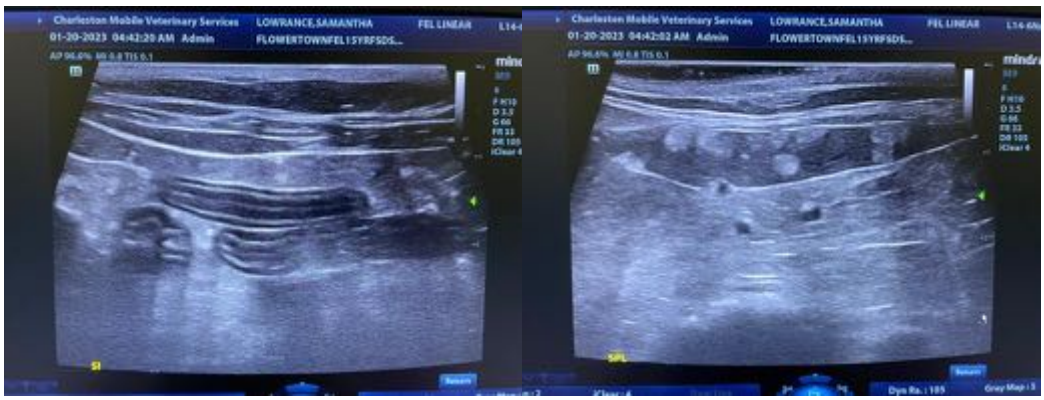
- Bowel mass near the ileocecocolic junction. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis. The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

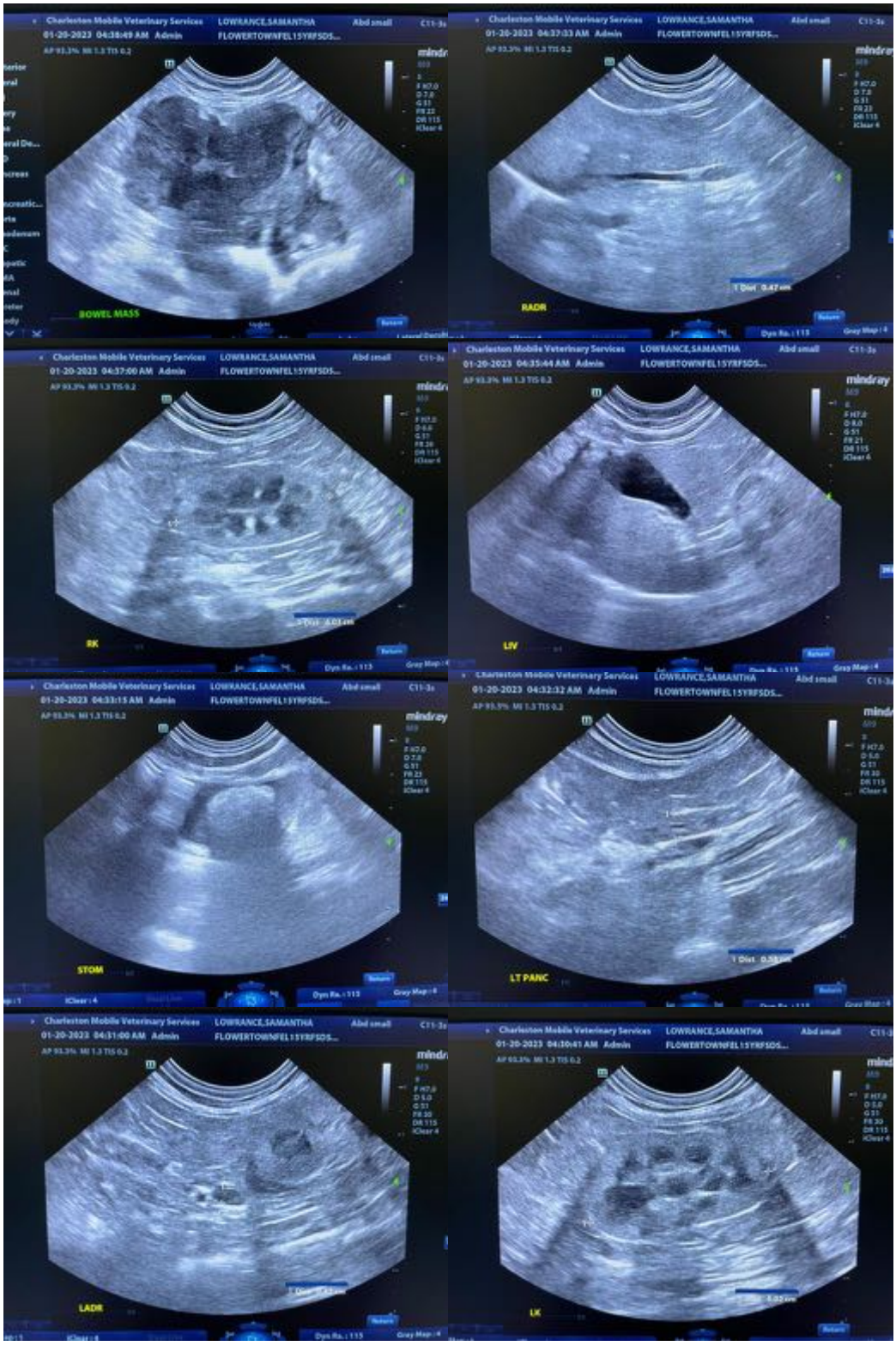
Secondary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Mild bilateral age-related renal changes
- Suspected gastric ileus. The soft, shadowing material within the gastric lumen may represent normal ingesta and/or foreign material (i.e., hair).
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a lower possibility of neoplastic disease (i.e., mast cell disease).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider feline leukemia and FIV testing (if not already performed).
- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI.
- If the cytology results from the bowel mass are inconclusive, more advance testing (i.e., flow cytometry, PARR or biopsies) may be necessary to get a definitive diagnosis.




Charleston Mobile Veterinary Services
LOWRANCE,SAMANTHA
Abd small
01-20-2023 04:38:49 AM Admin
FLOWERTOWNFEL15YRFSDS...
BOWEL MASS
01-20-2023 04:37:33 AM Admin
RADR
01-20-2023 04:37:00 AM Admin
RK
01-20-2023 04:35:44 AM Admin
LIV
01-20-2023 04:33:15 AM Admin
STOM
01-20-2023 04:32:32 AM Admin
LT PANC
01-20-2023 04:31:00 AM Admin
LADR
01-20-2023 04:30:41 AM Admin
LK

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.

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