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Clinical Sonography & Telecytology
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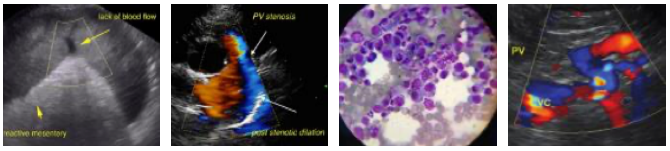


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kitten Hollenczer

SPECIES
Feline

BREED
Domestic mediumhair

SEX
Female, spayed

AGE
11 years

WEIGHT
14 lbs

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

IMAGING PERFORMED BY
Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME
Silver Spring AH

REFERRING VET
Dr. Jarrett

INVOICE
12291

DATE
10/5/21

PRESENTING CLINICAL SIGNS

History: Bloody stool. Not eating well/lethargic recently. Getting Flagyl.
Abnormal PE/Chem/CBC/UA Results: Elevated SDMA of 21. Rest of bloodwork NSF.

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 lumen is moderately distended. A scant amount of 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 in size (3.07 cm in length) with an irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. At least 2 cortical infarcts are observed, one at the cranial pole and one at the caudal pole. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.59 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. At least one cortical infarct is observed at the cranial lateral aspect. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.51 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.57 cm length; 0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

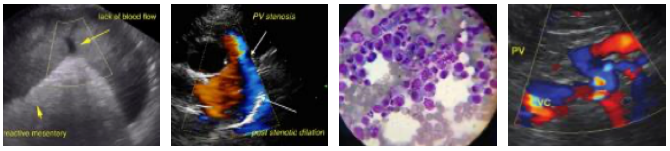
The spleen is normal in size (0.75 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is mildly distended. The wall is normal in thickness. A bi-lobed confirmation is suspected. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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. There is slight disruption in the normal 1:3 muscularis; mucosal ratio and mild thickening of the submucosal layer in some segments. The ileocecal colic junction is normal. An approximately 4 cm mass effect is observed in



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the wall of the distal descending colon starting at the level of the aortic trifurcation. The wall in this region is severely thickened (up to 1.14 cm), irregular and heterogeneous in appearance. Shadowing fecal material is observed within the lumen. The distal aspect of the mass cannot be visualized due to its entry into the pelvic canal.

Pancreas

The left and right limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A 0.91 x 0.83 cm round hyperechoic lymph node is observed at the level of the aortic trifurcation. A 0.66 cm lymph node is also observed adjacent to the ileocecal colic junction. A few jejunal lymph nodes are also seen, the largest measuring 1.61 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Distal colonic mass. Neoplasia is suspected. Differentials include adenocarcinoma, lymphoma, leiomyosarcoma, other. A severe inflammatory process (i.e., pyogranulomatous) is also possible but considered less likely.
- Small intestinal pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- Bi-lobed gallbladder- incidental.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral age-related nephropathy with cortical infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine needle aspirate of the colonic wall mass is recommended using a 25-gauge needle. Clotting times should be assessed prior to aspiration. If cytologic evaluation is inconclusive, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.

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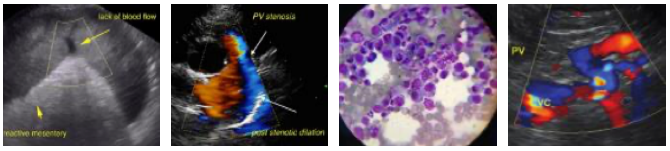

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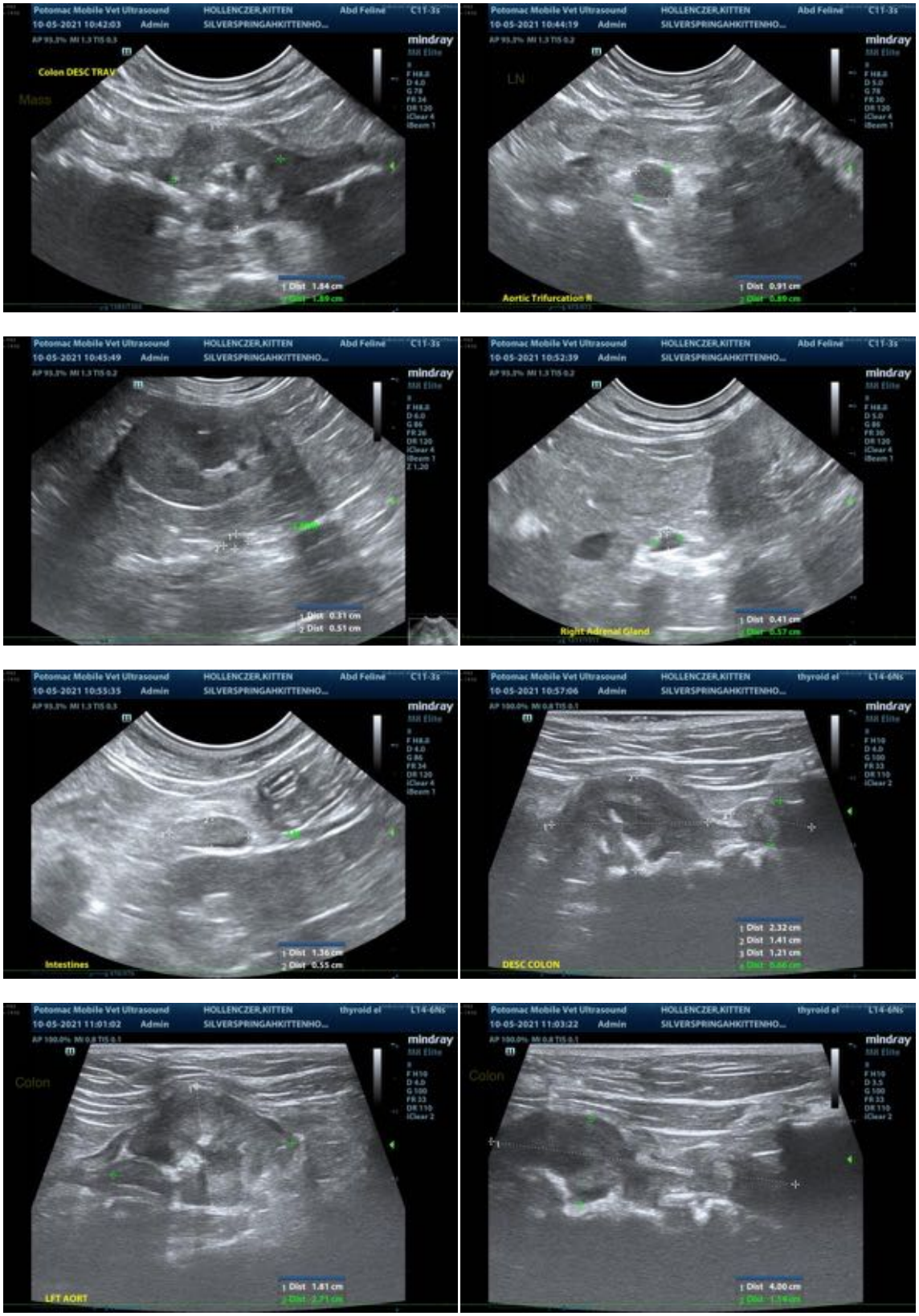

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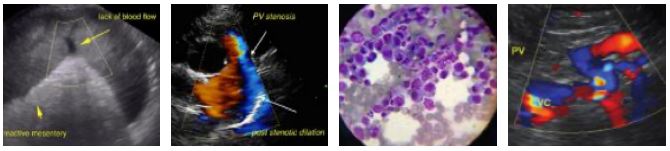

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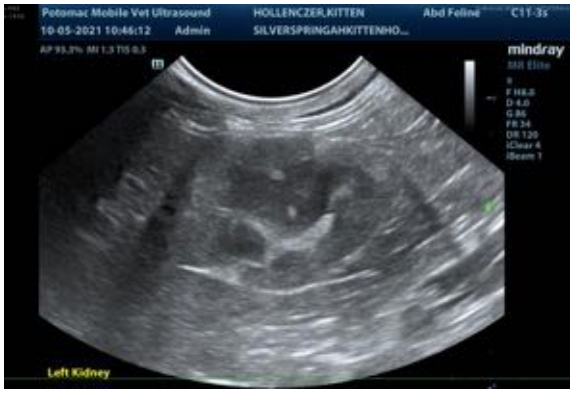

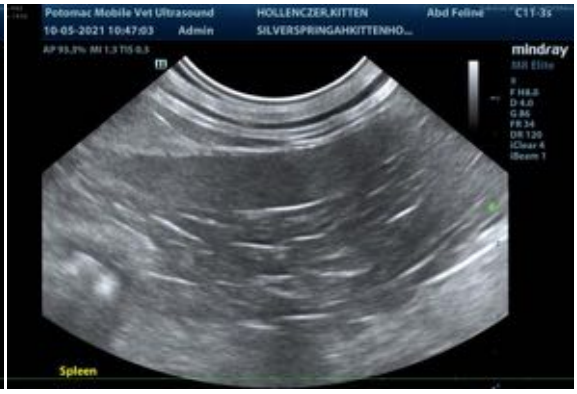

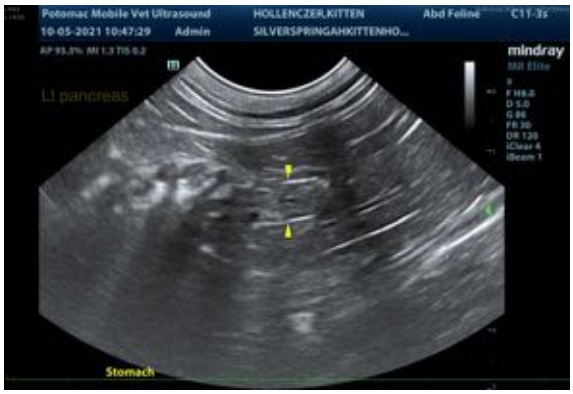

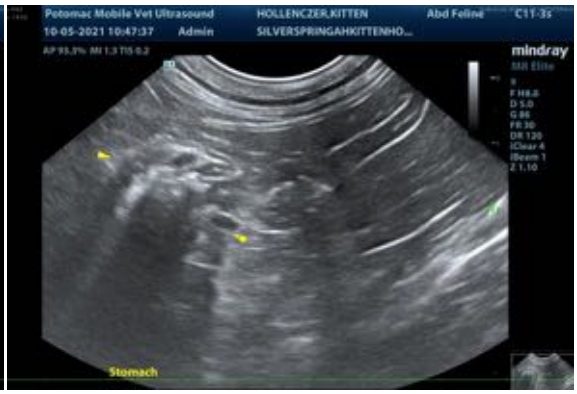

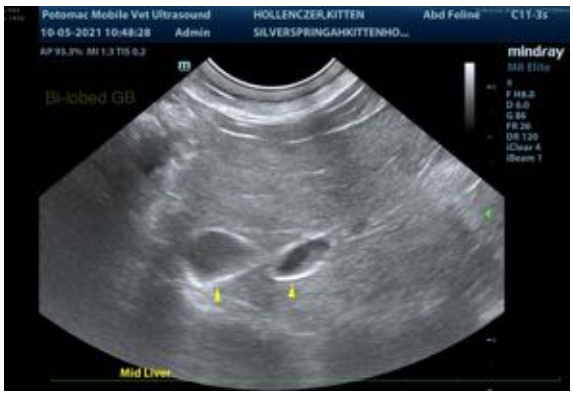

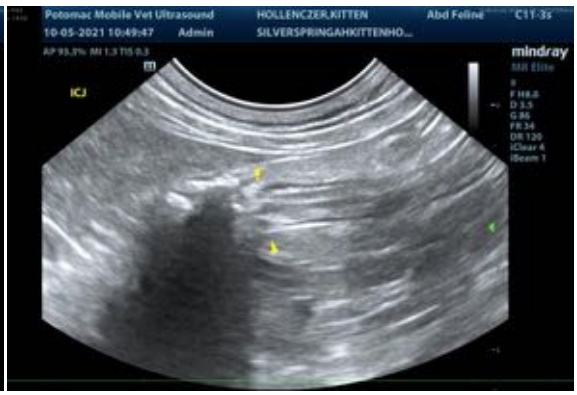

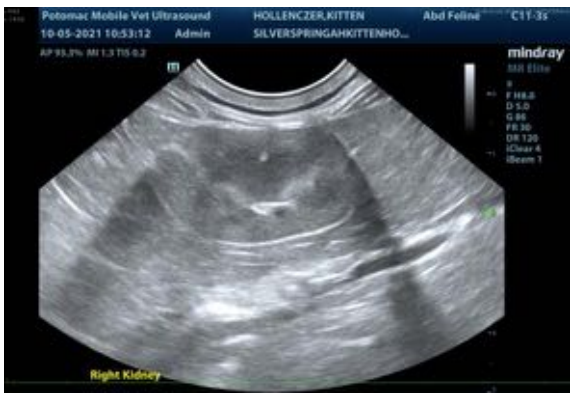

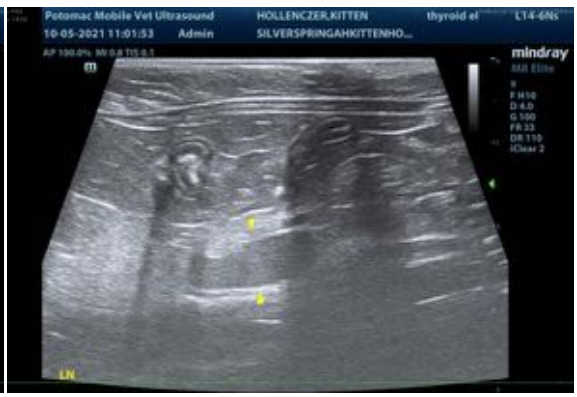

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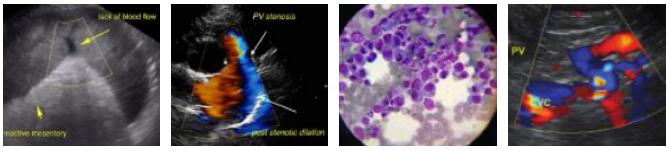

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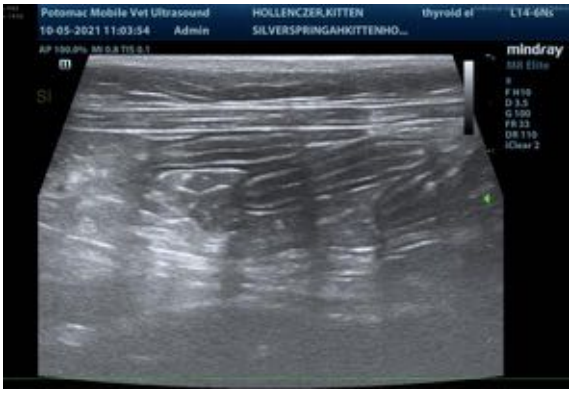

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Andrea.nicastro@sonopath.com