

**DATE**

12/10/21

PRESENTING CLINICAL SIGNS

History: Weight loss over last year. Down from 13.9 lbs in 2/2020 to 5.5 lb 12/2021.

PATIENT

Sookie Killian-Desi

Lab Results: Attached separately. Low Hb, MCV and MCHC- chronic inflammation likely Lymphopenia. Very mild hypoalbuminemia and hypoproteinemia.

Radiographs: Abdominal rads: suspect 5cm mass in mid-abdomen just cranial to bladder on right side.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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 with 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 cm, are normal.

AGE

12/17/09

The left kidney is enlarged (5.29 cm in length) with an irregular shape. Multiple, varying-sized hypoechoic masses are observed throughout the organ. Several of the masses are causing capsular expansion. The cortex is variably thickened. There is mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence hydroureter. The mesentery surrounding the kidney is hyperechoic.

WEIGHT

5.5 Lbs.

The right kidney is enlarged with an irregular shape (4.71 cm in length). The cortex is variably thickened with ill-defined hypoechoic areas/nodules. There is mild to moderate loss of corticomedullary distinction. A small amount of subcapsular fluid is present. There is no evidence of pyelectasia or hydroureter. The mesentery surrounding the kidney is hyperechoic.

INTERPRETED BY

Andrea Nicastro, DMV,
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(Small Animal Internal
Medicine)

Adrenal Glands

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

IMAGING PERFORMED BY

Andi Parkinson
RDMS

Spleen

The spleen is normal in size (0.74 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.

HOSPITAL NAME

Timonium AH

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.

REFERRING VET

Dr. Montessi

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

INVOICE

10037

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. An approximately 5 cm segment of jejunum is severely thickened, up to 1.10 cm, hypoechoic and irregular, with a complete loss of the normal layering pattern. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb is visible with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. A 0.66 cm hypoechoic to anechoic nodule is observed. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

The mesentery in the midabdominal cavity is hyperechoic. No free fluid is observed. A few enlarged irregular, hypoechoic lymph nodes are observed, in the midabdominal cavity, the largest measuring 2.74 cm.

Other

A small amount of pleural effusion is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

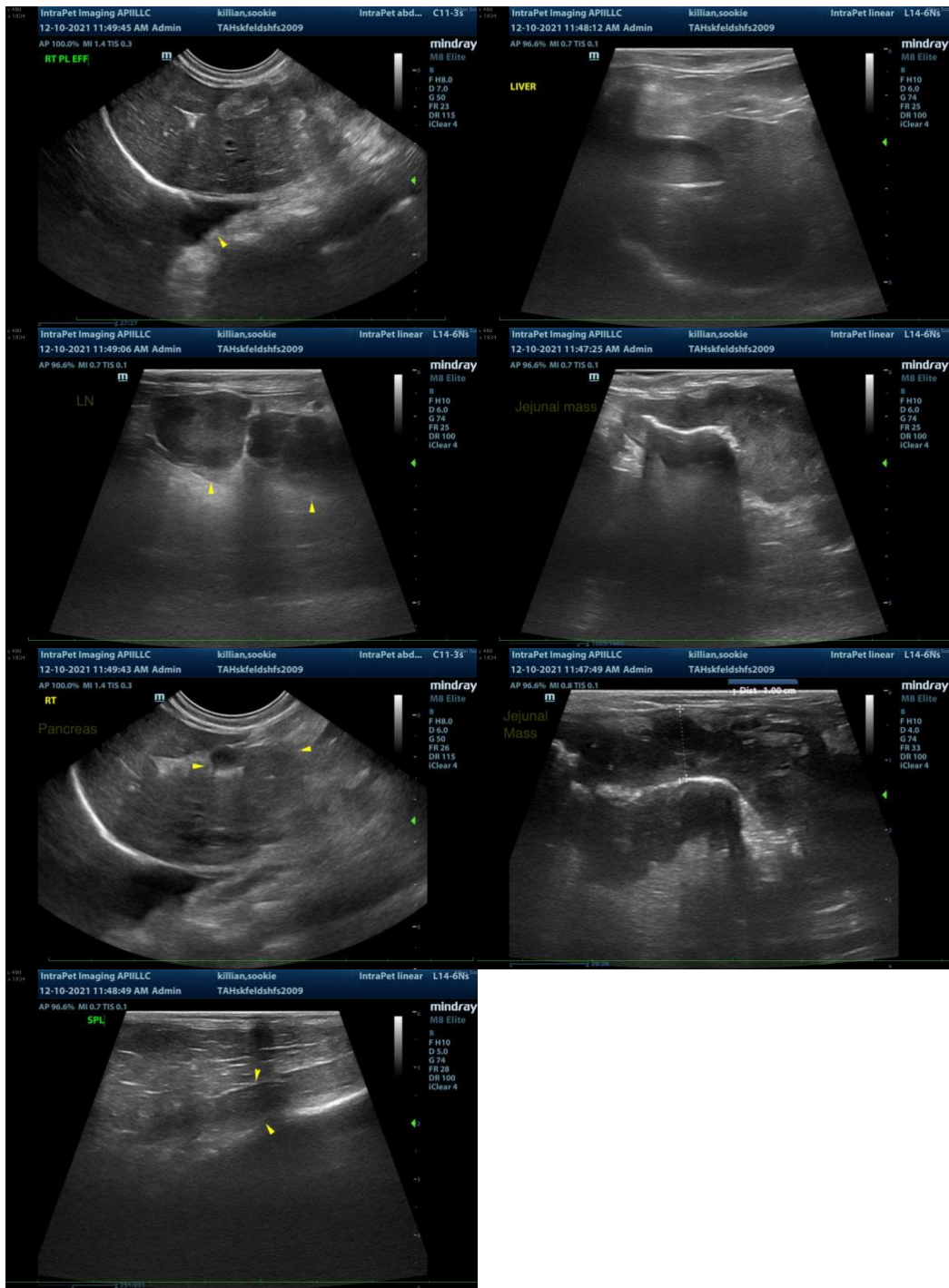
- Jejunal mass. Neoplasia (i.e., adenocarcinoma), is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.
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- The enlarged jejunal lymph nodes may be secondary to infiltrative neoplasia, reactive lymphadenitis, or lymphoid hyperplasia. A neoplastic process is favored.
- The bilateral renal nodules/masses are also concerning for a neoplastic process, with a lower possibility of multifocal inflammatory disease
- Pleural effusion.

Secondary Findings

- The pancreatic nodule may represent benign hyperplastic change or possibly a metastatic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the jejunal mass and left kidney masses if clotting status and blood pressure are normal. Unfortunately, given the multiorgan pathology, the prognosis for this patient is considered guarded. Palliative care should be considered. If the patient is dyspneic, a therapeutic thoracocentesis may be necessary to provide patient comfort.



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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