SonoPath
Clinical Sonography & Telecytology
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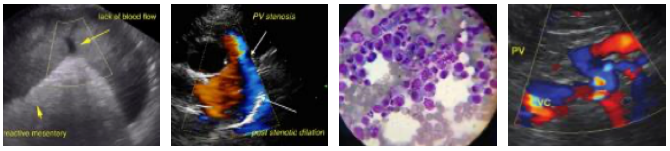


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tabitha Zombon

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

4.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Shaw

INVOICE

12740

DATE

PRESENTING CLINICAL SIGNS

History: weight loss, thin, muscle wasting,; does well when on pred
Abnormal PE/Chem/CBC/UA Results: CBC/chem unremarkable

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 mildly distended. A small to moderate amount of echogenic debris is suspended 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 (3.56 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.72 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with normal 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.

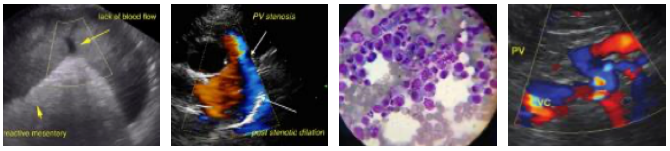
Spleen

The spleen is normal in size (0.76 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 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is mildly to moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous. The common bile duct is borderline dilated (0.35 cm). There is no obvious evidence of an intraluminal obstruction. The duodenal papilla is thickened (0.82 cm in width).

Gastrointestinal



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The gastric wall in the region of the fundus appears thickened (up to 0.81 cm) with questionable retention of the normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally fluid distended and hypomotile. The small intestinal wall is normal in thickness with a normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer in some segments. The colonic wall is normal.

Pancreas

The pancreas appears diffusely prominent in size with irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter).

Free Abdomen

A small amount of free fluid is present.

Lymph Nodes

See Other

Other

A 3.73 x 1.52 cm focal heterogeneous mass effect is observed in the mid-abdominal region.

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The origin of the mass effect in the mid abdominal cavity is unclear. It may be arising from mesenteric lymph nodes, mesentery, other. Neoplasia (i.e., lymphoma) is suspected. However, a focal inflammatory process (i.e., pyogranulomatous) cannot be excluded.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The gastric wall changes could be consistent with infiltrative neoplasia or a severe inflammatory process. The diffuse bowel wall changes are most consistent with an inflammatory process with potential for emerging lymphoma.
- The pancreatic changes are suggestive of pancreatitis with possible age-related remodeling/fibrosis.

Secondary Findings:

- Urinary bladder debris.
- The common bile duct dilation is likely secondary to extraluminal obstruction (i.e., secondary to hepatocellular swelling or pancreatic disease).

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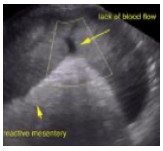
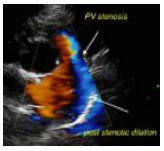
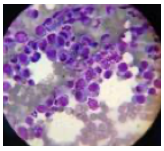
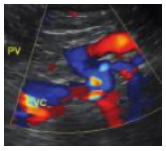

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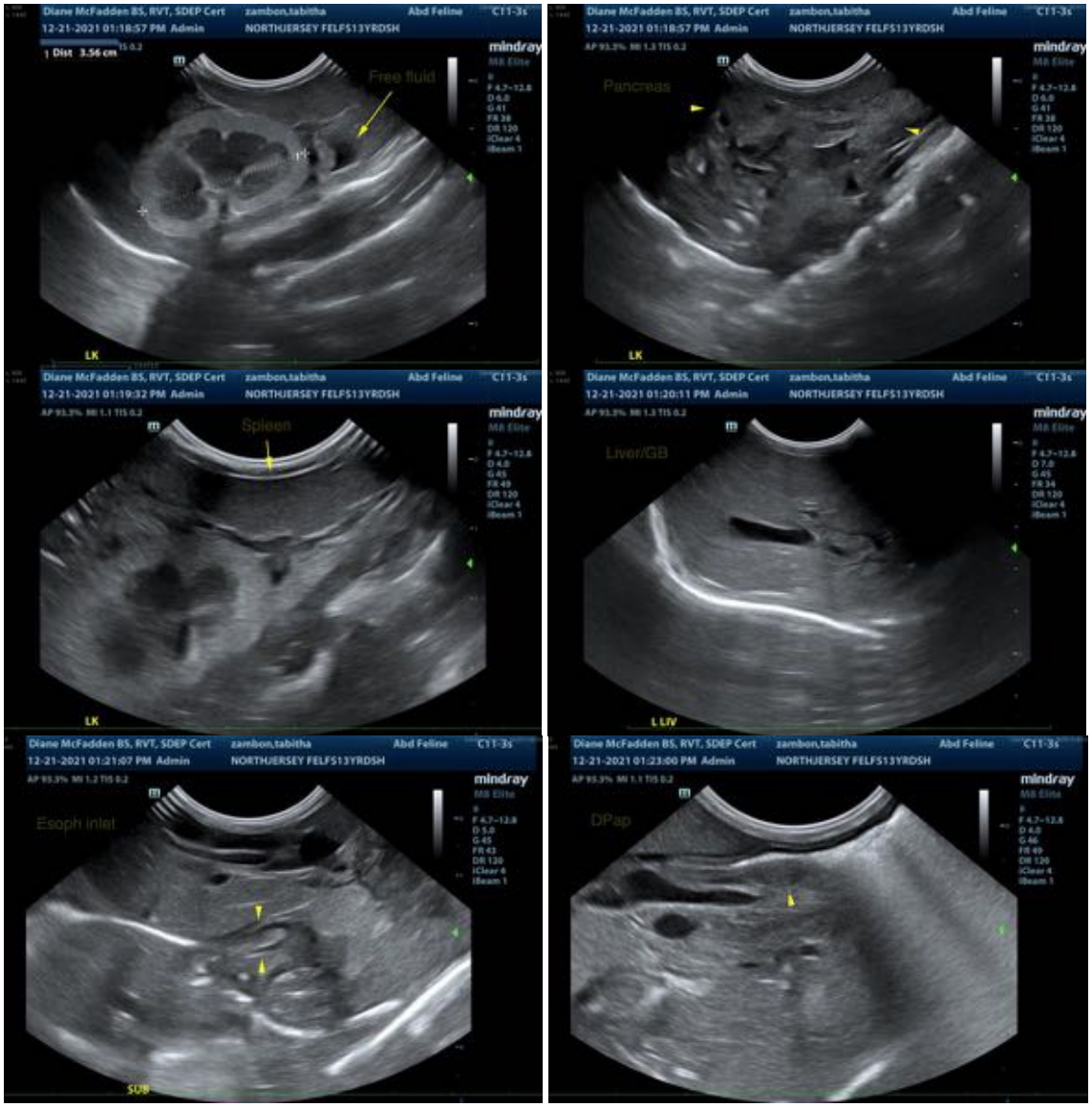
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the mid-abdominal mass effect and liver are recommended if clotting status is appropriate. 25 gauge needles should be used. If cytology results are inconclusive, an abdominal exploratory with surgical biopsies may be necessary to get a definitive diagnosis.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.



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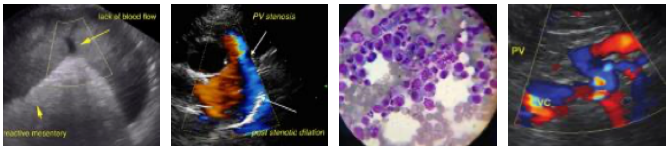

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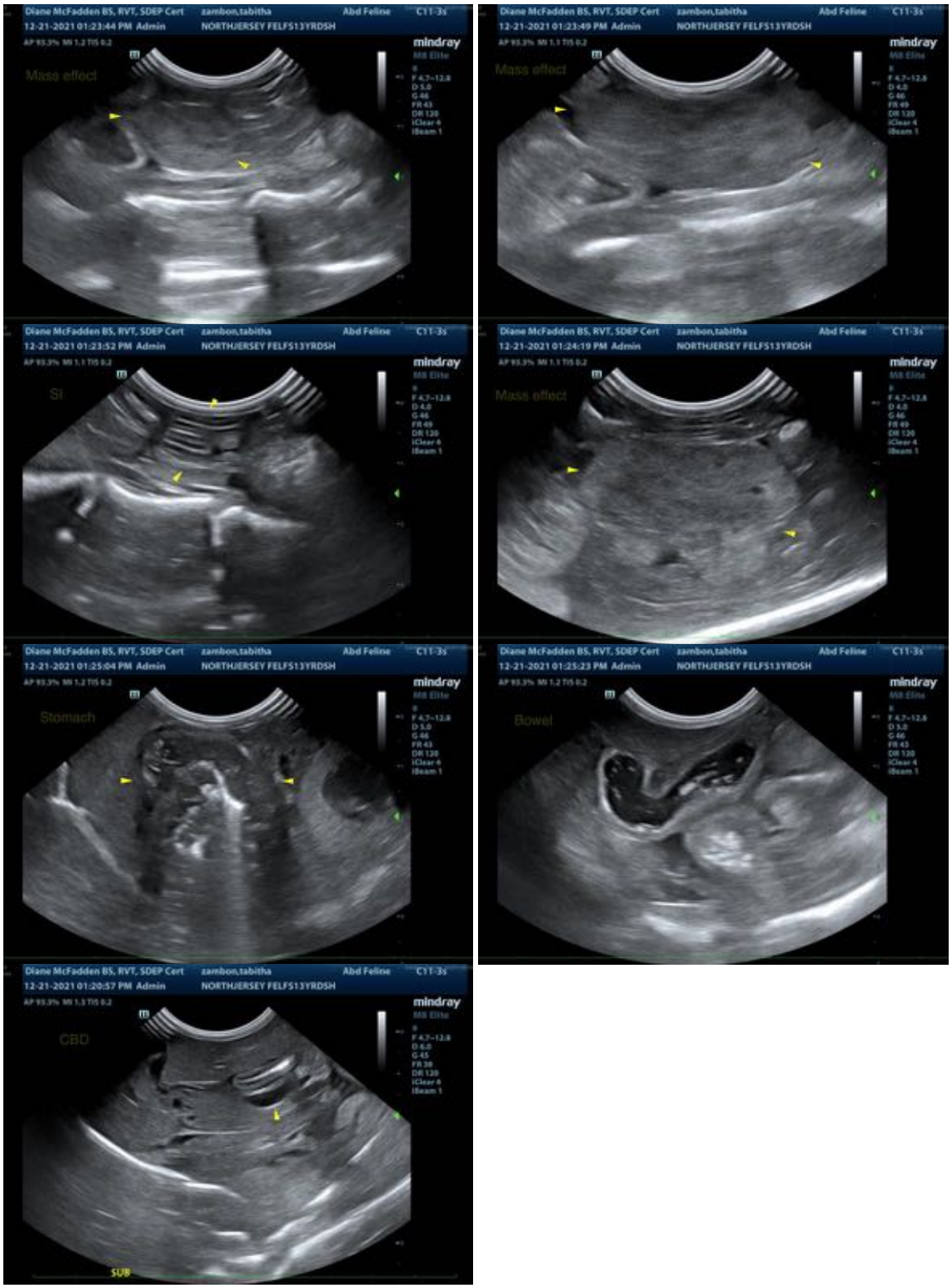

The information and recommendations provided are based on the images presented by the

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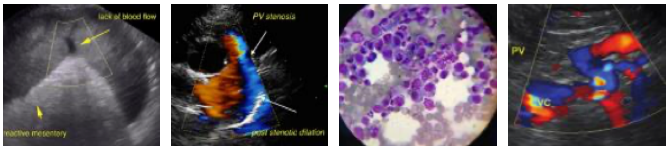

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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

andrea_nicastro2@hotmail.com