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Clinical Sonography & Telecytology
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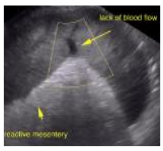
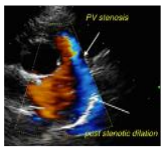
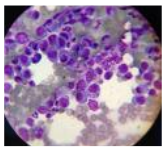
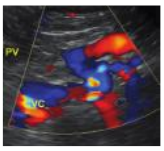

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1-800-838-4268 info@sonopath.com

PATIENT
Pedals Criscenzo

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
16 Years

WEIGHT
5 Lbs.

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

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho Ho Kus VH

REFERRING VET
Dr. Eisenberg

INVOICE
10015

DATE
12/8/21

PRESENTING CLINICAL SIGNS

History: several year hx of tentative diagnosis of maldigestion issues. Is on pred and hydrolyzed diet.
Abnormal PE/Chem/CBC/UA Results: intestinal/abdominal mass. Went from 8 to 5lbs.
CBC/Chem/T4 pending

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 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 2.0 cm, are normal.

The left kidney is small in size (2.92 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A cortical infarct is observed at the cranial pole. Several non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter.

The right kidney is small in size (2.80 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. Trace pyelectasia is present (0.15 cm in the longitudinal plane). There is no evidence of hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm width), with normal shape and smooth peripheral contours. Several hyperechoic to mineralized foci are visualized within the parenchyma. The remaining parenchymal detail is normal. Surrounding vasculature appears normal.

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

Spleen

No images provided.

Liver

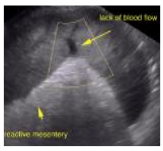
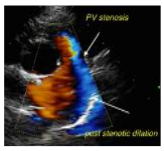
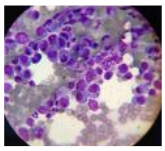
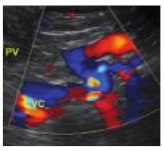
The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A >5 cm segment of small intestine is severely thickened (up to 1.71 cm), hypoechoic and irregular with a mass effect. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining small intestinal wall thickness is normal with a normal layering pattern. The ileocecal colic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

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The right limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. The mesentery in the cranial- to mid-abdomen is hyperechoic. Several prominent lymph nodes are observed at the mesenteric root, the largest measuring 1.45 cm in length. A few prominent cranial abdominal lymph nodes are also seen.

Other

A 4.26 x 2.84 cm heterogenous mass is observed in the mid- to caudal-abdomen, just caudal to the bowel mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large small intestinal mass. Neoplasia (i.e., lymphoma, adenocarcinoma), is considered likely, with lower potential for a severe inflammatory process (i.e., pyogranulomatous).
- The origin of the mid- to caudal-abdominal mass is unclear, and may be arising from lymph node, mesentery, other. Again, neoplasia is suspected.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The diffuse peritonitis is likely secondary to the abdominal masses.

Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Bilateral age-related renal changes with nonobstructive nephrolithiasis with a left-cortical infarct.
- The hyperechoic to mineralized foci within the left adrenal gland likely represent a benign, age-related, incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspirates of both masses are recommended if clotting status is appropriate.
- A GI Panel including serum cobalamin, folate, TLI and PLI is also recommended.

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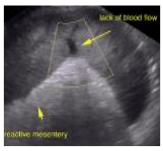
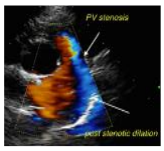
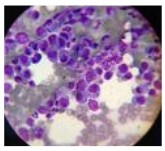
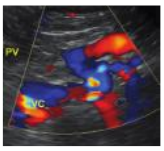

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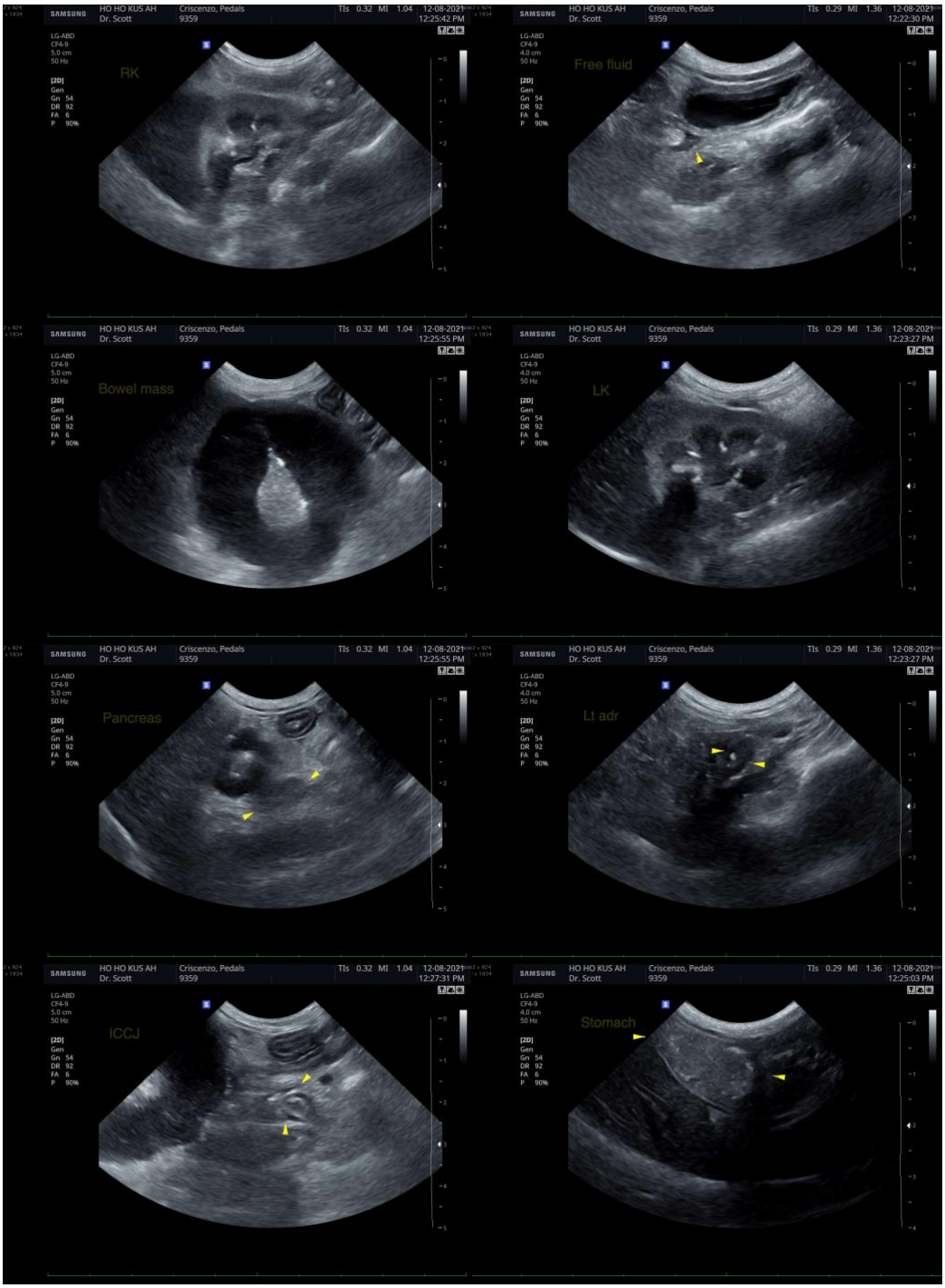

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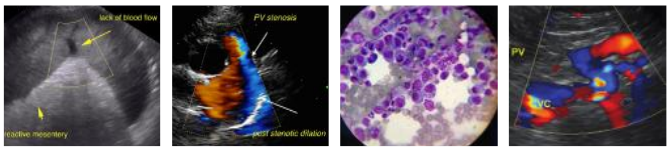

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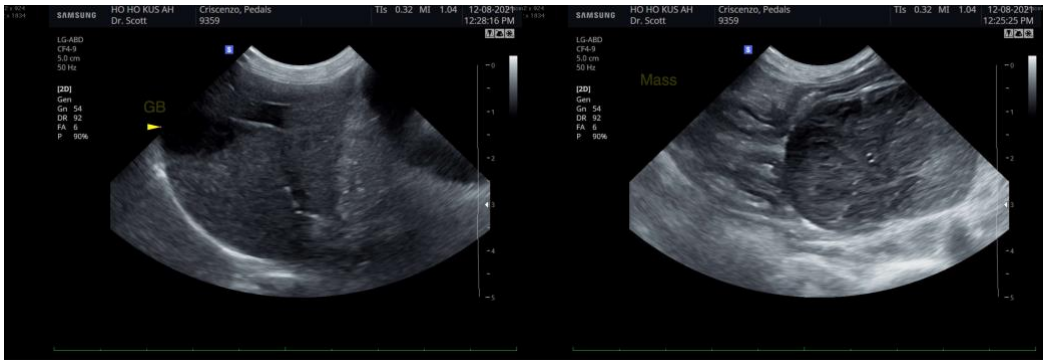

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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