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Clinical Sonography & Telecytology
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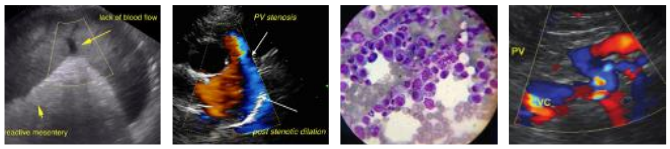

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Moonlight Fortier
BBVC

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14.5 years

WEIGHT

7.13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Back Bay Veterinary

REFERRING VET

Dr. Sorbo

INVOICE

10430

DATE

2//20/22

PRESENTING CLINICAL SIGNS

History: Hyperthyroid cat with weight loss and vomiting of late. Not been seen in the past 1yr at its rDVM practice. Presenting to me today due to ongoing vomiting and weight loss. Managed on methimazole. No recent T4 levels. O reports today: -Decreased appetite, extremely picky -Vomited in the car -Between 3-330am pt had a flat, watery BM -Pt went more than 24 hrs without vomiting but vomited again last night -For the past 2 weeks he's been vomiting at least once a day -O unable to give his medicine this morning -On Felimazole 2.5mg BID -A couple of times he tried to defecate and couldn't -Diet: Blue wilderness new freedom dry, Weruva wet, Fancy Feast Naturals, sometimes RC Urinary SO, Nature's Variet chicken and lately rabbit -He acts like he's hungry

Abnormal PE/Chem/CBC/UA Results: Susp <5% dehydrated. Sunken eyes. Marked facial mm mass loss. Abdominal distension with mass effect mid-abdomen. Marked atrophy and condition loss. BCS 3/9 Dental dz. Abdominocentesis: fluid looks like diluted milk/cloudy water. No blood. Labs today: CBC largely unremarkable with marginal neut elevation and mild PLT drop. Biochem/lytes: NSF, mild hyperglycemia. No T4 run in house. Cytology of FF from abdomen after cytospin: -rbc+ -neuts+++ -lymphs+/++ -other cells unrecognizable cohesive to non-cohesive +/++ Pending T4, will send cytology for second opinion.

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 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.

The left kidney is normal in size (3.88 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.32 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.55 cm width), with a normal shape and smooth peripheral contours. A few pinpoint hyperechoic to mineralized foci are observed within the parenchyma. Surrounding vasculature is normal.

The right adrenal gland is borderline enlarged (0.56 cm width), with a normal shape smooth peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.51 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.81 cm hypoechoic nodule is observed within the parenchyma. At least one smaller hypoechoic nodule is also seen. Splenic vasculature is normal.

Liver

The liver is subjectively prominent to enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. Several ill-defined hypoechoic nodules are observed throughout the organ, the largest measuring 0.94 cm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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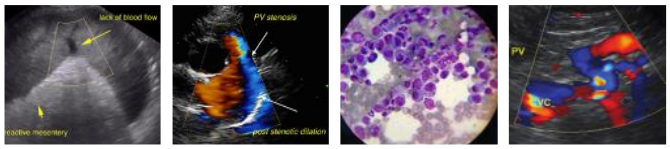

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is moderately to severely fluid distended and hypomotile. There is a questionable shadowing structure within the gastric lumen. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal wall is normal to borderline thickened with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

Pancreas
The pancreas is largely obscured as a result of the diffuse abdominal pathology. The visible portion of the right limb appears prominent with mottled parenchyma. The pancreatic duct is not overtly dilated.

Free Abdomen
A large amount of echogenic free fluid is present. Thickened mesentery throughout the abdomen is echogenic and nodular in appearance with a >3.50 cm ill-defined heterogenous mass effect in the mid-abdominal region. The abdominal lymph nodes are normal/not visible.

Lymph nodes
See “Free Abdomen”

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse mesenteric changes/mass effect in the mid-abdominal region is most concerning for neoplasia (carcinomatosis). Feline infectious peritonitis is also a differential.
- The gastric luminal distention likely represents gastric ileus. However, a pyloric outflow tract obstruction cannot be completely excluded. The suspected shadowing within the gastric lumen may be imaging artifact or may represent foreign material.

Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization
- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change. The hyperechoic foci in the left adrenal gland likely represent a benign age-related mineralization.
- The hyperechoic nodules in the liver and spleen may represent metastatic lesions. Alternatively, a benign process is also possible.
- Age-relate pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If cytology results from the abdominal fluid are inconclusive, consider ultrasound-guided aspiration of the mid-abominal mass. Alternatively, an exploratory with biopsies can be considered. Unfortunately, however, given the diffuse abdominal pathology, the prognosis for this patient is considered guarded.

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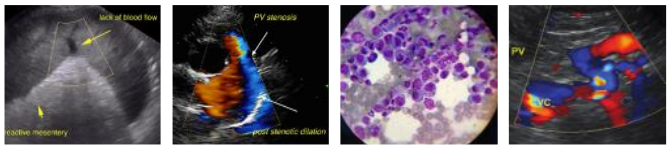

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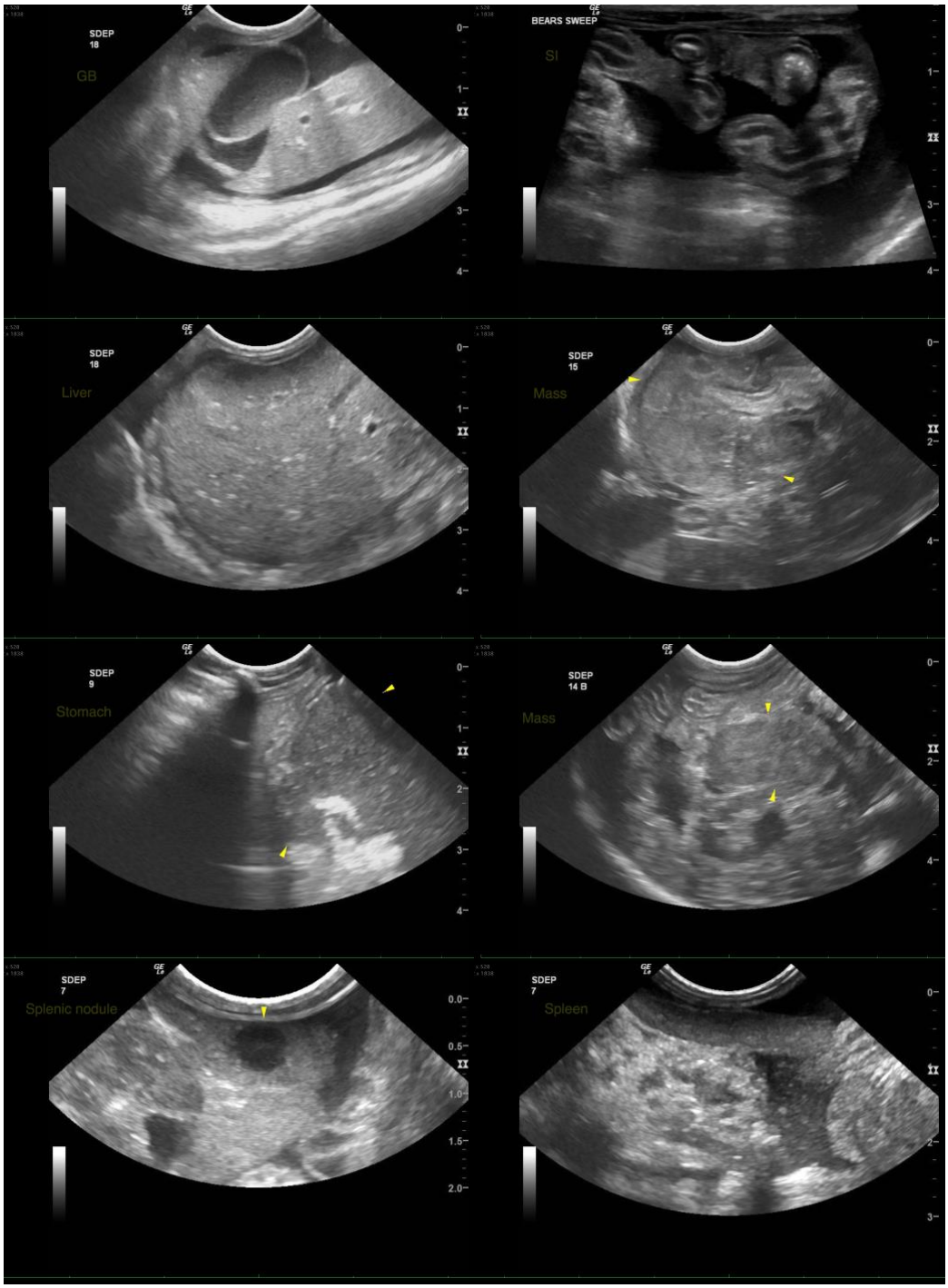

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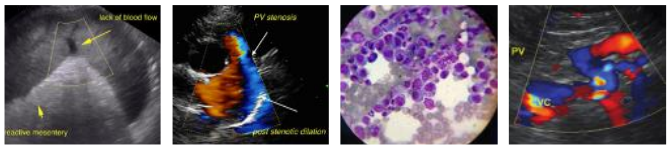

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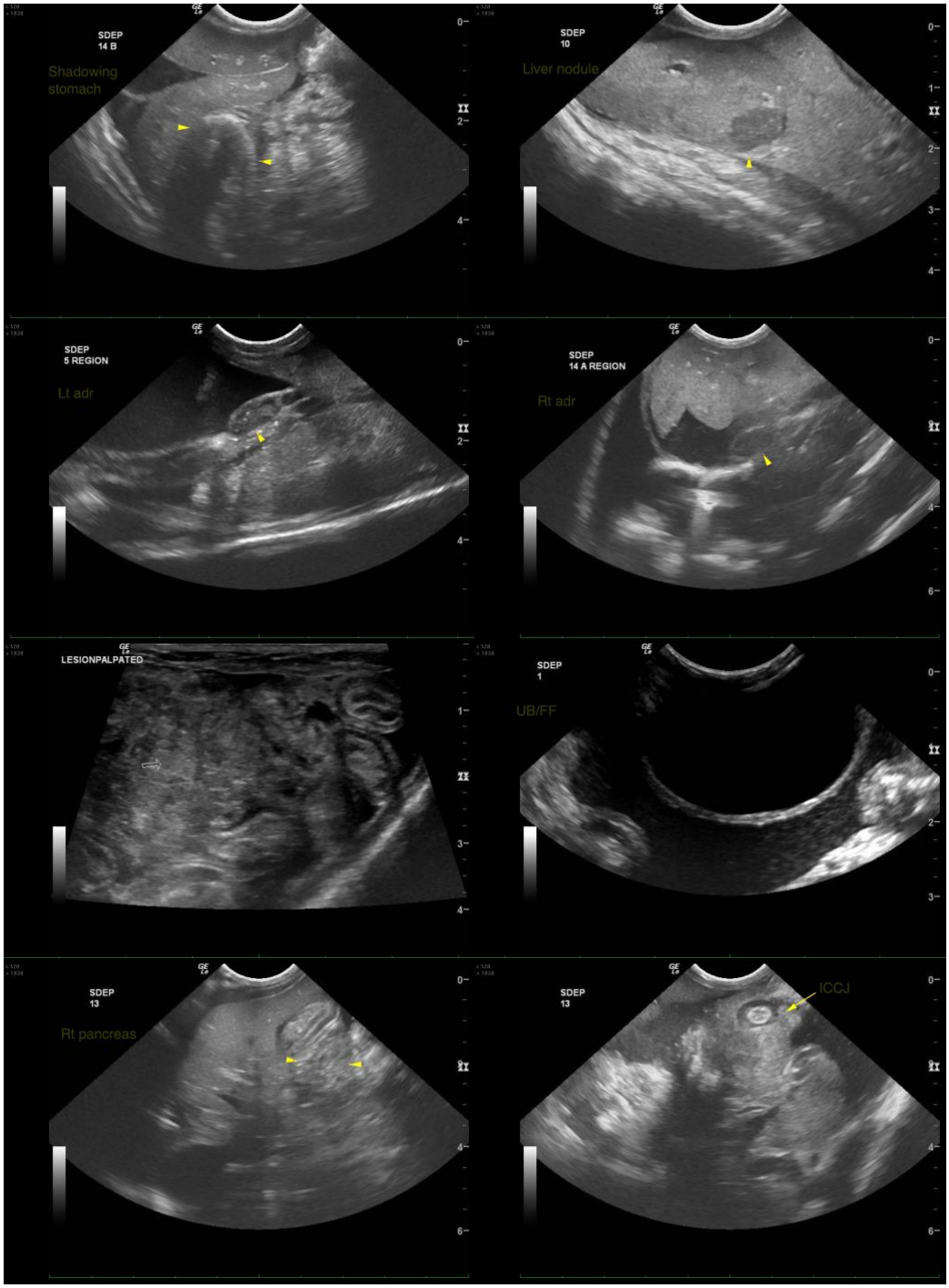

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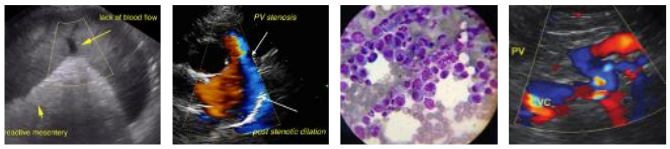

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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