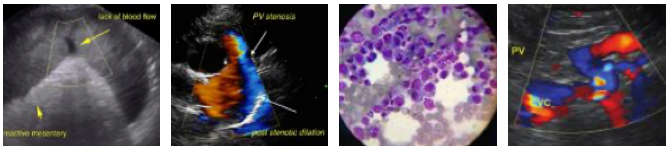
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bianca Maley

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
17 years

WEIGHT

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. Murphy

INVOICE
11844

DATE
8/9/21

PRESENTING CLINICAL SIGNS

History: Presumed IBD or low grade lymphoma. Current meds: Prednisolone 5mg 1/2 tab eod. 8/2020- RBC 5.23, HGB 9.3, mch 17.8, SDMA 16, Bun 53, Chol 85, TT4 0.6

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 suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra are normal.

The left kidney is small in size (2.43 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are present. There is trace pyelectasia. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.46 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild 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 region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenic vasculature appears normal.

Spleen

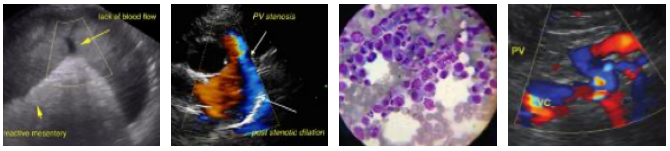
The spleen is normal in size (0.65 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly mottled in appearance with a few ill-defined hypoechoic nodules/areas. Vascular and biliary tracts are of normal volume with no evidence of congestion. See also *Other*. The gallbladder lumen is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are tortuous and dilated and can be followed to the level of the duodenal papilla (0.34 cm in width). There is no obvious evidence of a luminal obstruction.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is thickened (up to 0.96 cm) with questionable retention of the normal layering pattern in some regions. The pyloric outflow tract is patent. A focal segment of small intestine is severely thickened (up to 0.57 cm) with loss of the normal layering pattern. In the remaining segments, the wall is normal to thickened (up to 0.31 cm) with a normal layering



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pattern. There is evidence of mucosal fogging. There is a disruption in the normal 1:3 muscularis: mucosal ratio and thickening of the submucosal layer in most segments. The colonic wall is normal. The lumen of the descending colon contains hard shadowing fecal material. No obstructive or overt infiltrative disease is noted. See also *Other.*

Pancreas

A portion of the pancreas is obscured by the cranial abdominal mass. In the visualized portion, no obvious pathology is observed.

Free Abdomen

A small amount of free fluid is visualized. See *Other.*

Other

A 5.54 x 1.91 cm irregular heterogeneous mass is observed in the cranial to mid-abdomen. In addition, a 2.27 x 1.53 cm hypoechoic to slightly heterogeneous mass is observed in the caudal abdomen. This mass is either arising from or engulfing a segment of small intestine.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Cranial abdominal mass, the origin of which is unclear. It may be arising from bowel, liver, lymph node, pancreas, mesentery, other. Neoplasia is considered likely with a lower possibility of a severe inflammatory process.
- Caudal abdominal mass, the origin of which is unclear. It may be arising from (vs engulfing) bowel, lymph node, mesentery, other. Again, neoplasia is considered likely.
- The gastric wall changes are concerning for infiltrative neoplasia with a lower possibility of an inflammatory process.
- The diffuse small intestinal wall changes could be consistent with emerging lymphoma or inflammatory bowel disease; however, the focal wall thickening is most concerning for neoplasia.

Secondary Findings:

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bilateral chronic age-related renal changes with dystrophic mineralization, more severe on the left.
- The cystic/common bile duct changes could be consistent with cholangitis or normal age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

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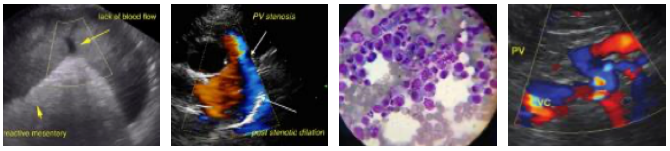

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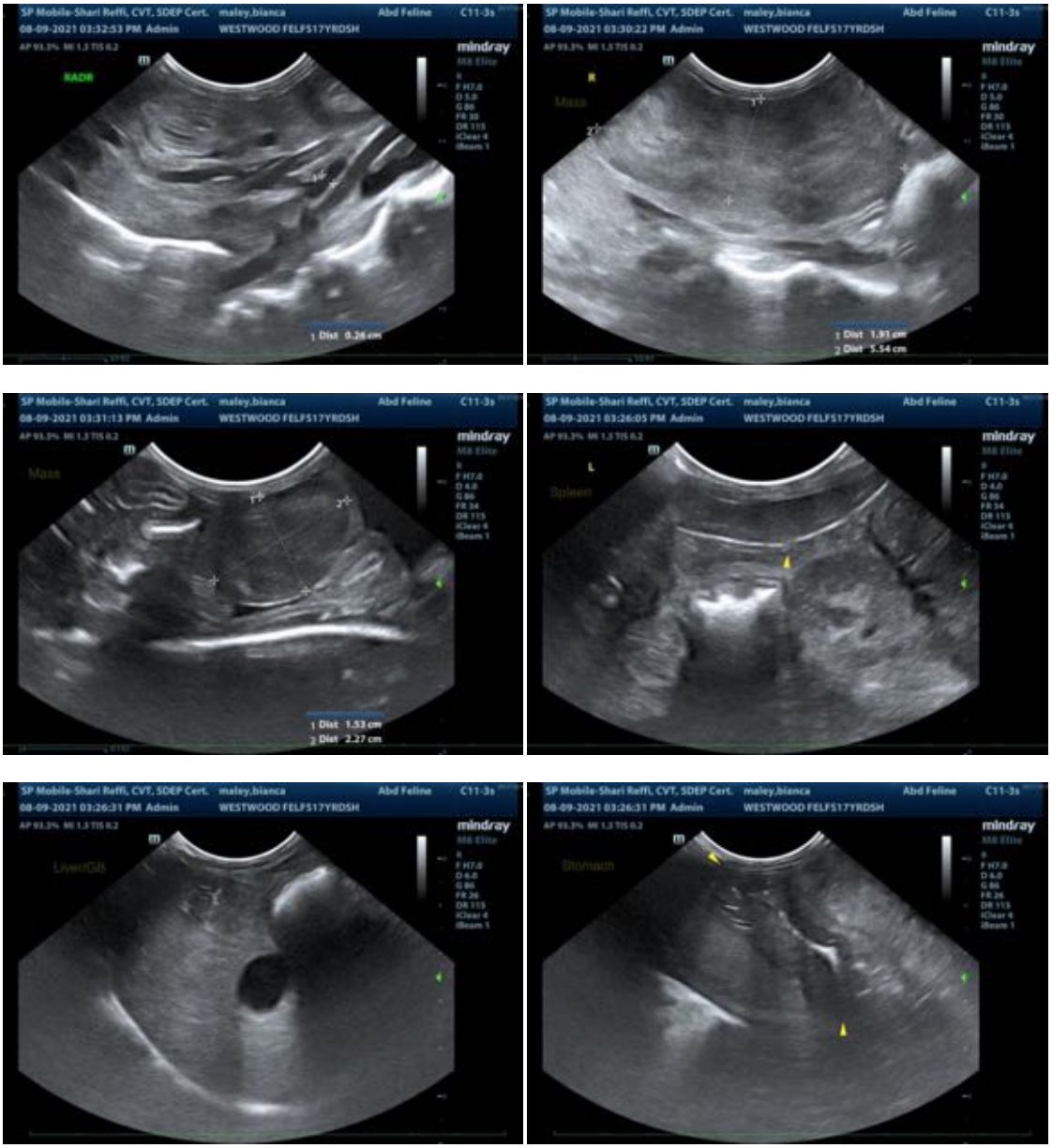
- Fine needle aspirates of the abdominal masses is recommended if clotting status is appropriate. 25-gauge needles should be used. If cytologies are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. Also consider a malabsorption panel.



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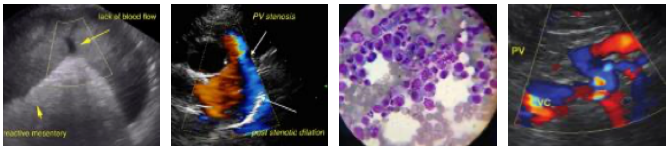

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com