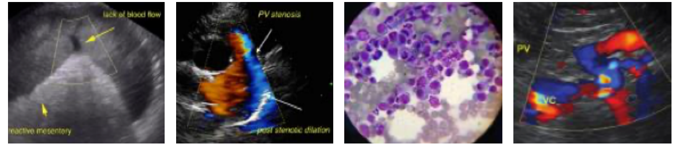
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**
Cus Cus Warner

**SPECIES**
Feline

**BREED**
Siamese

**SEX**
Male, neutered

**AGE**
14 Yrs.

**WEIGHT**
14.2 lbs.

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

**IMAGING PERFORMED BY**
Tom McNeill

**HOSPITAL NAME**
SVS Imaging CT

**REFERRING VET**
Dr. Schnuelle

**INVOICE**
13800

**DATE**
8/9/22

## PRESENTING CLINICAL SIGNS

History: Patient presented for inappetence for 3 days. About one year ago patient had lymphadenopathy (concern for lymphoma) and pyrexia which has since resolved.
Abnormal PE/Chem/CBC/UA Results: Labwork showed positive renal tech (Antech renal disease prediction algorithm). Radiographs showed gas-distended colon.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is minimally distended. The wall is thickened (up to 0.38 cm) and slightly irregular in appearance. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.41 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.19 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.05 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### *Adrenal Glands*

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

The right adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

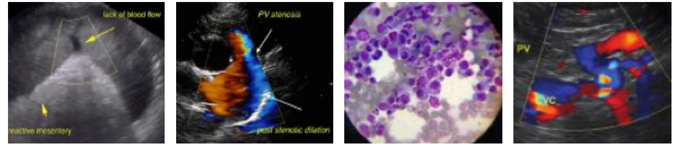
The spleen is subjectively normal in size (0.91 cm in width at the level of the hilus) with rounding of the cranial pole. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### *Liver*

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen. Several ill-defined hypoechoic nodules are observed throughout the organ, the largest measuring 1.9 cm in length. 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 suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.



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### *Pancreas*

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### *Free Abdomen*

A moderate to large amount of slightly echogenic free fluid is present. Reactive mesentery is adhered to the diaphragm. The mesentery throughout the abdomen is irregular with several ill-defined nodules observed, the largest measuring 1.09 cm in length. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- The mesenteric changes are concerning for neoplastic infiltration (i.e., carcinomatosis) with a lower possibility of reactive change.
- The diffuse ascites may be secondary to increased vascular permeability (i.e., due to neoplasia), low oncotic pressure or increased hydrostatic pressure.
- The hepatic nodules are also concerning for a neoplastic process. However, multifocal inflammatory disease cannot be completely excluded.

**Secondary Findings:**

- Bilateral, chronic age-related renal changes.
- The urinary bladder wall changes may be artifactual due to lack of full repletion. Alternatively, cystitis may be present. Correlation with the patient's clinical history is recommended.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Submission of the abdominal fluid for analysis and cytology is recommended along with three-view thoracic radiographs to assess for pulmonary metastatic disease. If cytology results are inconclusive, consider aspiration or surgical biopsy of the mesentery and liver nodules to get a definitive diagnosis.

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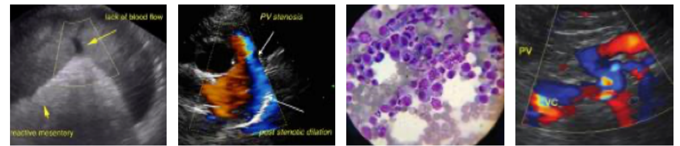

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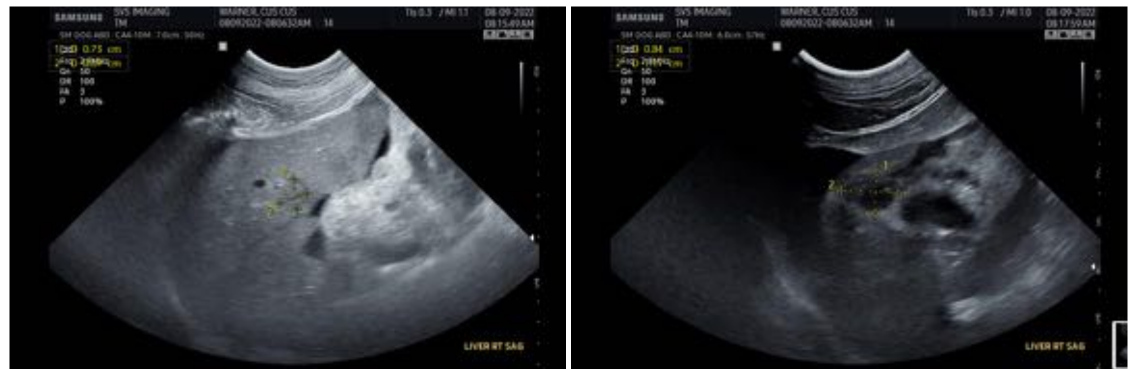
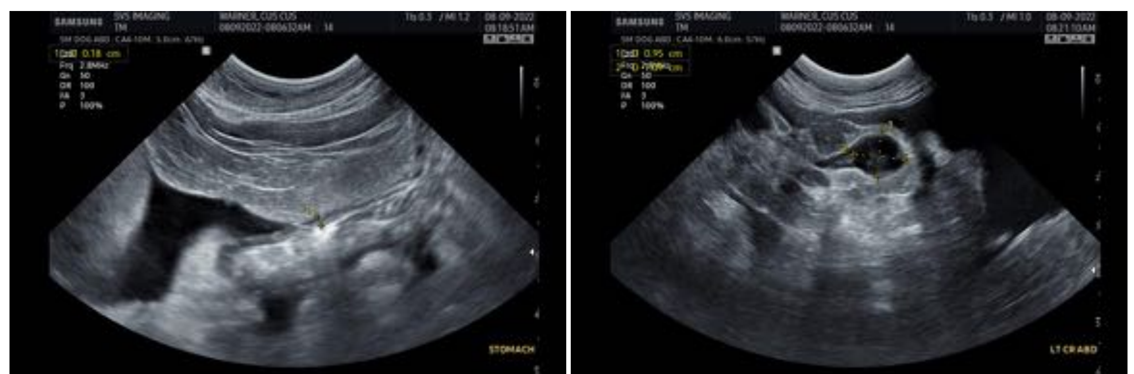
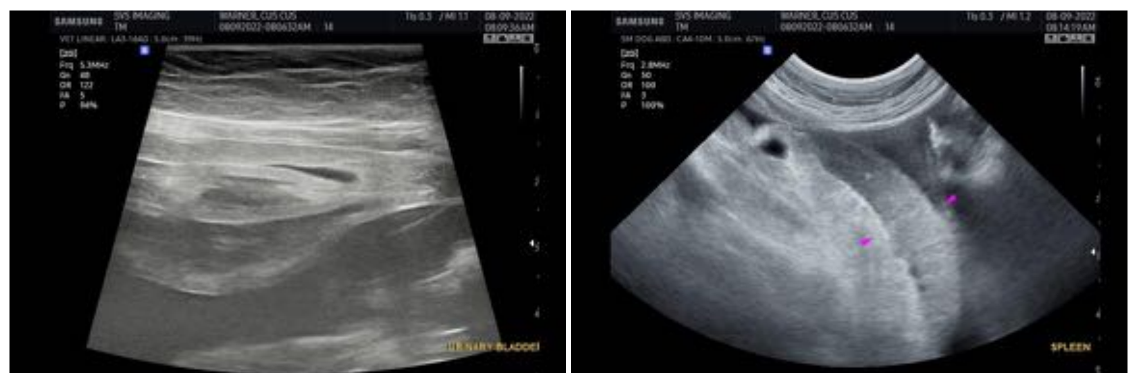
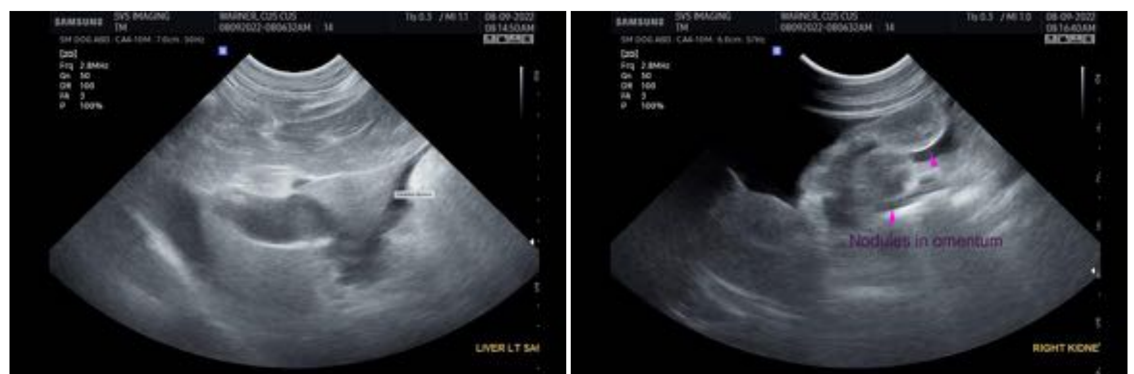
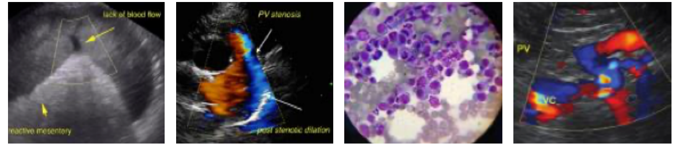



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.





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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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info@SonoPath.com