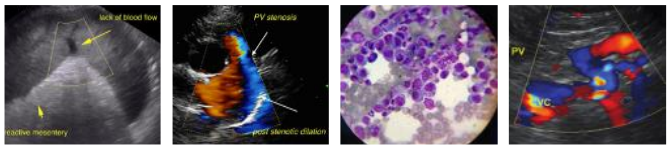
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Buckwheat Saunders

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 8 Months

WEIGHT

6.88 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Haley Harasimowicz

INVOICE

20889

DATE

1/31/23

PRESENTING CLINICAL SIGNS

History: Diagnosed with hyperthyroidism 2 years ago after having excessive appetite and weight loss. Started treatment with felimazole and gained weight with stable T4 (last checked in December and was 2.5). Starting May of 2022, weight loss and intermittent vomiting was noted despite good appetite and stable T4. Over the past few days, p has had intermittent decreased appetite and is vomiting large amounts of water and unndigested kibble. No diarrhea has been noted.

Abnormal PE/Chem/CBC/UA Results: BCS 3/9, possible mid-abdominal mass palpable - p sensitive to palpation in this area. Las BW was performed on 12/29/22: CBC- WBC mildly low at 3.6k with neutropenia (2.437k) and lymphopenia (0.522k) Chem: SDMA elevated at 16 otherwise unremarkable T4: 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (3.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (3.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.26 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

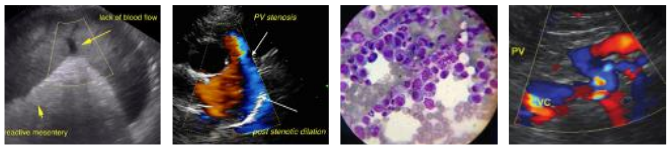
Right adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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

PATIENT
Buckwheat Saunders

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
12 Years 8 Months

WEIGHT
6.88 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Haley Harasimowicz

HOSPITAL NAME
Waterbury VH

REFERRING VET
Dr. Haley Harasimowicz

INVOICE
20889

DATE
1/31/23

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly fluid distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

Diffusely, the small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

In the mid abdomen, of unknown origin, there is a large heterogenous hypoechoic mass, that is at least in part associated with bowel. The size of the mass is difficult to determine, because the entire mass is not visualized at one time in one video. The mass is also believed to be surrounded by similar appearing enlarged mesenteric lymph nodes. The mass may primarily involve small bowel or may be associated with the ileocecocolic junction and can't be determined in these images.

*See above

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. The mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A large mid abdominal bowel mass, most concerning for infiltrative neoplasia, such as round cell neoplasia, i.e., lymphoma vs adenocarcinoma vs other. A benign lesion is considered exceedingly less likely.
- Aggressive mesenteric lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

Secondary Findings

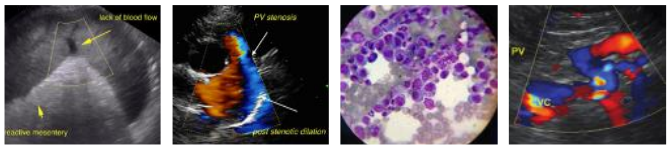
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Buckwheat Saunders

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 8 Months

WEIGHT

6.88 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Haley Harasimowicz

INVOICE

20889

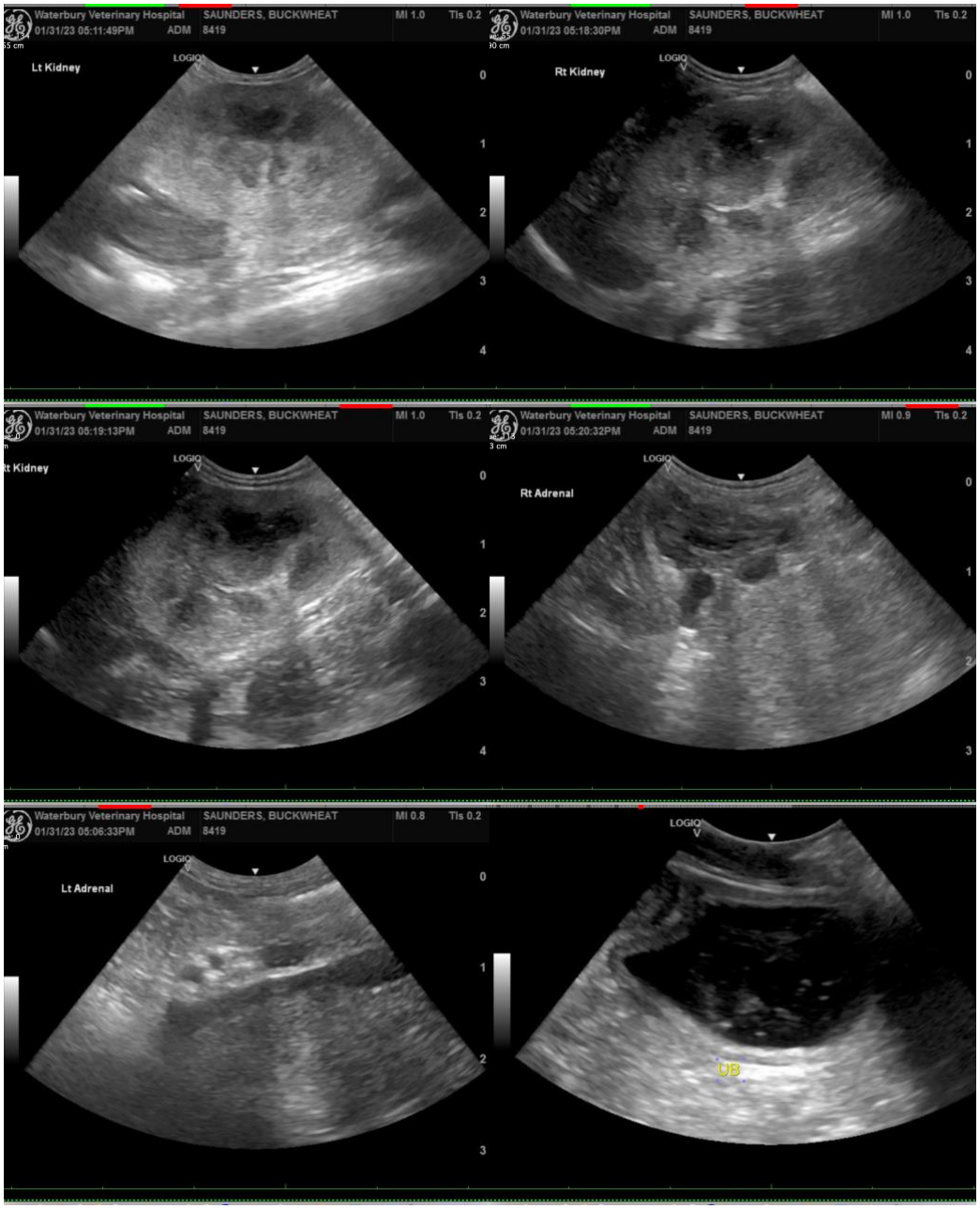
DATE

1/31/23

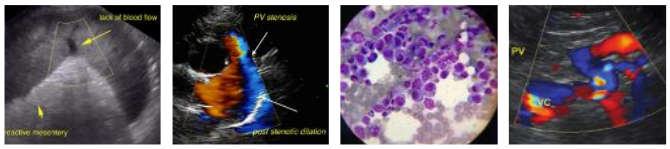
Laboratory is recommended for further evaluation of GI and pancreatic function.

A fine needle aspirates of the bowel mass, +/- the enlarged mesenteric lymph nodes are recommended if patients coagulation status is appropriate.

Alternatively, based on clinical signs and the mildly fluid distended stomach, this mas may be at least partially obstructive. So, an exploratory laparotomy for planned excisional biopsies/resection and anastomosis, etc., could be considered, as both diagnostic and partially therapeutic.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Buckwheat Saunders

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 8 Months

WEIGHT

6.88 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

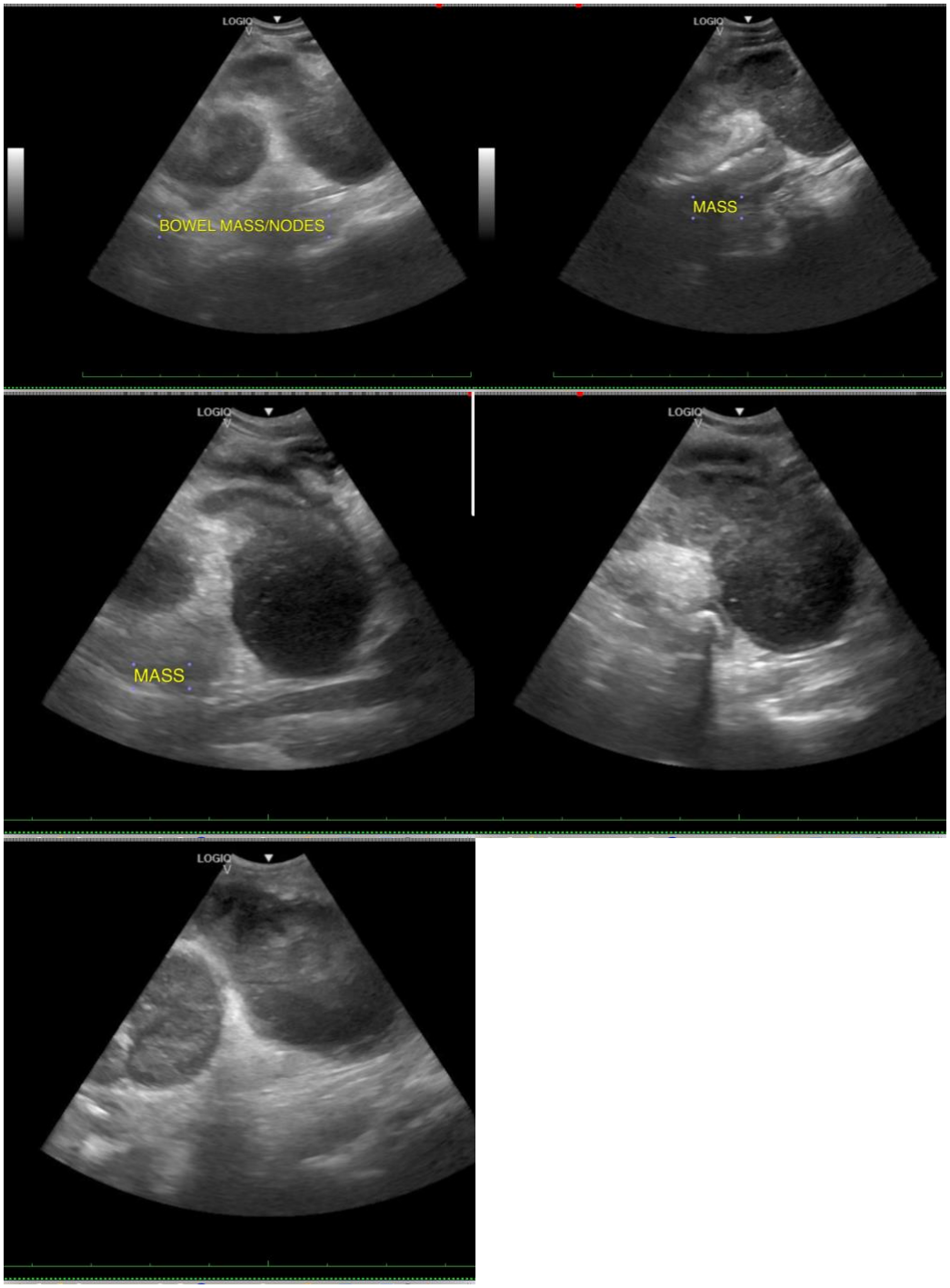
Dr. Haley Harasimowicz

INVOICE

20889

DATE

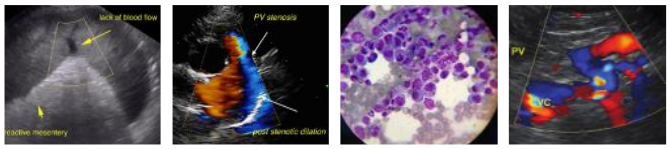
1/31/23



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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Buckwheat Saunders

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 8 Months

WEIGHT

6.88 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Haley Harasimowicz

INVOICE

20889

DATE

1/31/23

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com