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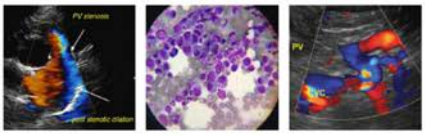

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Brady Campbell

SPECIES
Feline

BREED
Bombay

SEX
Spayed Female

AGE
13 Years

WEIGHT
5 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Vet IQ Pet Care - Wixom

INVOICE
43938

DATE
1/4/23

PRESENTING CLINICAL SIGNS

Patient presented for hematuria, increased appetite, and weight loss

Abnormal PE/Chem/CBC/UA Results: Exam was unremarkable except for BCS of 2/9. Abnormal lab values were: Amylase: 10, 477 (100-1200) Precision PSL 2,190 (8-26) HCT 23% FYI T4 was normal; urinalysis and fecal analysis pending as of 10/29

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, as well as a clump of echogenic, potentially partially mineral/sand debris accumulated along the dependent wall. Some of the debris is likely incidental suspended lipid in a cat. However, the appearance is more significant than is typically seen with suspended lipid alone. Therefore, exfoliated cells, mucus, and/or even blood clots combined with potentially mineral sand/tiny cystoliths are suspected. No masses or overt cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.2 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.

The left kidney is normal in size (3.07 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

The right adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.52 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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

The 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. **See pancreas.

The 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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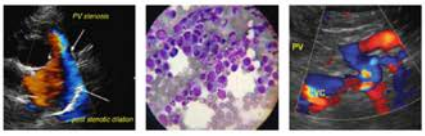

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Medial to the spleen and caudal to the liver, in the area of the left pancreas, there is a 3.5 cm x 4.4 cm hyperechoic but heterogeneous and cavitated mass. The mass appears most likely to originate from the pancreas. However, association with the caudal left liver cannot be definitively ruled out.

Free Abdomen

There is a scant amount of free fluid surrounding the mass.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Large amount of suspended gravity dependent urinary bladder debris, including mineral/sand debris. Tiny cystoliths can't be ruled out.
- Heterogeneous, cavitated cranial abdominal mass that appears to originate from the pancreas, with infiltrative neoplasia such as carcinoma versus round cell neoplasia versus other being the top differential. A benign inflammatory cystic lesion is possible but considered less likely, given the disruption in architecture. Association with the liver versus the pancreas cannot be definitively ruled out. Because of this, additional differentials include benign feline biliary cystadenoma in a senior cat.
- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported polyphagia with weight loss and normal thyroid level, further evaluation of gastrointestinal tract function is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

Given the presenting complaint of hematuria combined with the urinary bladder changes, and as is reportedly already pending, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

The cranial abdominal mass may be an incidental finding and unrelated to the clinical signs. However, further evaluation is strongly recommended, beginning with three view thoracic radiographs for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated, followed by a fine needle aspirate of the mass if patient's coagulation status is appropriate.

Alternatively, given the lack of definitive tissue origin, an abdominal CT scan could be considered for more sensitive identification.

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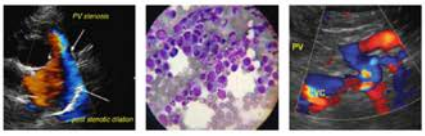

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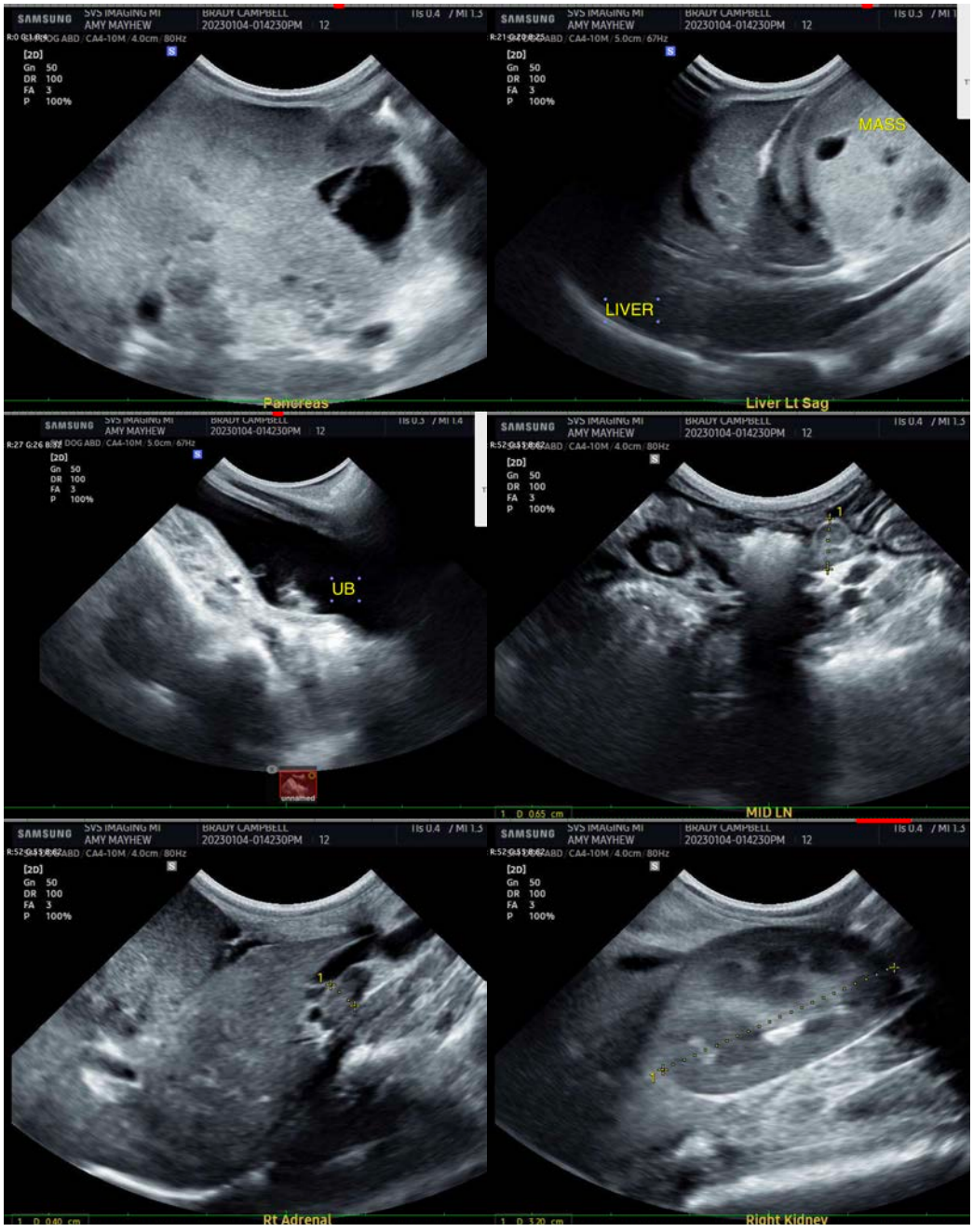

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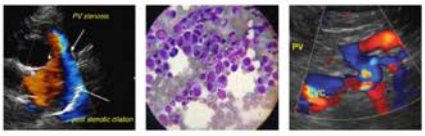

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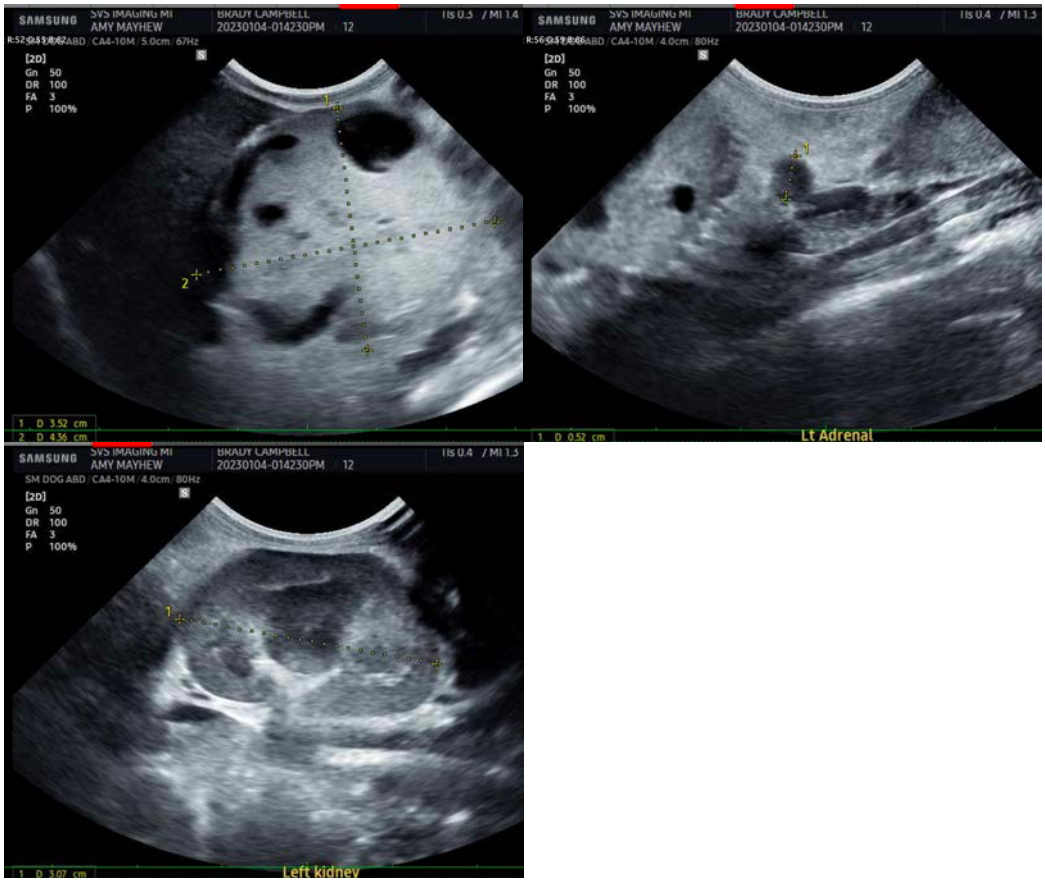

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com