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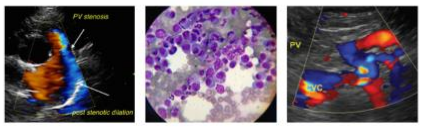
SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Milo Uhl

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.4 Pounds

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Stacy Kula

INVOICE

17933

DATE

10/31/22

PRESENTING CLINICAL SIGNS

History: Presented for a 2 week history of vomiting food 1-2 times daily. No changes to urination. Suspected normal urine and fecal output (owner has multiple cats)

Abnormal PE/Chem/CBC/UA Results: BAR, he has lost 0.6 pounds since April. A large firm, irregular mass is palpable within the central abdomen.

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 (3.54 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 (3.41 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 (0.41 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.48 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

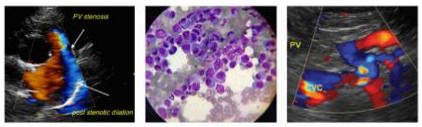
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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. A 2.0 cm x 2.5 cm homogenous hypoechoic nodule/mass is noted in the mid to right caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic. The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. **See Free Abdomen section.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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

In the mid abdomen, there is an emerging loss of layering/hypoechoic bowel mass that measures approximately 1.0 cm x 1.5 cm in size, adjacent to multiple markedly enlarged mesenteric lymph nodes that have an irregular capsular contour and loss of normal length to width ratio, they're hypoechoic in appearance with loss of normal parenchymal detail and they're surrounded by enhanced hyperechoic fat and mesentery. The predominant "mass" in question appears to be one of these mesenteric lymph nodes and measures 3.5 cm x 6.0 cm in diameter.

A scant amount of anechoic free fluid is noted primarily in the cranial abdomen between the liver lobes, as well as enlarged cranial abdominal/hepatic lymph nodes 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 liver mass, most concerning for infiltrative neoplasia, such as round cell neoplasia, i.e., lymphoma, given the concurrent pathology elsewhere.
- A small bowel mass, most concerning for infiltrative lymphoma, given the concurrent liver and lymph node changes.
- Aggressive mesenteric and cranial abdominal 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
- Gallbladder debris– Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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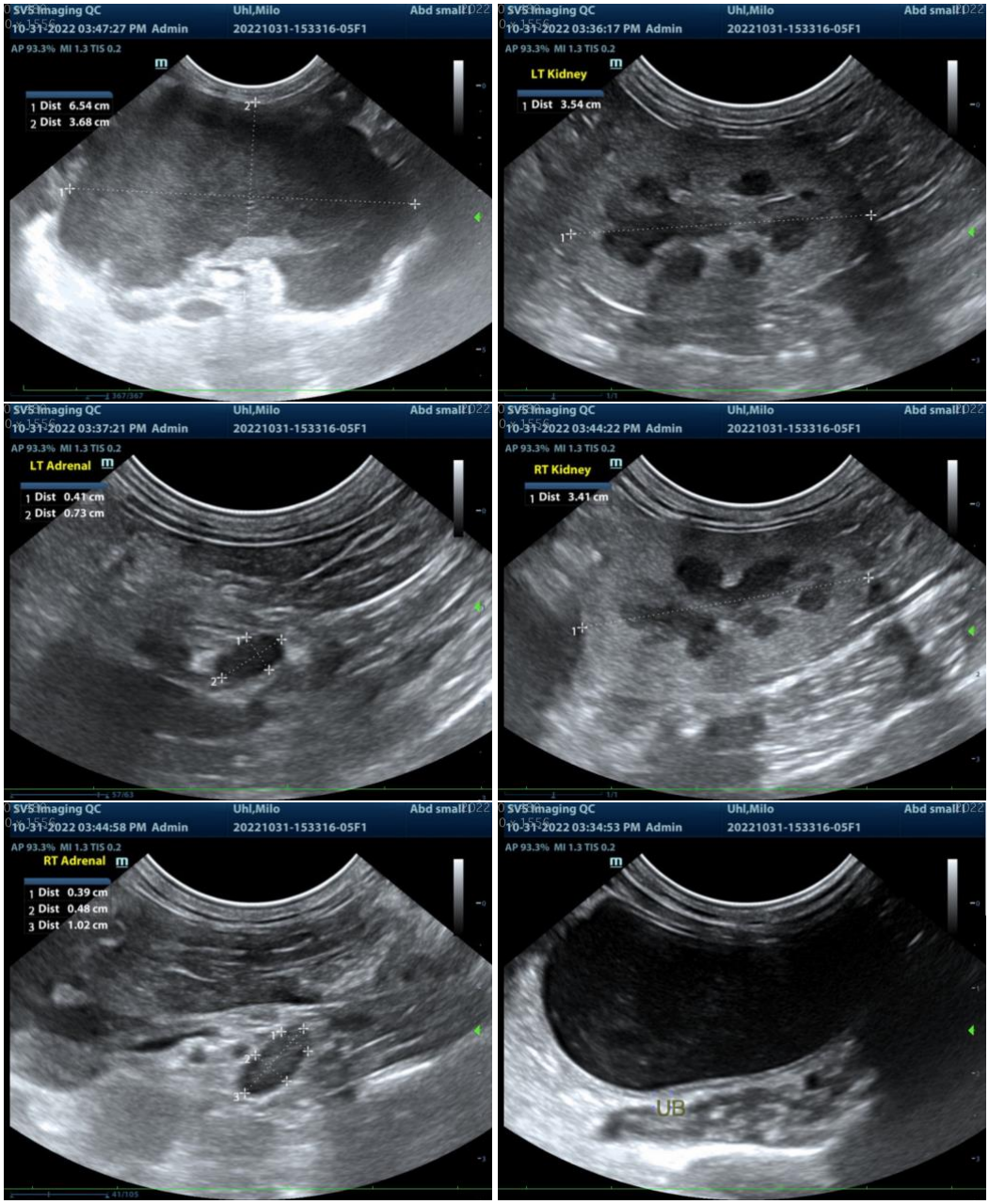
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the amount of visibly evident pathology, full surgical removal is not considered possible. However, the top differential is infiltrative round cell neoplasia, such as lymphoma, which can likely be managed without surgery. Therefore, recommendations include a fine needle aspirate fo the enlarged lymph nodes +/- the liver mass, the bowel mass, etc., to try to definitively diagnose suspected lymphoma, followed by consultation with an oncologist regarding treatment options/chemotherapy, etc. Once diagnostic samples are obtained, empirical prednisolone could be initiated to offer support while awaiting consultation with an oncologist.



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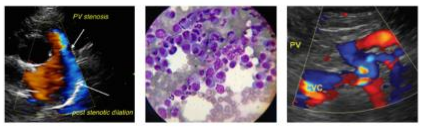

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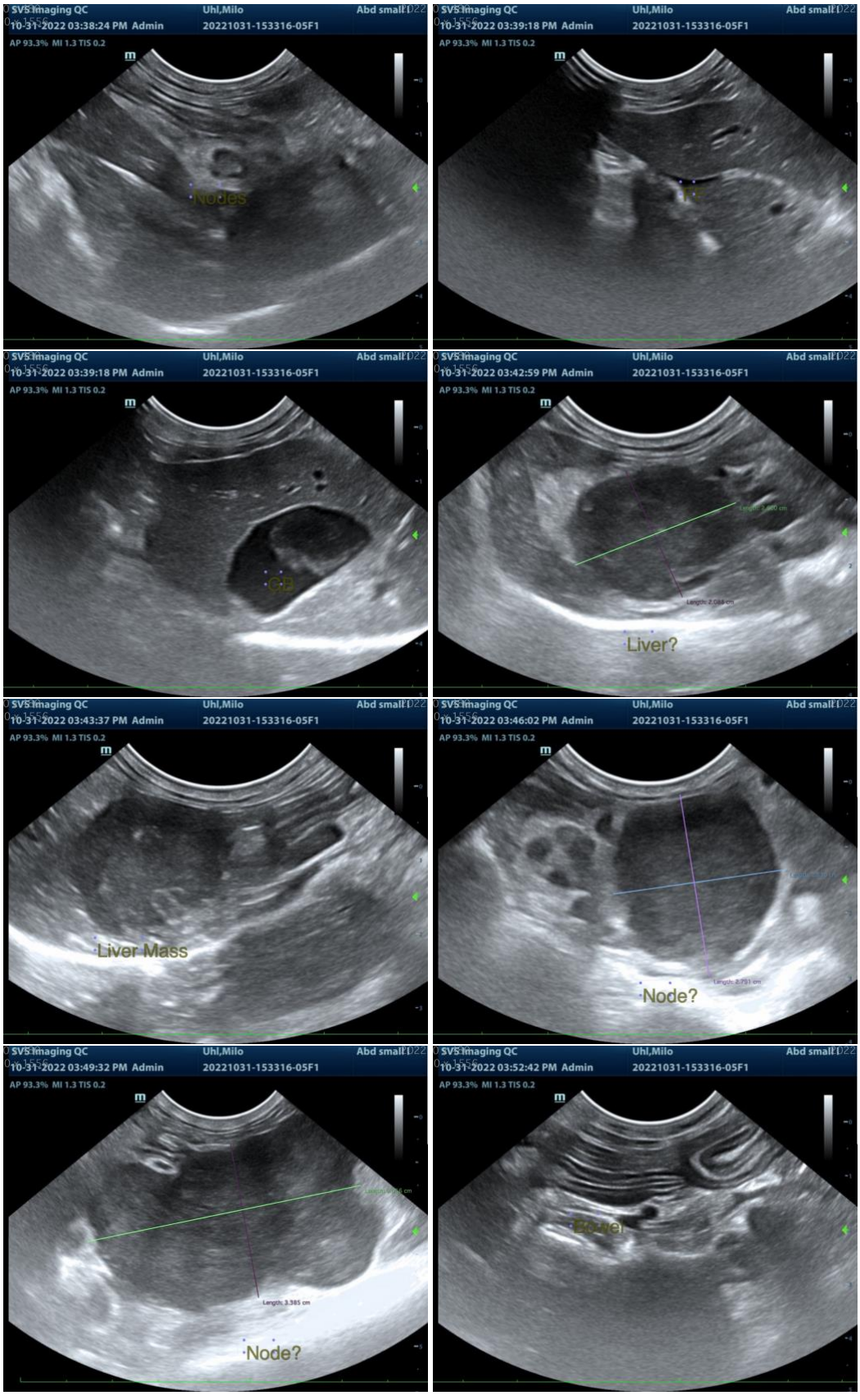

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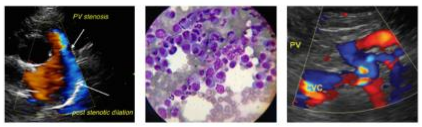

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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