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Clinical Sonography & Telecytology
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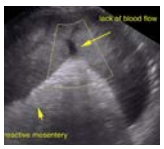
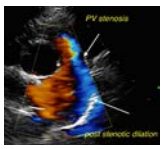
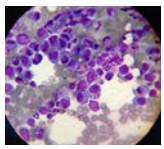
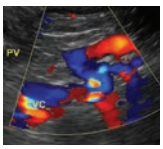

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bailey Winn

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
11 Years

WEIGHT
12.75 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Ugorji

HOSPITAL NAME
Craig Road AH

REFERRING VET
Dr. Ugorji

INVOICE
42695

DATE
11/9/22

PRESENTING CLINICAL SIGNS

Patient has history of chronic weight loss. Mild cranial abdominal effusion/inflammation seen on radiographs. BW unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The kidneys measure 3.8 cm each.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

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. In the left caudal liver, an approximately 3.0 cm in diameter heterogeneous, hypoechoic mass is noted. Visible vasculature and biliary tree appear normal without distension or congestion.

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly 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. **See other.

The visible 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.

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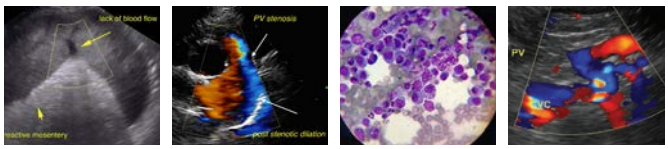

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Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. **See other.

Other

There is a small amount of anechoic free fluid present in these images.

There is an approximately 2.0-2.5 cm heterogeneous, hypoechoic structure caudal to the stomach that may be a lymph node. However, origination from the stomach/proximal bowel or even pancreas cannot be definitively ruled out.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous liver mass – Primary differential is round cell neoplasia such as lymphoma. Other neoplasia is also possible. A benign nodule is possible cut considered much less likely.
- The similar appearing structure caudal to the stomach likely represents an enlarged lymph node possibly secondary to round cell neoplasia such as lymphoma. However, a gastric/bowel mass or even pancreatic nodule/mass cannot be definitively ruled out based on location.
- Diffuse generalized increased echogenicity of the fat and mesentery in the cranial abdomen – suggestive of focal peritonitis surrounding the liver mass and presumably enlarged lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the liver mass as well as the structure caudal to the stomach is recommended if patient's coagulation status is appropriate.

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.

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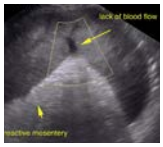
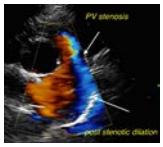
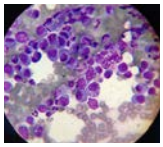
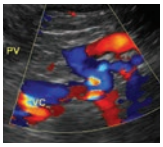

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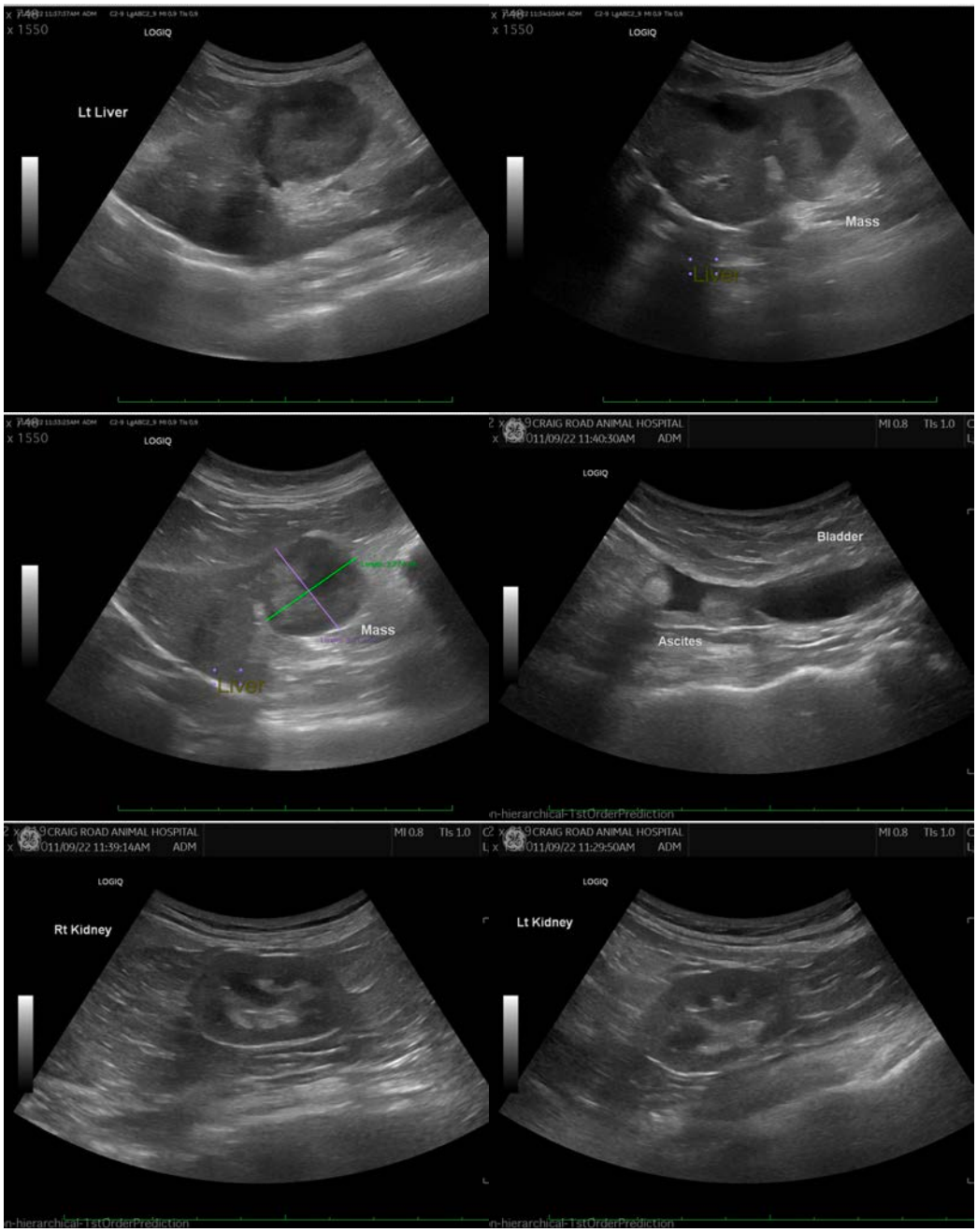

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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