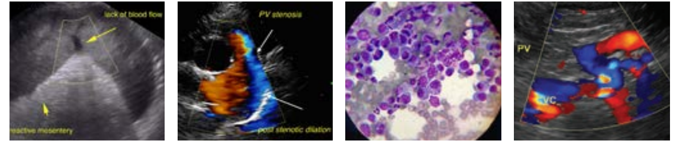
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Dora Salisbury

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
15 Years

WEIGHT
5.67 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Schwanebeck

HOSPITAL NAME
Animal Emergency Hospital Deland

REFERRING VET
Dr. Schwanebeck

INVOICE
45501

DATE
2/26/23

PRESENTING CLINICAL SIGNS

Presenting for peri-orbital mass lesion under right eye. Mass has been present for about 9 months and has waxed and waned in size, however it is now much bigger and oozing. She is otherwise normal at home and does not seem bothered by the mass according to owners. Her ventral conjunctiva is inflamed and edematous on right eye.

Abnormal PE/Chem/CBC/UA Results: Chem: Elevated BUN EPOC: Mild hypocalcemia, azotemia (BUN 51, creat 1.98) Radiographs: Conclusion 1. Unremarkable geriatric thorax. There is no evidence of pulmonary metastasis or intrathoracic lymphadenopathy. 2. Cholecystolithiasis with suspected intrahepatic biliary and/or common bile duct mineralization. 3. Irregular margins associated with the left kidney could be secondary to chronic renal cortical infarcts and/or cortical cysts resulting in mild capsular distention. Concurrent left nephrolithiasis. Pathology Report of Mass: Three digital slides are available for evaluation. The specimen is highly cellular and consists of a relatively homogeneous population of variably granulated mast cells. These cells are round, with moderate N:C ratios and basophilic cytoplasm that contains few to many purple cytoplasmic granules, which are sometimes aggregated to one side of the nucleus. Where visible, nuclei are round, with stippled chromatin and indistinct nucleoli. Anisocytosis and anisokaryosis are mild. Binucleate forms are occasionally noted. Also present are low numbers of eosinophils. The background contains free mast cell granules, other cellular debris, and a small amount of blood. Interpretation Mast cell tumor

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.

The left kidney is normal in size but slightly irregular in shape as a result of chronic infarcts. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortex are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. A small non-obstructive nephrolith is present, as well as pyelectasia measuring 0.44 cm in the transverse view.

There are additional kidney images provided. However, they appear very similar to the left kidney and are not labeled, so a definitive right kidney assessment cannot be made. What is believed to be present is a similar appearing, irregular right kidney with chronic infarcts and age related change.

Adrenal Glands

The right adrenal gland is unable to be well visualized in these images.

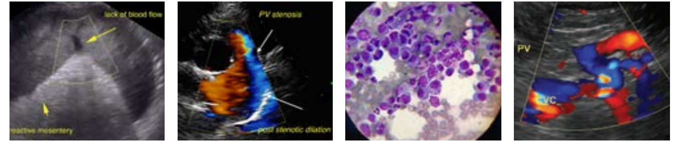
The left adrenal gland is normal in size (0.44 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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



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homogenous in echotexture. No focal lesions are observed. Visible vasculature appears normal. Small intrahepatic biliary mineral foci are noted.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Anechoic contents are present as well as a large amount of luminal shadowing mineral/cholecystoliths. Additionally, mineral appears to extend into the cystic and common bile duct without evident pathologic distention/obstruction noted.

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.

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

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.

Free Abdomen

A scant amount of anechoic free fluid is noted as well as enhanced hyperechoic mesenteric fat around the left kidney.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

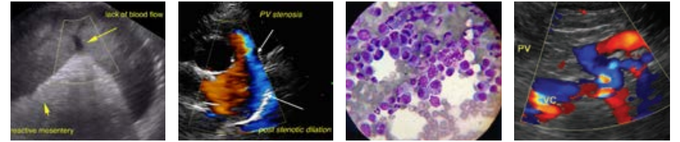
- Age related kidney changes with non-obstructive nephrolithiasis and chronic infarcts as well as mild pyelectasia and inflammatory changes surrounding at least the left kidney, which could suggest an infectious or inflammatory process such as pyelonephritis.

- Cholelithiasis within the gallbladder, the cystic and common bile duct, and the intrahepatic biliary system, none of which appears obstructive. This finding suggests chronic, potentially smoldering, or even resolved cholangitis and is sometimes an incidental subclinical finding in cats and should be interpreted in combination with either clinical signs or laboratory changes that suggest an ongoing active process versus chronic or resolved process.

- There is no ultrasonographically visible intraabdominal evidence of metastatic mast cell disease in these images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, and for further evaluation of this patient's reported mild azotemia, 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.



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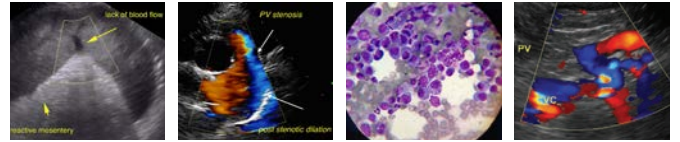
Given the lack of reported clinical signs or laboratory changes to suspect cholangitis, the mineral is likely an incidental finding. However, empirical Ursodiol could be considered, and/or more aggressive medical intervention could be considered if clinical signs and/or laboratory changes are present and/or change.

Beyond that, management of the reported ocular/orbital mass is recommended as advised by a veterinary surgeon and/or oncologist. Advanced imaging such as a head CT may be helpful.



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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