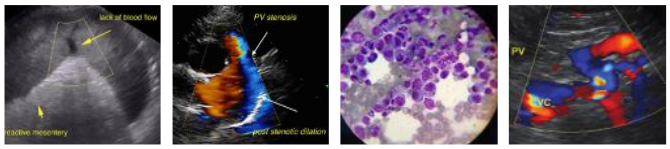
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Leo Layton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

9.7 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Craig

INVOICE

21318

DATE

2/27/23

PRESENTING CLINICAL SIGNS

History: Current Medications: None Patient History: Presented for decreased appetite for 1 week. Chronic vomiting. IH CHP performed 2/27/23. Hyperthyroid.

Abnormal PE/Chem/CBC/UA Results: Exam 2/27/23: 5. Mild tartar and gingivitis 108,208 9/10. Firm area mid abdomen- suspect stool, rule-out other fb, mass effect. Abdomen otherwise soft/normal. Bladder small/soft- unable to get urine sample today via cysto due to small size Email recent labs, radiographs and this form to: amayhew@svsimaging.com Hx of chronic vomiting, has increased over past week and developed decreased appetite. 12. Declawed front paws CBC- WNL Chem T4- 10.2, hyperthyroid. UA- need sample Felv/fiv- Negative AUS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal in 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.

Right kidney is normal in size (4.39 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 (0.5 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.46 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

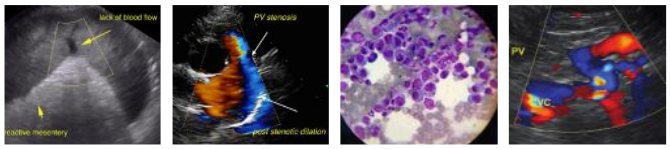
Spleen is subjectively large in size (1.18 cm) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

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.

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



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach 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. Pyloric outflow tract appears patent.

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 empty with no evidence of obstruction, foreign material or infiltrative disease.

At the level of the ileocecocolic junction, there is an approximately 2.0 cm x 2.0 cm heterogenous, primarily hypoechoic concentric bowel mass, that results in complete normal loss of layering. Adjacent to the mass, are enlarged lymph nodes, enhanced mesenteric fat and anechoic free fluid.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

A small amount of anechoic free fluid, primarily around the bowel mass. The mesenteric/jejunal 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

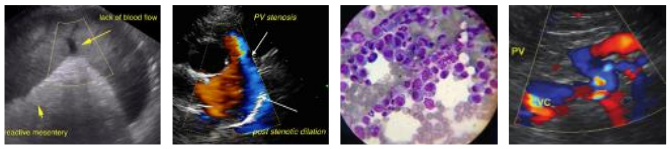
- A bowel mass that appears to involve the ileocecocolic junction. This is most concerning for infiltrative neoplasia, such as round cell neoplasia, i.e., lymphoma vs adenocarcinoma vs other. A benign lesion is possible but considered much less likely.
- Aggressive mesenteric lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- A small amount of anechoic free fluid and enhanced mesenteric fat, consistent with a focal peritonitis, are noted around the mass.
- Hypersplenism – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

Secondary Findings

- Chronic active pancreatitis

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.



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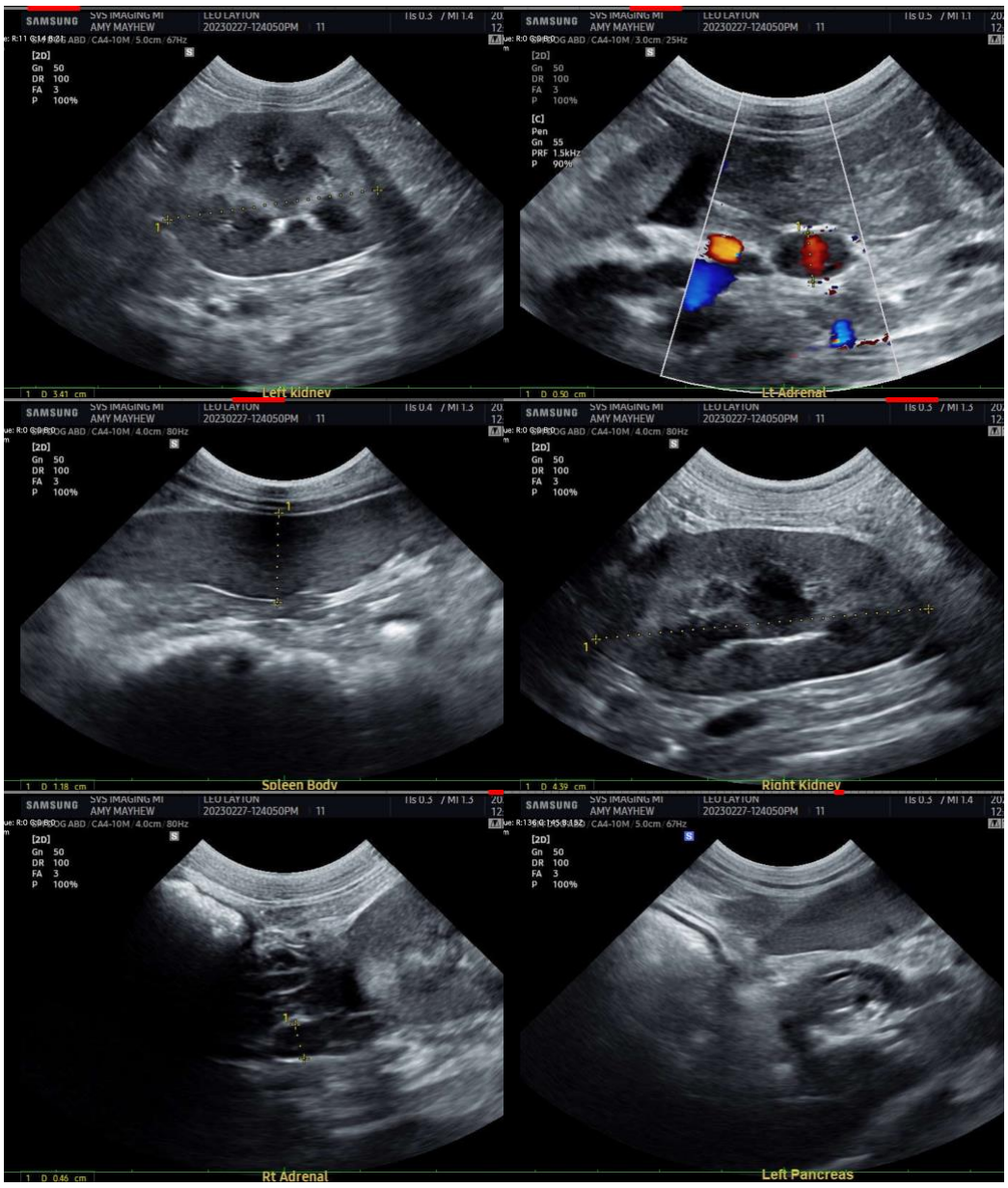
Fine needle aspirates of the bowel mass, as well as the enlarged mesenteric lymph nodes, are recommended if patients coagulation status is appropriate.

Alternatively, an exploratory laparotomy for planned bowel mass removal, resection and anastomosis, etc., could be considered. However, given the suspected involvement of the ileocecocolic junction, consultation with a veterinary surgeon is recommended if this approach is elected.

In the meantime, if tolerated, beginning medical management for the newly diagnosed hyperthyroidism may also help begin alleviating clinical signs and make this patient a better surgical candidate.



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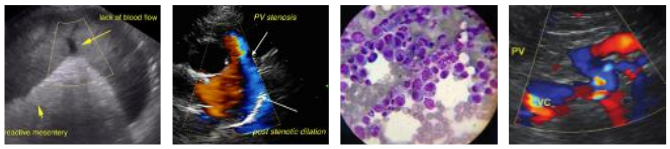

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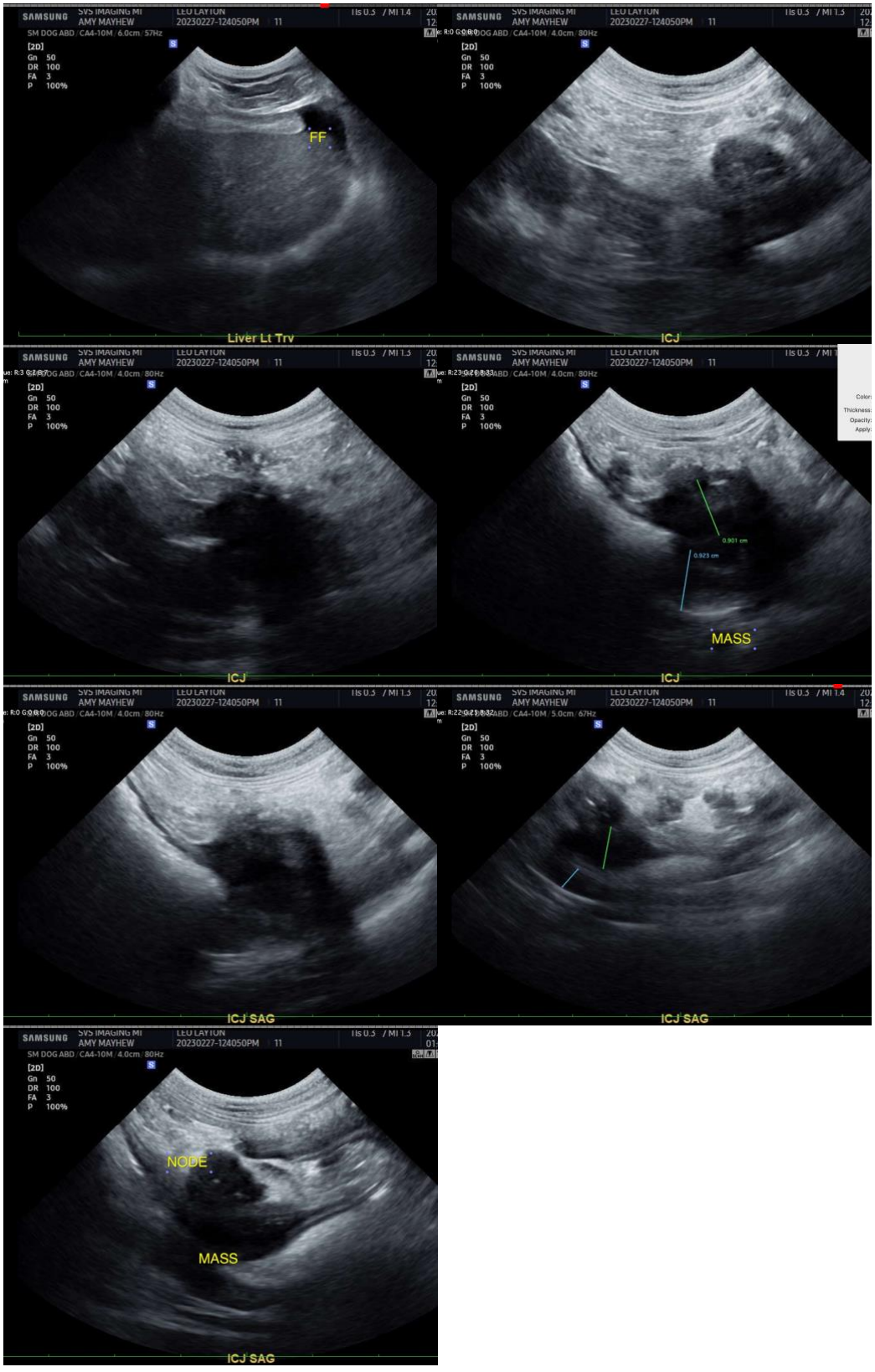

The information and recommendations provided are based on the images presented by the

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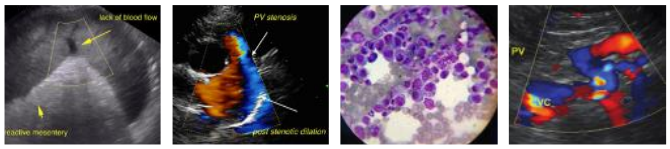

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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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