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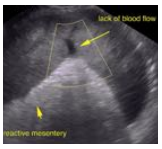
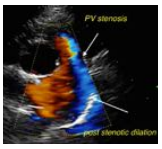
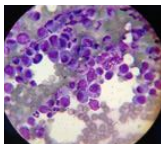
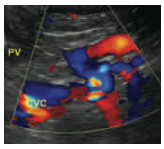

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1-800-838-4268 info@sonopath.com

PATIENT

Ghost Corocan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

6.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Petrone

INVOICE

30888

DATE

6/7/22

PRESENTING CLINICAL SIGNS

History: Weight loss, distended abdomen, decreased appetite
Abnormal PE/Chem/CBC/UA Results: mild anemia weight loss distended abd thickened intestines muscle wasting weight loss decreased appetite

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is large in size (4.55 cm), shape and diffusely hyperechoic in echogenicity. The contour is distorted by the presence of capsular indentations and hyperechoic, wedge shaped cortical lesions that are consistent with chronic infarcts. There is a normal 1:3 cortex to medulla ratio; however, corticomedullary distinction is decreased. There is no evidence of obstruction, pyelectasia or mineral observed. No mineral is observed.

Right kidney is a small, hyperechoic, irregular structure with complete loss of normal architecture that measures 1.9 cm in length. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

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

Right adrenal gland is normal in size (0.34 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is not well visualized in these images.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation. There is no evidence of effusion or inflammation.

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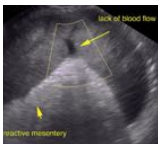

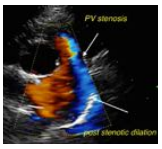

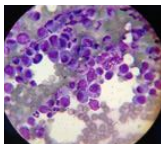
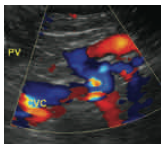

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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is moderately to markedly fluid distended. This is concerning for possible outflow obstruction.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa.

In the mid to cranial abdomen there is a focal bowel mass that measures up to 1.5 cm thick with complete loss of layering and a hypoechoic, heterogenous appearance to the wall. The total size of the mass is approximately 5.0 cm. There is a small amount of anechoic free fluid and enhanced hyperechoic mesenteric fat surrounding the bowel mass.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

There is marked hypoechoic, heterogenous mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

Small bowel mass with focal peritonitis around the mass characterized by free fluid and hyperechoic fat and mesentery as well as marked mesenteric lymphadenopathy. This is most concerning for infiltrative neoplasia such as lymphoma.

SECONDARY FINDINGS:

Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

Chronic kidney disease with compensatory left renomegaly.

Incidental Cholecystic debris.

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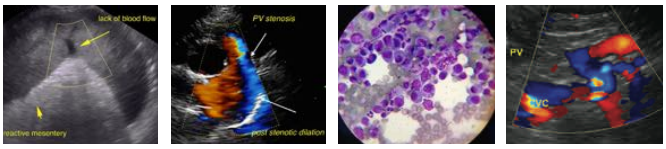

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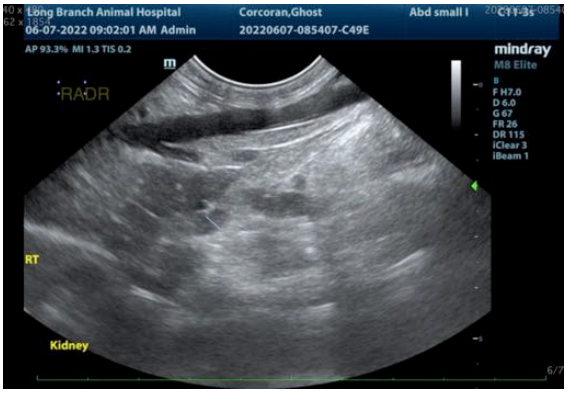
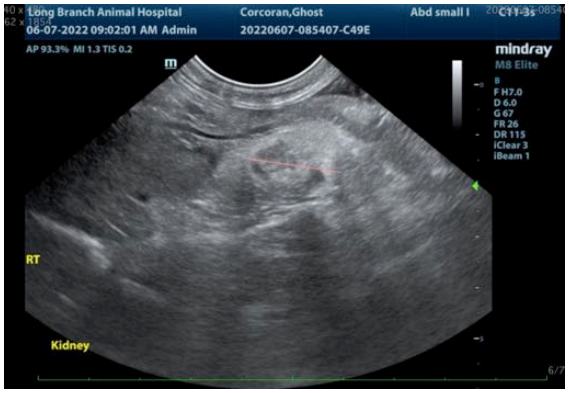
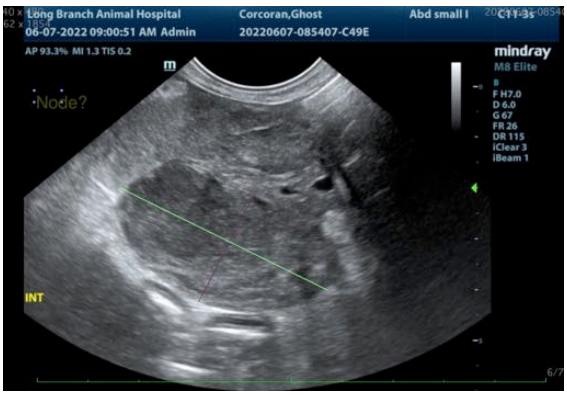
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

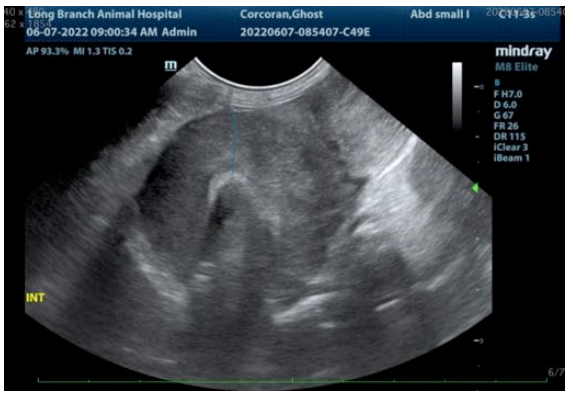
Recommendations include:

1. A FNA of the bowel mass as well as the enlarged lymph nodes if the patient's coagulation status is appropriate.
2. Three view thoracic radiographs are recommended to further assess possible metastatic disease if not recently indicated.
3. Given the evidence of chronic kidney disease and urinary bladder debris a urinalysis is recommended with follow-up urine culture if indicated based on urinalysis results.
4. If there is any concern for sepsis in this patient an alternative approach could include surgical laparotomy for bowel mass removal and lymph node biopsy versus waiting on FNA results. In the meantime, sampling of the abdominal fluid for cytology can be considered to further investigate possible bowel mass/rupture/septic abdomen.









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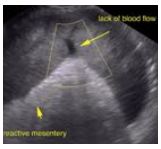
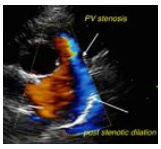
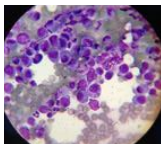
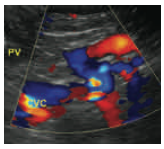

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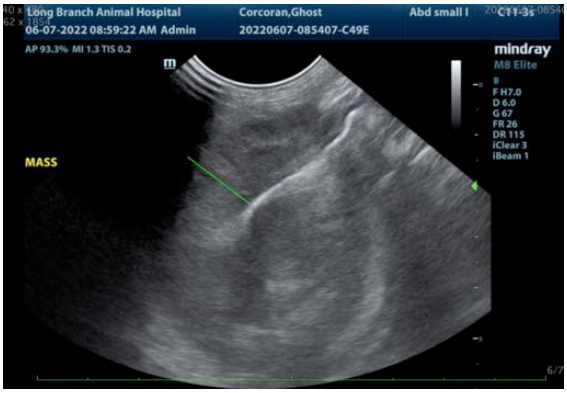

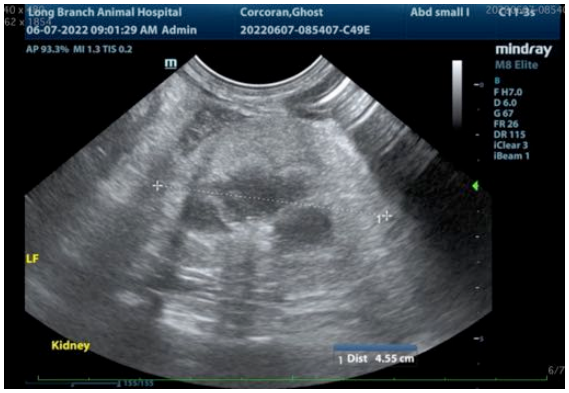

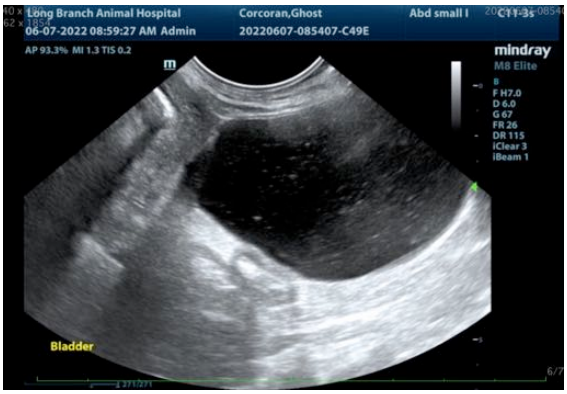

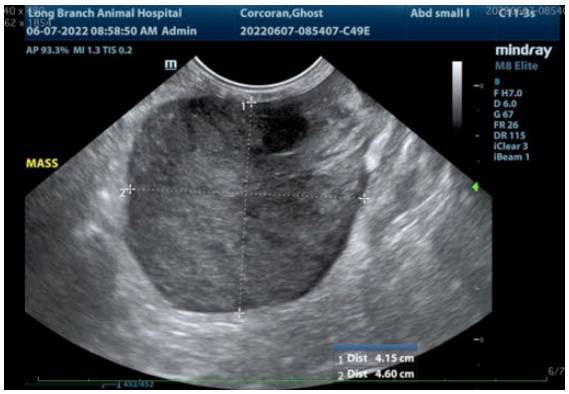

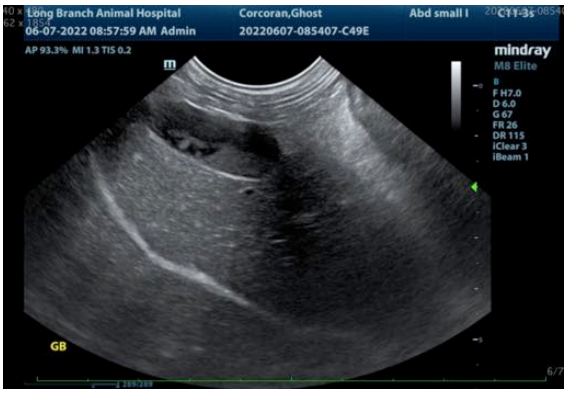

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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