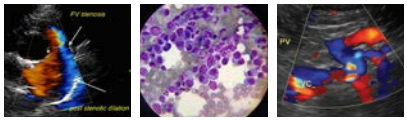
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

6/9/22

PATIENT

Sassy Singleton

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/30/07

WEIGHT

6.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Southgate AH

REFERRING VET

Dr. Alexander

INVOICE

38591

PRESENTING CLINICAL SIGNS

Defecating outside of litter box, constantly hungry, no weight gain.

Current Medications: None.
Lab Results: Mild leukocytosis, a mild lymphocytosis and a mild monocytosis.
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Telazol IM.
Stat Report: Not requested.

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.

The right kidney is normal in size (3.78 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.73 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is markedly enlarged in size with a rounded, swollen capsule. Parenchyma is diffusely hypoechoic in echogenicity with a coarse/mottled/motheaten echotexture. Splenic vasculature appears normal.

Liver

The liver is subjectively enlarged. Margins are smooth, but round. It has a normal homogeneous echotexture. Parenchyma is diffusely hypoechoic, characterized by more prominent than normal portal vein walls. No nodules or masses are evident. Visible vasculature appears normal.

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 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. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. A focal small bowel loop with complete loss of layering, resulting in a hypoechoic, thick wall/mass, is present. 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.

A hypoechoic, thick-walled mass is present in the colon, with loss of layering.

Pancreas

The pancreas is diffusely prominent in size and has a diffusely coarse echotexture and heterogeneous to hypoechoic echogenicity. There is no evidence of duct dilation or peripancreatic enhanced fat or mesentery, or free fluid.

Free Abdomen

There is no evidence of peritoneal effusion. Lymph nodes are multifocally large, round and hypoechoic.

PRIMARY FINDINGS

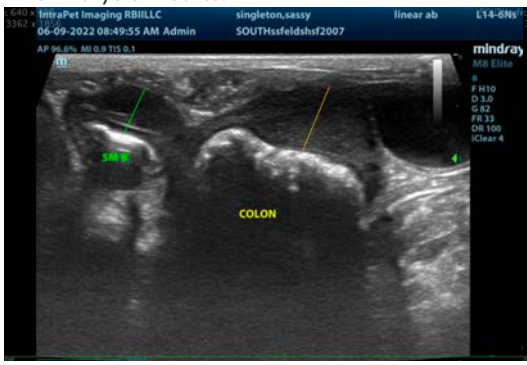
- The sum of these abnormalities is most consistent with infiltrative neoplasia, with lymphoma being the most likely diagnosis. The resultant changes are a large, hypoechoic, motheaten spleen, a large hypoechoic liver, multifocal loss of layering in the small and large bowel, and generalized lymphadenopathy, all most suggestive of infiltrative round cell neoplasia such as lymphoma. Multiple benign differentials affecting each organ are possible, but considered highly less likely.

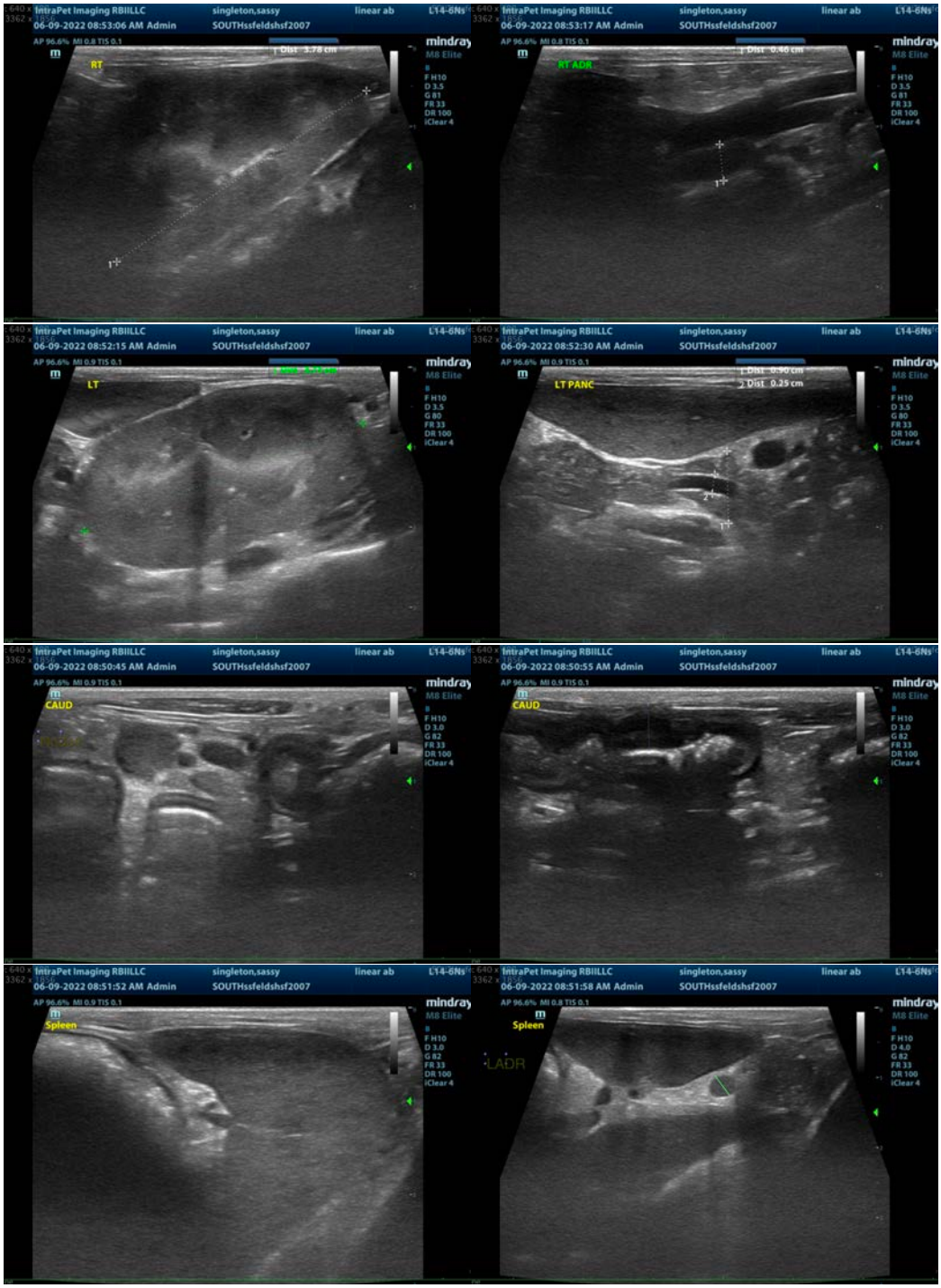
SECONDARY FINDINGS

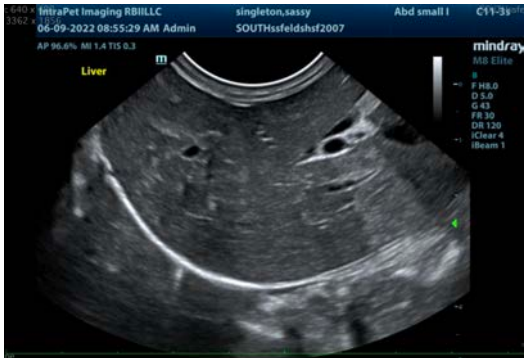
- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- Age related pancreatic changes
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fine needle aspirate of the liver, spleen, enlarged lymph nodes, and bowel masses, if possible, and if patient's coagulation status is appropriate, to definitively diagnose lymphoma, if present. A urinalysis is recommended if not recently evaluated with follow up urine culture if indicated based on urinalysis results.




IntraPet Imaging RBIILLC
singleton,sassy
linear ab
L14-6Ns
06-09-2022 08:53:06 AM Admin
SOUTHssfeldshsf2007
RT
Dist 3.78 cm
06-09-2022 08:53:17 AM Admin
SOUTHssfeldshsf2007
RT ADR
Dist 0.46 cm
06-09-2022 08:52:15 AM Admin
SOUTHssfeldshsf2007
LT
06-09-2022 08:52:30 AM Admin
SOUTHssfeldshsf2007
LT PANC
Dist 0.25 cm
06-09-2022 08:50:45 AM Admin
SOUTHssfeldshsf2007
CAUD
06-09-2022 08:50:55 AM Admin
SOUTHssfeldshsf2007
CAUD
06-09-2022 08:51:52 AM Admin
SOUTHssfeldshsf2007
Spleen
06-09-2022 08:51:58 AM Admin
SOUTHssfeldshsf2007
Spleen
LADR



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