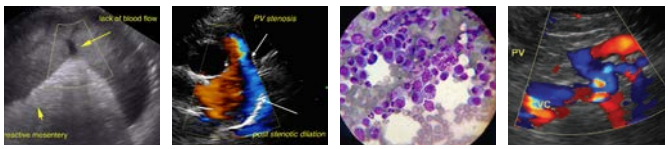
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Kit Cat Deloach

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
11 Years

WEIGHT
6.8 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Harold Mike Beard

HOSPITAL NAME
Animal Care Veterinary Center

REFERRING VET
Dr. Carl Fulton

INVOICE
39677

DATE
7/20/22

PRESENTING CLINICAL SIGNS

Lethargic, doesn't want to come out from under bed, urinary accidents, not E/D, weight loss. Abnormal PE/Chem/CBC/UA Results: Patient is thin, pale mm, mildly dehydrated, sarcopenia, mid abdominal mass palpable. Radiographs mid abdomen mass, central abdomen; chest xray mass effect cranial to the heart shadow, lungs look clear. CBC neutrophilic leukocytosis, hematocrit 23. GHP BUN low; globulin, ALT, SAP, GGT, TBili, and lipase are all high. UA spg 1.027.

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 right kidney is normal in size (3.9 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.

The left kidney is normal in size (3.5 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

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

The left adrenal gland is normal in size (0.41 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.

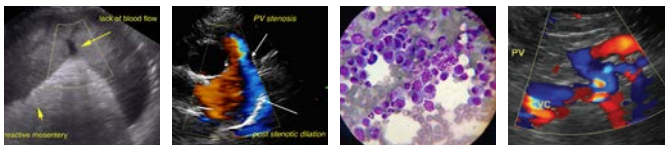
Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. 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 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.



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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.

At the Ileocecocolic junction, involving the entire junction, there is an approximately 2.0 cm x 3.5 cm heterogeneous, partially cavitated mass. Hyperechoic enhanced fat and mesentery noted. A scant amount of anechoic free fluid is present. Enlarged lymph nodes are also noted in the area.

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

**See bowel mass description above.

ULTRASONOGRAPHIC FINDINGS

- **Bowel mass encompassing the Ileocecocolic junction** – most concerning for infiltrative neoplasia. Top differential is an adenocarcinoma with other infiltrative neoplasia such as lymphoma unable to be ruled out without tissue sampling.

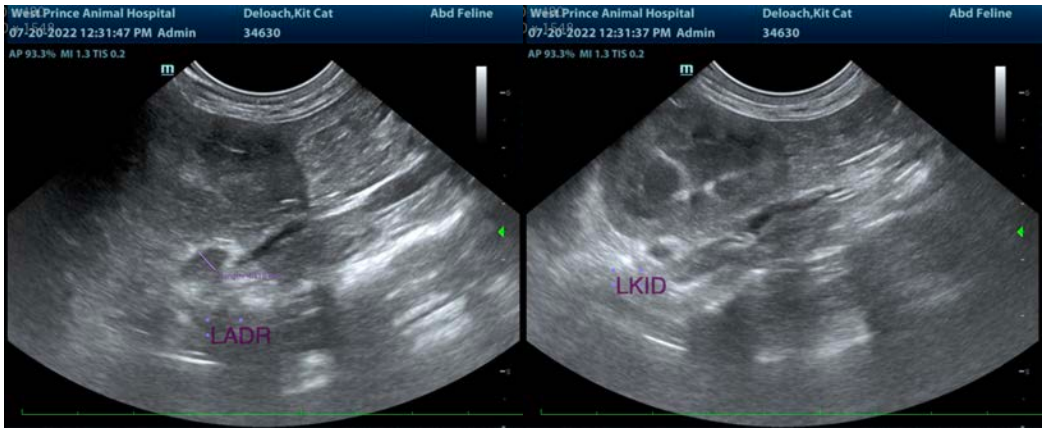
- **Hyperechoic hepatomegaly** – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

- 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. These have reportedly already been evaluated.

- Fine needle aspirate of the bowel mass could be considered if patient's coagulation status is appropriate. However, surgical excision is likely going to be ultimately required, so surgery could be pursued immediately if a more immediate aggressive approach is elected.



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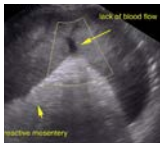
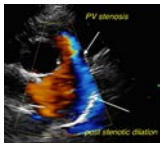
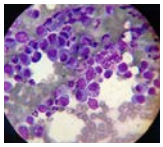
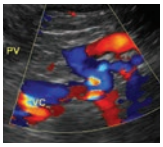

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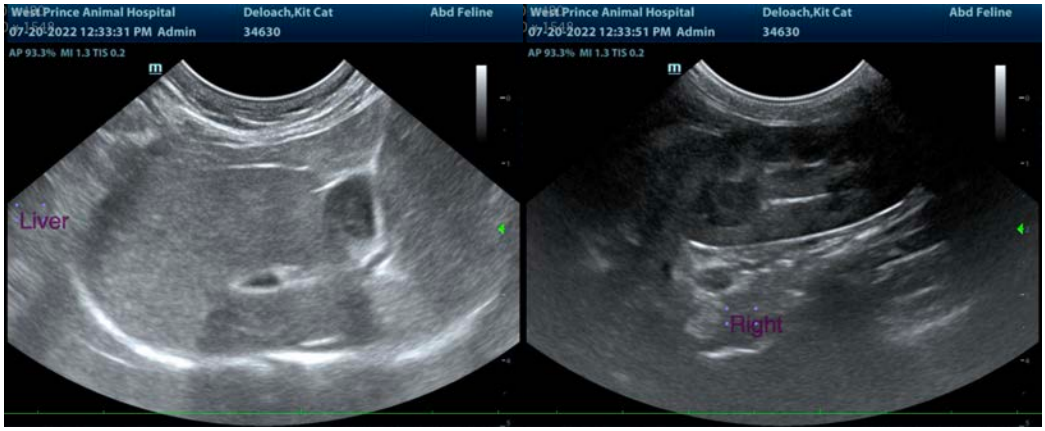

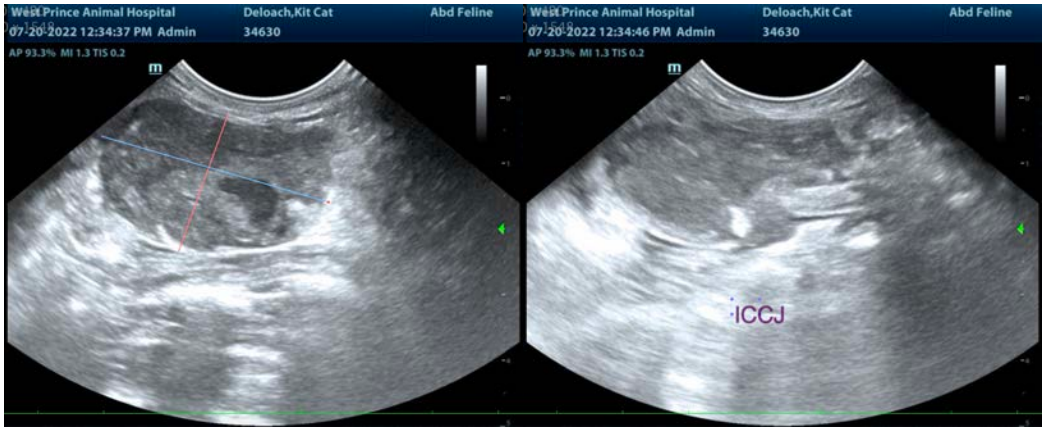

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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