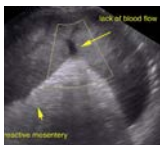
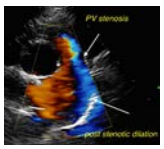
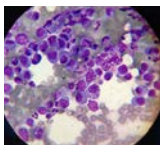
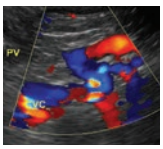
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Dix Bergen

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
17 Years

WEIGHT
5.3 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Animal Clinic Downtown

REFERRING VET
Dr. Waldman

INVOICE
44442

DATE
7/27/23

PRESENTING CLINICAL SIGNS

3 month Hx weight loss, hyporexia, lethargy. Abdominal mass palpated. Labs NSF.

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.

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. The left kidney measures 3.56 cm. The right kidney measures 3.68 cm. Pyelectasia is noted measuring 0.10 cm in the transverse view in the left kidney and 0.16 cm in the transverse view in the right kidney.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. Several multifocal well demarcated hyperechoic homogeneous nodules are noted as well as several less discrete hypo- to anechoic non-capsule disrupting nodules. Splenic vasculature appears normal. **See other.

Liver

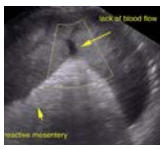
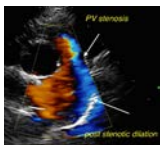
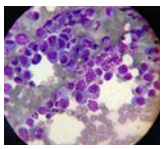
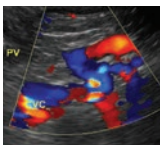
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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 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.

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

PATIENT
Dix Bergen

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
17 Years

WEIGHT
5.3 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Animal Clinic Downtown

REFERRING VET
Dr. Waldman

INVOICE
44442

DATE
7/27/23

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. **See other.

Free Abdomen

There is a large amount of anechoic free fluid in these images.

Medial to the spleen there is a 5.0 cm x 6.0 cm heterogeneous, amorphous mesenteric mass that may involve pancreas and/or lymph node or even bowel and is difficult to fully differentiate.

Adjacent to the spleen there are multifocal hypoechoic structures that are believed to be lymph nodes. Some are immediately adjacent to the spleen and appear to be splenic nodules in some views. However, lymph nodes are believed more likely. Similarly, there are multifocal hypoechoic presumed lymph nodes around the ileocecal junction, but the bowel wall itself appears normal.

PRIMARY FINDINGS

- Large, heterogeneous, amorphous cranial abdominal mass – appears to be a clumped nodular mesenteric mass as is seen with carcinomatosis and/or other metastatic neoplasia. Having said that, involvement of the pancreas, lymph node and/or bowel can't be definitively ruled out.
- The large amount of free fluid and cranial abdominal lymphadenopathy is also concerning for neoplasia related to the mesenteric mass. A benign inflammatory condition is possible but considered less likely.
- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor. The nodules throughout the parenchyma likely represent myelolipomas as well as cysts, hematomas, nodular hyperplasia, or even extramedullary hematopoiesis in addition to the diffuse pathology. Having said that, given the variety of change, infiltrative neoplasia affecting the spleen cannot be definitively ruled out.

SECONDARY FINDINGS

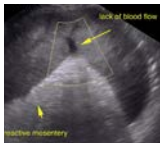
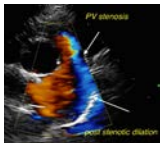
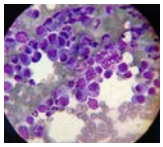
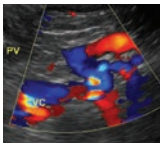
- Age related kidney changes with trace bilateral pyelectasia – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As was reportedly already recommended, 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.

As is reportedly already pending, fine needle aspirates of the mesenteric mass, the free fluid, as well as the spleen are recommended if patient's coagulation status is appropriate.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Dix Bergen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

5.3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Animal Clinic Downtown

REFERRING VET

Dr. Waldman

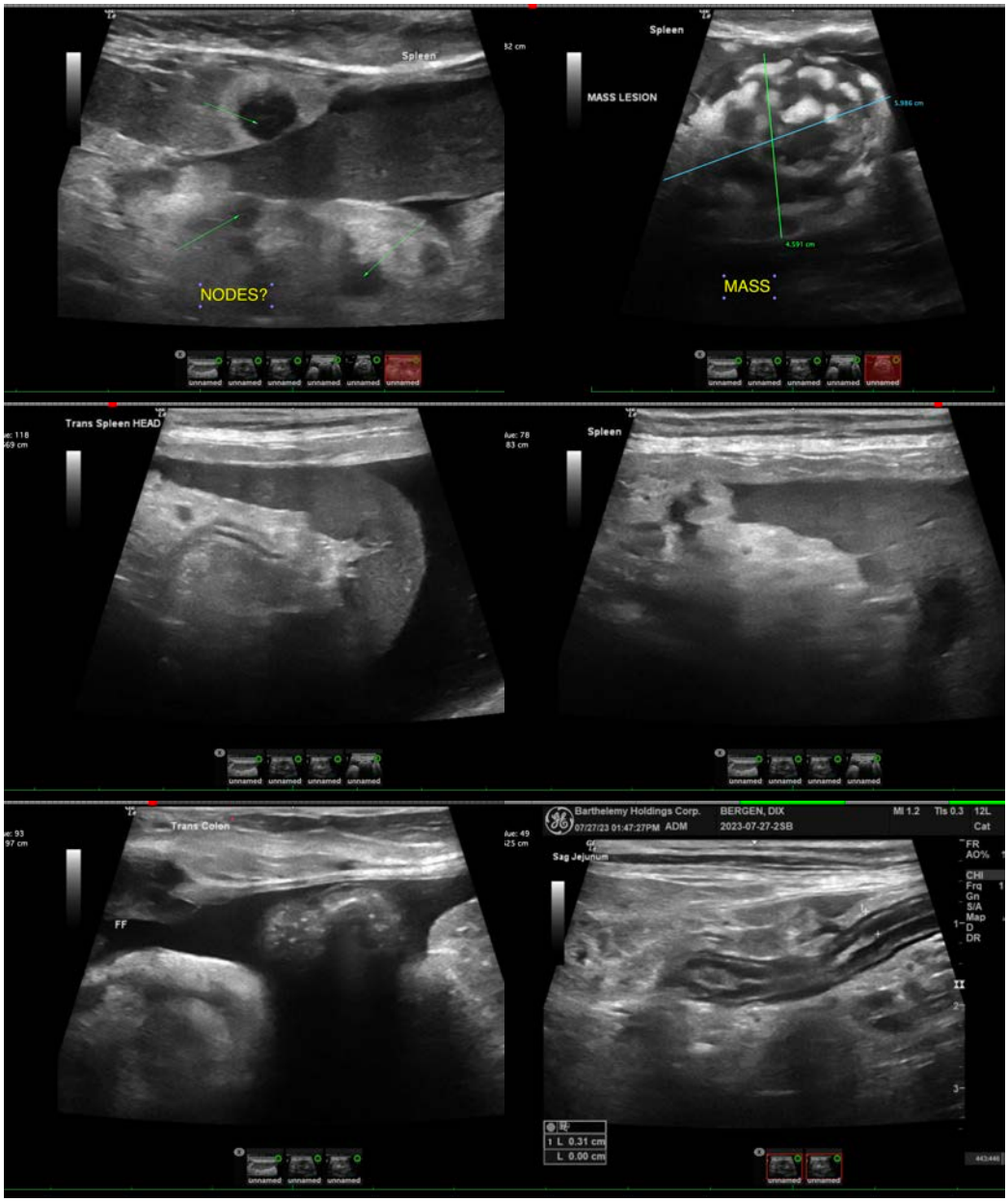
INVOICE

44442

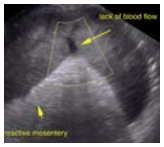
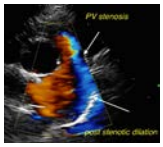
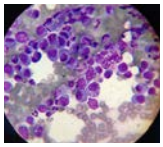
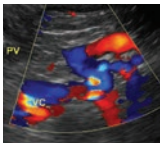
DATE

7/27/23

Other than supportively managing clinical signs, further treatment recommendations are dependent on diagnostic results.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Dix Bergen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

5.3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Animal Clinic
Downtown

REFERRING VET

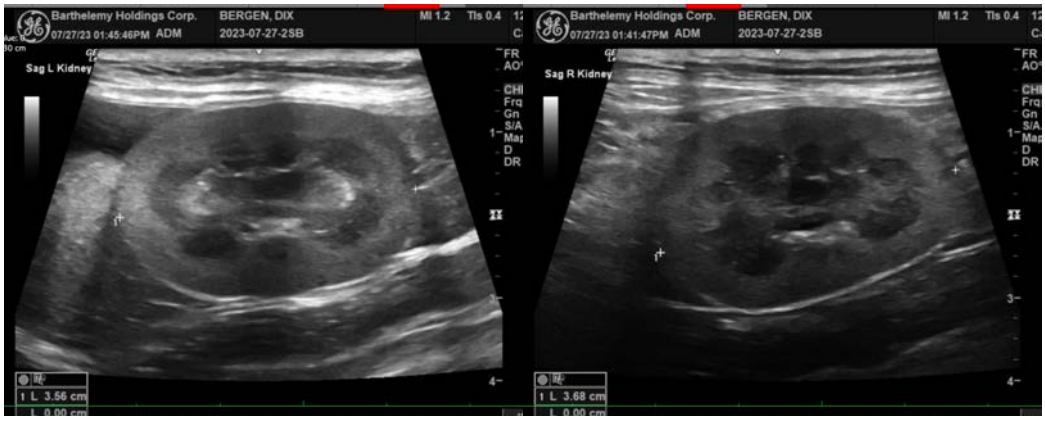
Dr. Waldman

INVOICE

44442

DATE

7/27/23



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
info@sonopath.com