

**DATE PRESENTING CLINICAL SIGNS**

7/5/23 Large abdominal mass with unstable walking, less energetic/lazy, decreased appetite.

**PATIENT** Current Medications: Just started Prednisolone 2.5mg SID.

Sydney Atkins

Lab Results: No lab tests performed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES** Imaging Performed By: Rachel Brillhart, RDMS.

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED** *Urinary System*

DSH

**SEX**

Spayed Female

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**AGE**

3/4/08

The right kidney is normal in size (4.11 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.

**WEIGHT**

6.6 Pounds

The left kidney is normal in size (3.54 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

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

**HOSPITAL NAME** *Spleen*

Pleasantville AH  
of Fallston

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.

**REFERRING VET** *Liver*

Dr. Gounaris

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.

**INVOICE**

43805

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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

\*\*See other.

### **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**

A trace amount of anechoic free fluid is present.

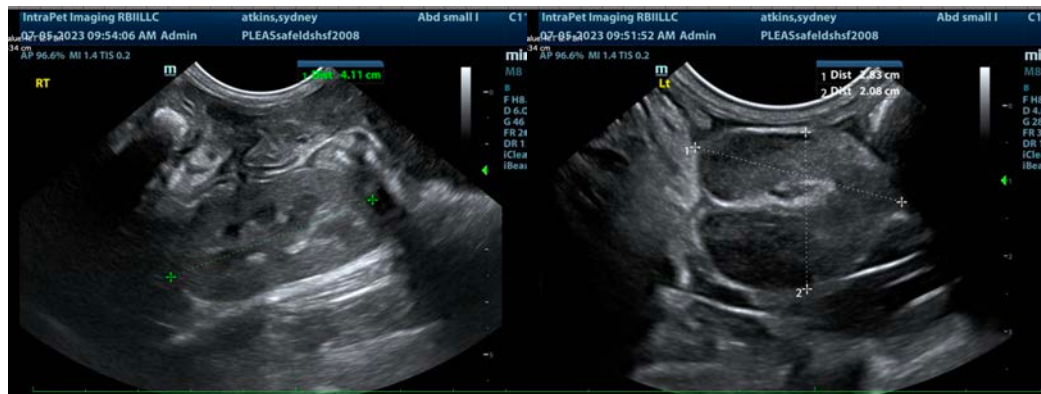
In the mid abdomen, appearing to originate from the mesenteric root, there is a large 5+ cm x 8.5+ cm markedly heterogeneous mass characterized by multifocal discrete round hypoechoic nodules of varying sizes.

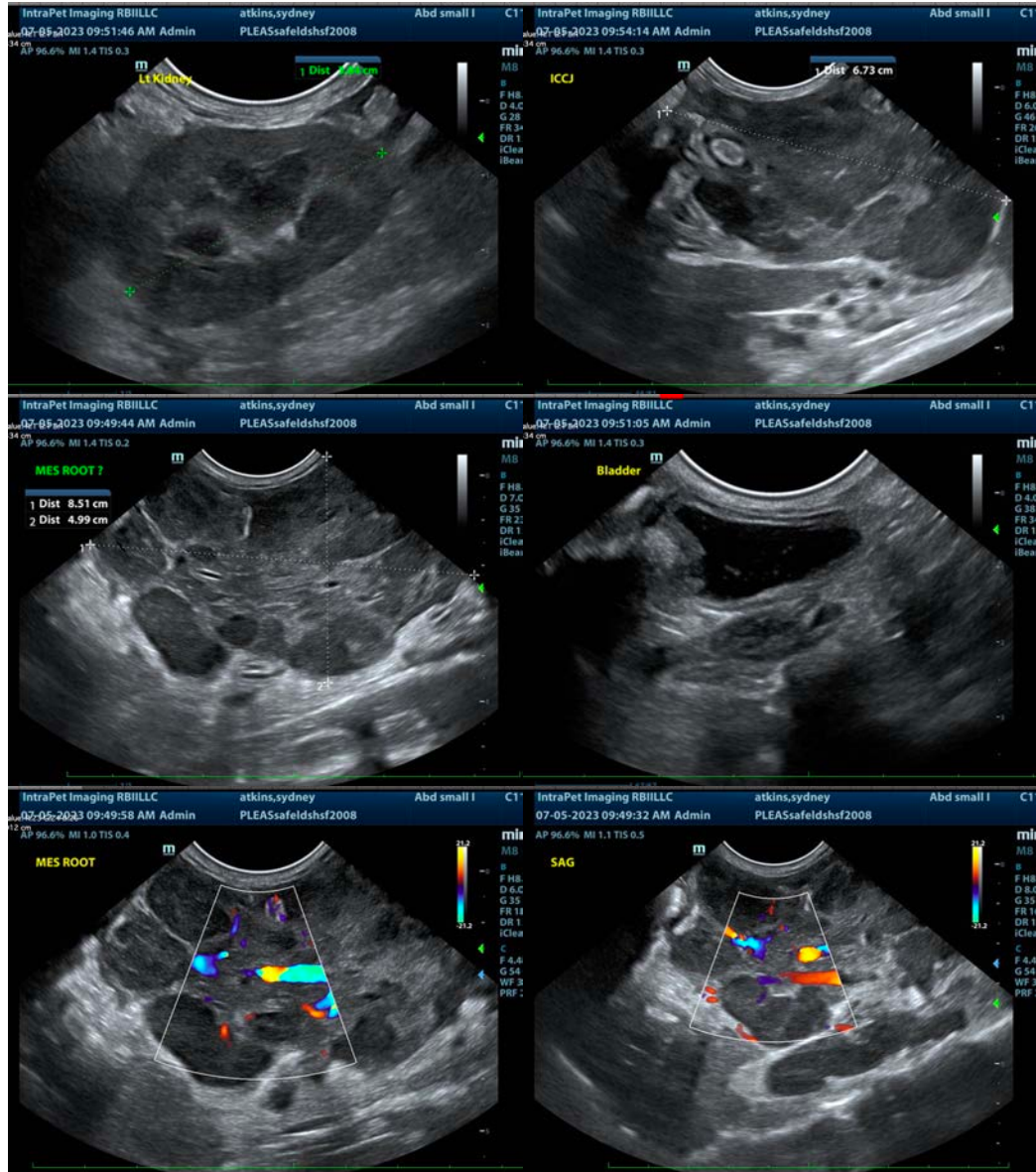
## **ULTRASONOGRAPHIC FINDINGS**

- Large, heterogeneous/nodular mass that appears to originate from the root of the mesentery and may be lymph node/clump of lymph nodes. However, the mass surrounds multiple loops of bowel, and origination from bowel can't be definitively ruled out. Regardless, the top differential is infiltrative neoplasia such as round cell neoplasia (i.e., lymphoma versus carcinoma versus other).
- Urinary bladder debris

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A fine needle aspirate of the mesenteric root mass is recommended if patient's coagulation status is appropriate. If a cytologic diagnosis cannot be obtained, an exploratory laparotomy for planned excisional biopsy could be considered. However, given the apparent location of the mass, which appears to surround bowel as well as the great vessels, etc., full resection is considered unlikely. If surgery is elected, pre-surgical planning abdominal CT scan could be considered to help further determine resectability.





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.

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