



PATIENT

Poppy Renzland

PRESENTING CLINICAL SIGNS

History: weight loss and vomiting; large palpated abdominal mass. On cerenia.
Abnormal PE/Chem/CBC/UA Results: wnl on 5/22

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

BREED

Domestic Shorthair

SEX

Neutered male

Left kidney is normal is size (4.83 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.

AGE

7 years

Right kidney is normal is size (4.84 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

10.6 lbs

Adrenal Glands

Adrenal glands are bilaterally uniformly plump egg-shaped adrenals (left adrenal measured 0.86 cm and right adrenal gland measured 0.46 cm), hypoechoic in echogenicity. This is most likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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. No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Diane McFadden,
RVT

HOSPITAL NAME

Ringwood AH

Liver

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.

REFERRING VET

Dr. Walter

INVOICE

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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.

DATE

6/23/22



PATIENT	<i>Gastrointestinal</i>
Poppy Renzland	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
SPECIES	The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Feline	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas. See other.
Domestic Shorthair	
SEX	<i>Pancreas</i>
Neutered male	The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
AGE	
7 years	
WEIGHT	<i>Free Abdomen</i>
10.6 lbs	There is a 5.0 cm mixed, heterogenous, partially cavitated right mid abdominal mass that appears to encompass or be adjacent to the ileocecolic junction. The bowel mass is the top differential. However, tissue origin cannot be definitively diagnosed. Other possibilities include lymph node versus other.
INTERPRETED BY	Generalized aggressive lymphadenopathy primarily in the cranial abdomen and mesenteric scant. A scant amount of anechoic free fluid is noted around the mass as is enhanced, hyperechoic fat and mesentery.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Diane McFadden, RVT	Primary Findings
HOSPITAL NAME	Right midabdominal mass, most concerning for involvement of the ileocecolic junction. Lymph node or other cannot be ruled out. Top differential for which is infiltrative neoplasia likely round cell neoplasia given the concurrent pathology in the abdomen. The mass is surrounded by evidence of inflammation/focal peritonitis characterized by free fluid and enhanced fat.
Ringwood AH	Scalloped spleen.
REFERRING VET	Diffusely thick, small bowel muscularis relative to the other layers. This is a finding that can be present with both infiltrative inflammatory bowel disease as well as infiltrative neoplasia such as lymphoma, which is considered a higher likelihood in this patient given the concurrent pathology.
Dr. Walter	Generalized aggressive lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
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31207	Acute pancreatitis with no loss of normal curvilinear architecture to the pancreas that would suggest a pancreatic mass. However, pancreatic involvement cannot be definitively ruled out.
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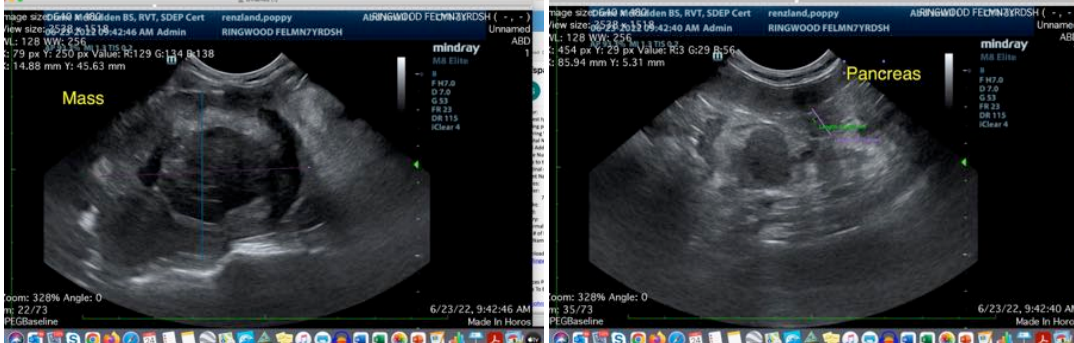
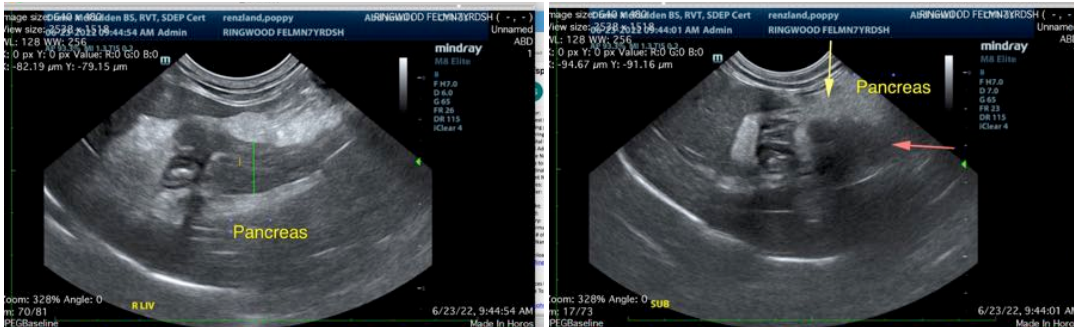
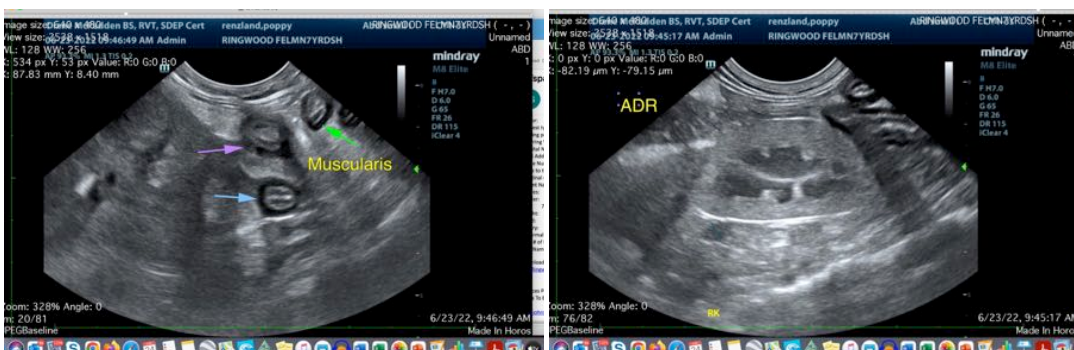
REFERRING VET

Dr. Walter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

FNA of the midabdominal mass as well as the enlarged lymph nodes +/- spleen is recommended if the patient's coagulation status is appropriate, to look for evidence of infiltrative round cell neoplasia such as lymphoma. Alternatively, an exploratory laparotomy can be attempted with the goal of resecting the mass; however, resectability is considered questionable given the suspected involvement of the ileocecolic junction. If surgery is elected a presurgical planning abdominal CT scan is recommended.



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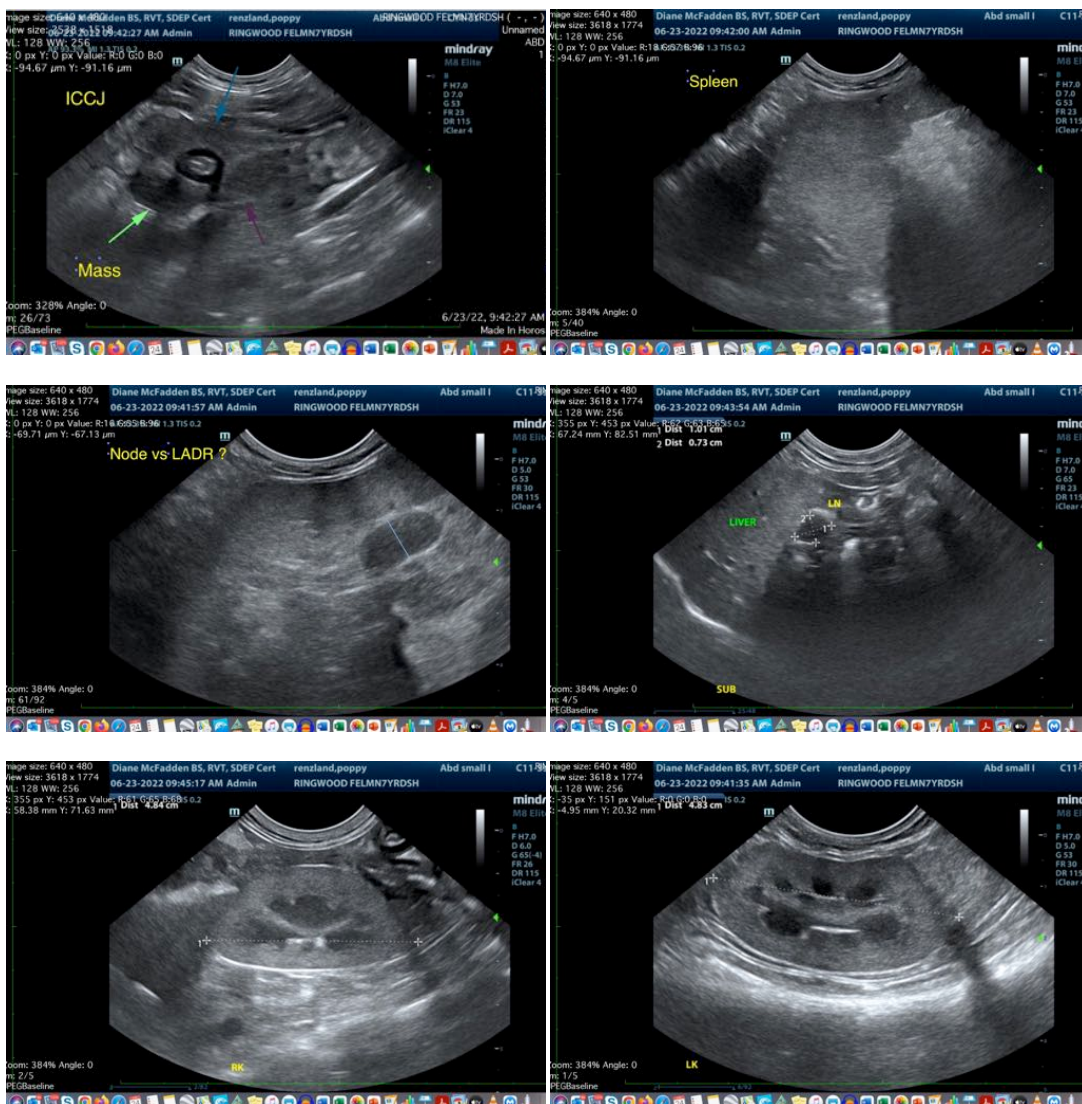
Dr. Walter

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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

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