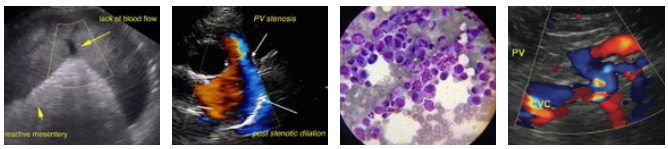
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Comet Frei

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
9 years

WEIGHT
11.4 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Carpenter

HOSPITAL NAME
Pennridge AH

REFERRING VET
Dr. Depew

INVOICE
43035

DATE
2/28/23

PRESENTING CLINICAL SIGNS

History: 9 yo MN DSH 11.4# Presented 1 month ago for a 1 week history of vomiting and hyporexia. B/w unremarkable except TP low normal at 6.1 Alb 3.1 and Glob 3.0. O elected conservative mgt with mirtazapine and cerenia. Re-presented two weeks ago for ongoing GI signs. A mass effect was palpable in cranial abdomen. X-rays were taken and consistent with a mass effect. Here for AUS for further investigation.
Abnormal PE/Chem/CBC/UA Results: Exam: Mass effect cranial abdomen - otherwise unremarkable BW - See above - Low TP (6.1) -- Albumin 3.1 Glob 3.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight mineralization was noted in both kidneys. Power Doppler assessment of the kidneys was subnormal. The left kidney measured 3.86 cm. The right kidney measured 3.76 cm.

Adrenal Glands

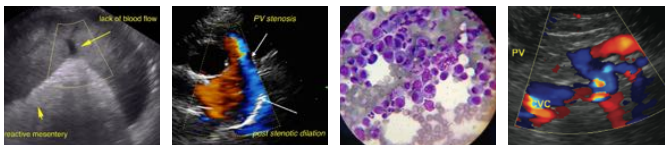
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The stomach revealed concentric gastric wall thickness and measured up to 0.8 cm. Reactive mesentery was noted. A hypoechoic, ill-defined structure was noted caudal to the stomach in the right cranial abdomen. The structure was rounded, hypoechoic and undifferentiated measuring 1.8 cm. with peripheral inflammation. This is lymph node, pancreatic or possibly deriving from the duodenal or pyloric wall. The mass is undifferentiated and the exact origin cannot be completely ruled out. A progressive infiltrative pattern with secondary intestinal mass makes the most sense.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

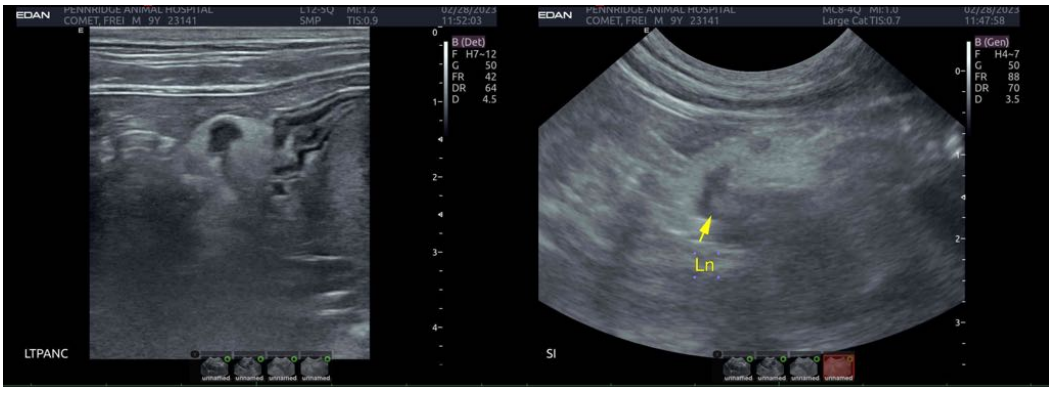
ULTRASONOGRAPHIC FINDINGS

Right cranial abdominal mass with gastric infiltrative pattern, suspect lymph node, duodenal or pancreatic mass.

Regional lymph nodes were mildly enlarged in the mesenteric root and measured 1.0 x 0.5 cm with reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA is warranted or surgical biopsies with removal of the mass can be considered. Surgical gastric biopsies with removal of the mass can be considered. Ultrasound-guided FNA of the mass and accessible lymph nodes are indicated. The prognosis is guarded.



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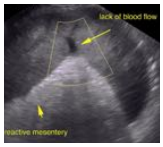
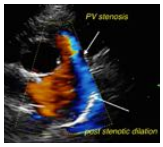
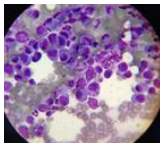
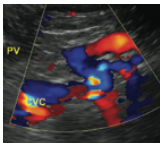

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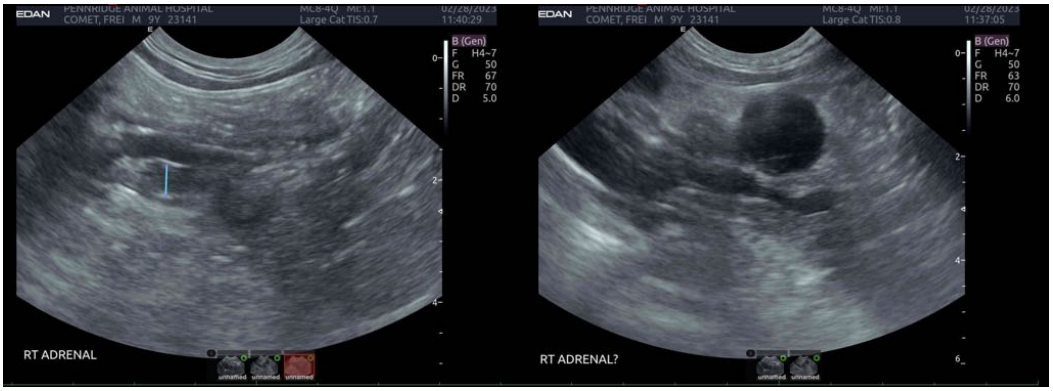

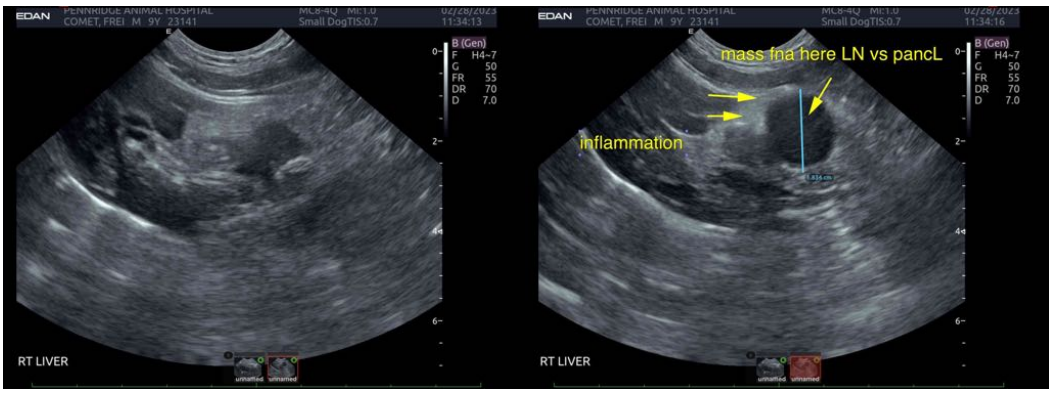

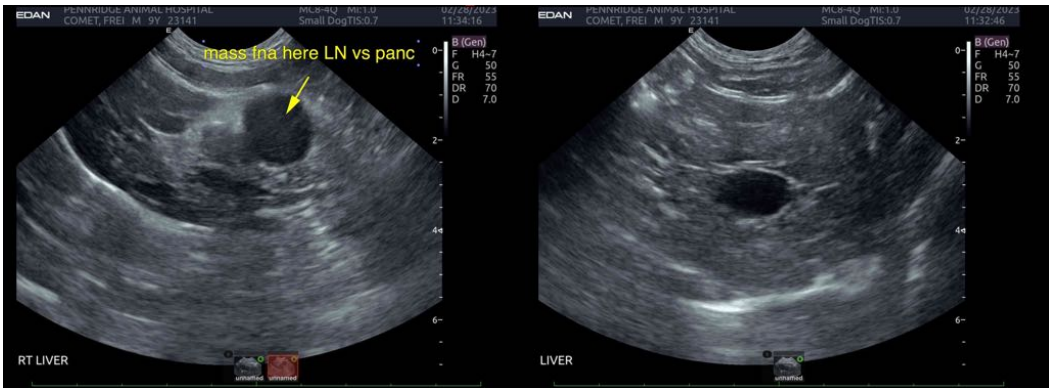

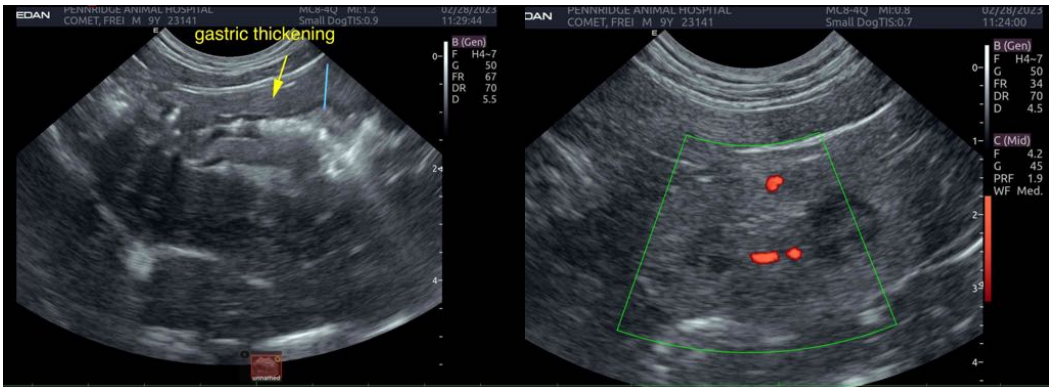

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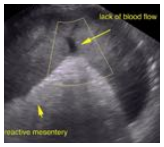
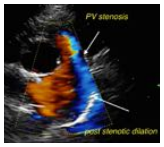
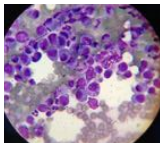
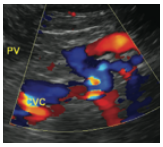

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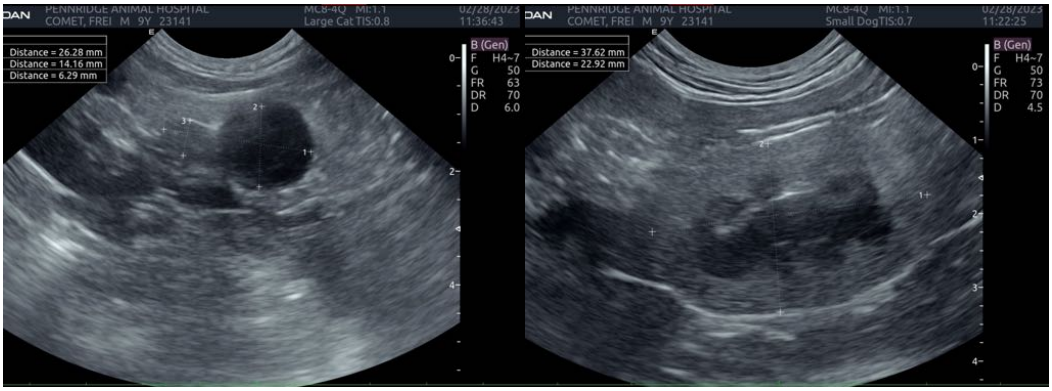

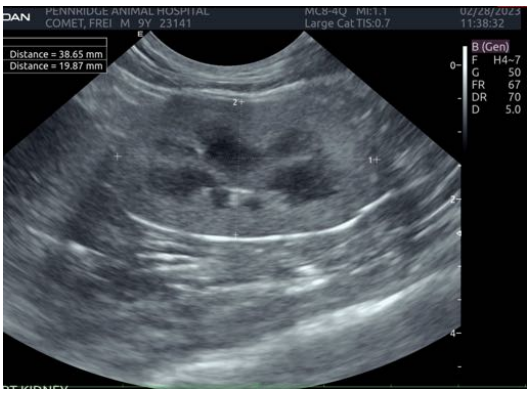

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com