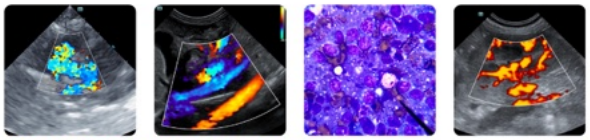

PATIENT

Kylie Fortune

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

6.75 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Petrone

INVOICE

78198

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Large abdominal mass felt on palpation. Owners wanted further information. Declined cytology and exploratory surgery.

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.03 cm and the left kidney measured 3.8 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.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** was mildly swollen, yet no obvious infiltrative disease was noted. 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 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.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The midabdomen revealed a 4.8 cm, mixed, hypoechoic, undifferentiated intestinal mass with a wall thickness up to 1.2 cm. The mass appears to extend into regional omentum. Reactive and enhanced surrounding mesentery was noted. Other areas of the small intestine appeared to be slightly thickened without neoplastic criteria. Regional lymph node was enlarged, hypoechoic and distorted in architecture measuring up to 1.8 x 1.3 cm. This is strongly suggestive for metastatic disease.

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

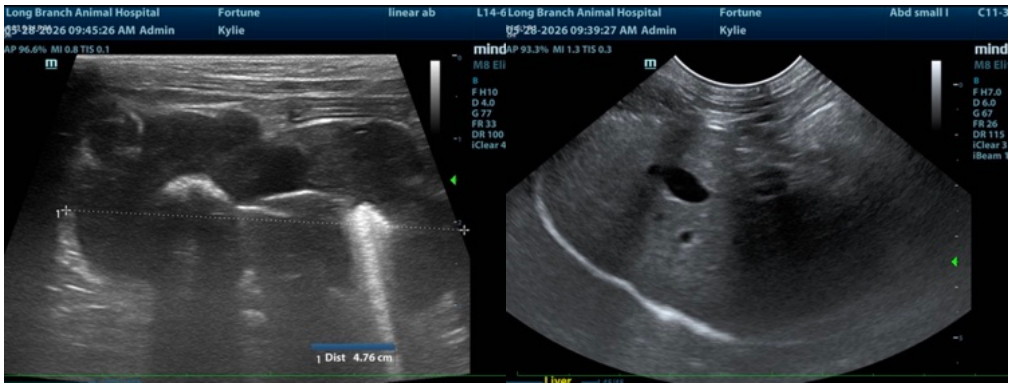
Intestinal mass with regional escape into the omentum.

Regional lymphadenopathy.

Scalloping spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clean resection would likely be difficult. There is a potential for early splenohepatic involvement. Ultrasound-guided FNA of the liver, spleen, intestinal mass and lymph node is recommended. Round cell neoplasia is likely. Granulomatous disease is possible, yet less likely. Chest radiographs are warranted if not already performed to assess for metastatic disease.



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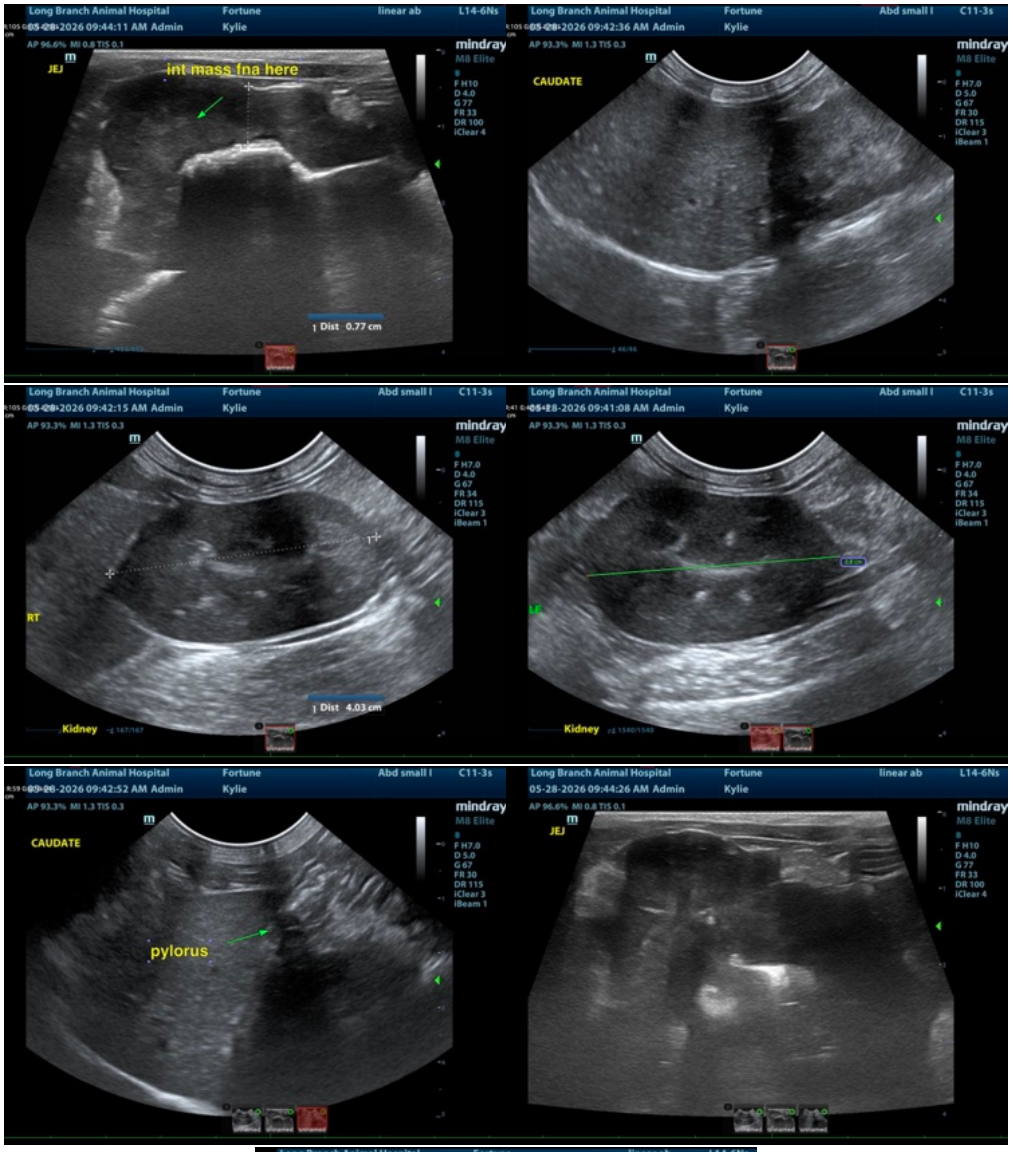

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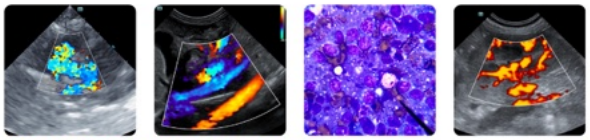

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com