SonoPath
Clinical Sonography & Telecytology
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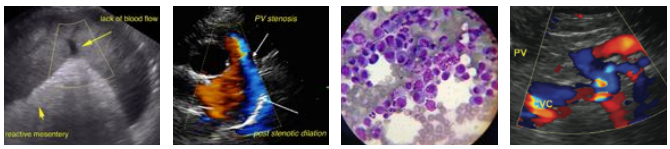

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Coco Salas

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
13 years

WEIGHT
12.05 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Animal Paradise Hospital

REFERRING VET
Dr. ElShafie

INVOICE
42084

DATE
10/24/22

PRESENTING CLINICAL SIGNS

History: Soft tissue opaque mass caudal to spleen, may represent pancreatitis vs. neoplastic process, spondylosis, mild OA of coxofemoral joints, cellulitis associated with subcutaneous lesion.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.3 cm. The left kidney measured 3.67 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 right adrenal gland measured 0.4 cm. The left adrenal gland measured 0.41 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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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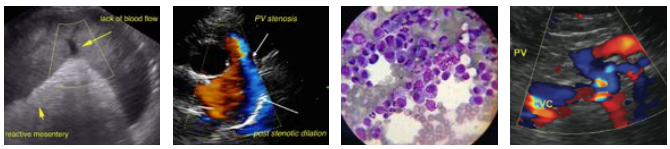

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct was dilated and measured 0.22 cm.

Free Abdomen

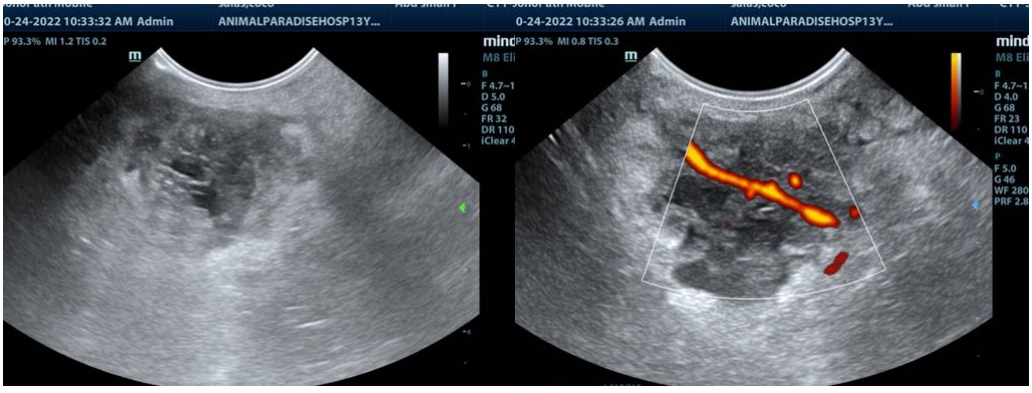
An extensive, mixed, hypoechoic, aggressive, disruptive and undifferentiated subcutaneous/body wall mass is noted in the ventral abdomen. The mass does not appear to enter into the peritoneum. The mass measures 3.17 cm. The body wall mass appeared to be significantly vascular.

ULTRASONOGRAPHIC FINDINGS

Body wall mass with normal geriatric abdomen. No evidence of metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is recommended for surgical planning or the surgeon should be prepared for the body wall mass extending into the regional tissue in spiderweb type fashion as well as extending to the peritoneum without penetration. The mass extends at least 6.0 cm in length. FNA can be considered or core biopsy for further definition. Chest radiographs are warranted to assess for comorbidity.



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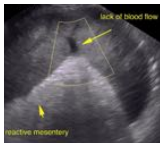
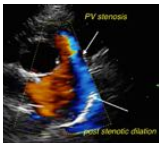
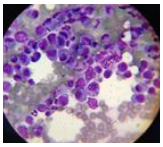
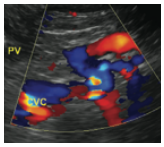

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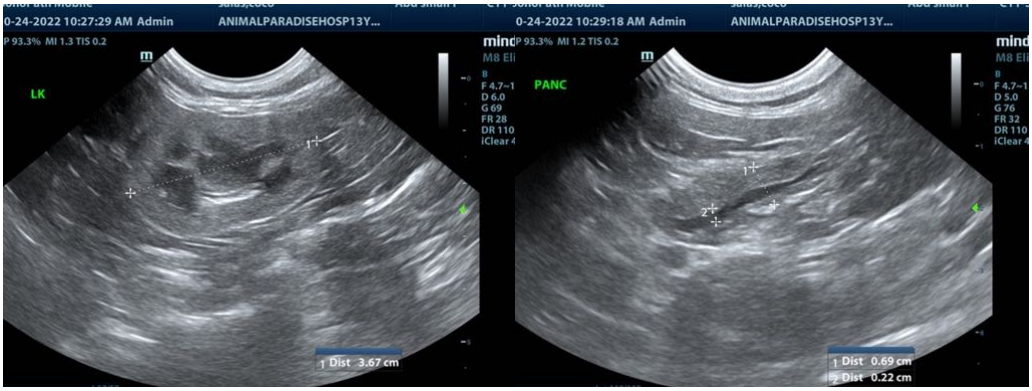

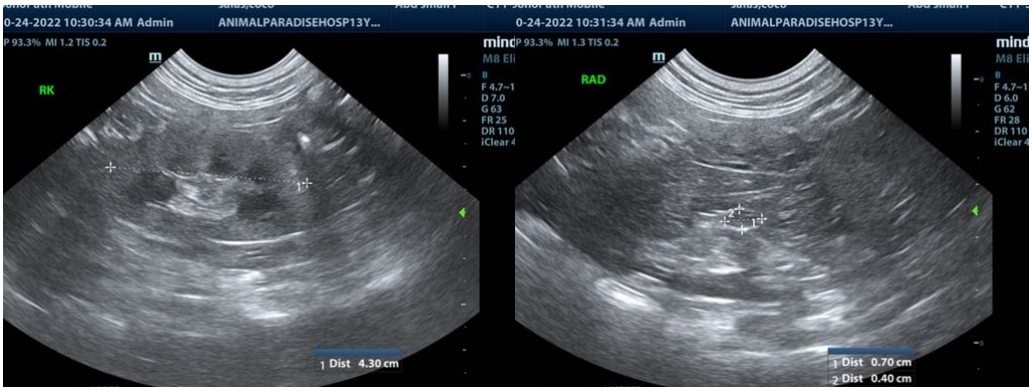

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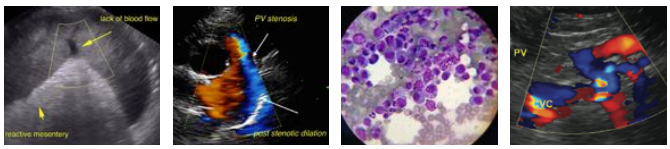

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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