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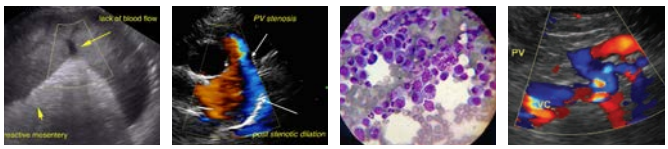

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Ranger Greenberg

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

12 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

All Creatures Great & Small

REFERRING VET

Dr. Ashmore

INVOICE

44545

DATE

1/26/23

PRESENTING CLINICAL SIGNS

Weight loss, anorexia, Occasional vomiting.

Abnormal PE/Chem/CBC/UA Results: ^^ALP, ^ALT, ^ bili, SDMA 29, ^PSL UA: bilirubinuria, hematuria (cysts) SG: 1.027

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.43 cm) with mild pyelectasia at 0.22 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.35 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.24 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is borderline large (1.05 cm in width at the level of the hilus), hypoechoic, and somewhat rounded. Echotexture is homogenous, The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder appears somewhat prominent, measuring at 0.25 cm with a smooth mucosal surface. There is a small amount of non-organized echogenic debris. The cystic and common bile ducts appear dilated and somewhat tortuous, measuring at 0.61 cm proximally and 0.35 cm more distally.

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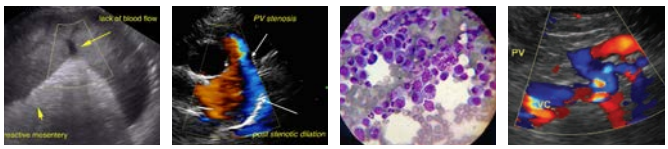

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Some of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased at 0.31 cm with a prominent muscularis layer. There is a focal section of small intestine that appears particularly thick, measuring 0.59 cm with complete loss of wall layering. This section of bowel extends at least 4.0 cm and is most consistent with a bowel mass/infiltrative disease.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

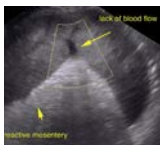
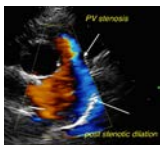
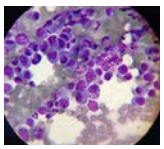
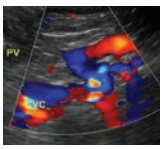
The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small to moderate amount of free abdominal fluid. There is a moderate to severe mesenteric lymphadenopathy present with hypoechoic, rounded, irregular lymph nodes measuring 1.52 cm in diameter, 1.18 cm in diameter, and 0.66 cm. The omentum is diffusely hyperechoic.

PRIMARY FINDINGS

- Large, hypoechoic, rounded spleen – Findings are concerning for possible congestion or infiltrative disease. Consider a fine needle aspirate.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Moderately distended gallbladder with a mildly thickened wall and a dilated cystic and common bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Thickened small intestine with a prominent muscularis layer as well as a focal section of small intestine with complete loss of layering and markedly thickened walls – Findings are concerning for infiltrative disease (round cell neoplasia, carcinoma, severe inflammation, other).
- Moderate to severe mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with mild left-sided pyelectasia – The bilateral renal findings are consistent with age-related change.

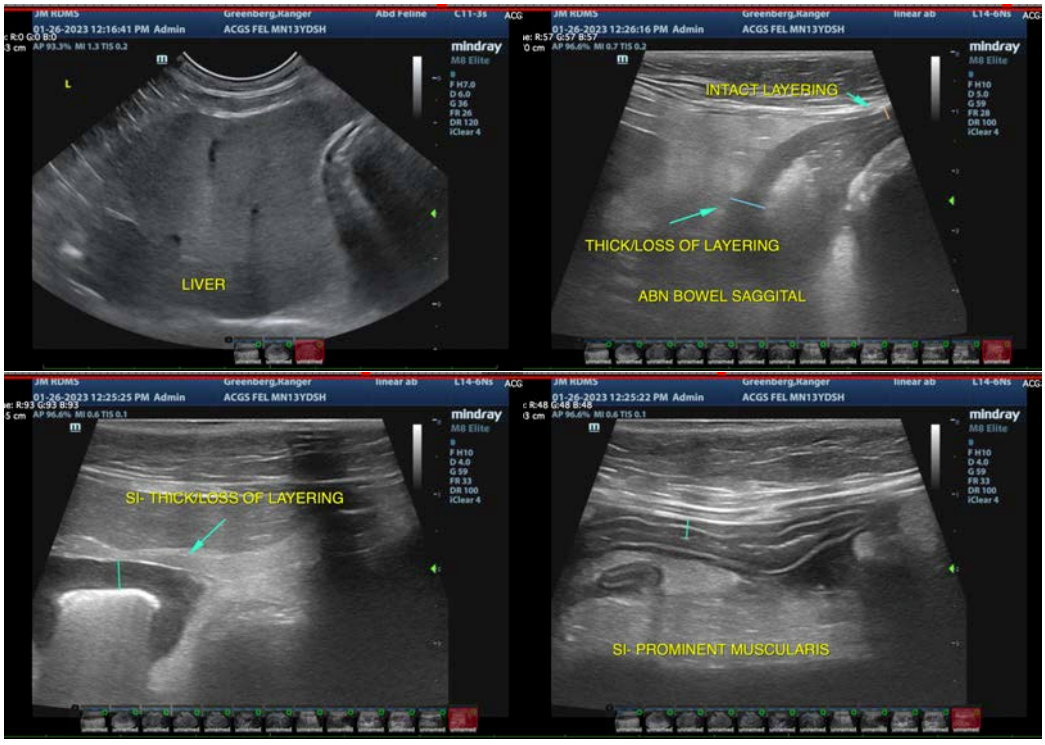
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of a large hypoechoic spleen, a large hyperechoic liver, significant lymphadenopathy, and a section of severely thickened bowel with complete loss of layering is very concerning for possible round cell neoplasia. Consider a fine needle aspirate of the thickened section of bowel, the liver and spleen (provided coagulation parameters are normal), as well as a large lymph node if an adequate window is visualized.

I suspect the elevation in liver enzymes is a combination of primary parenchymal disease and possibly secondary obstructive disease. If a diagnosis cannot be obtained cytologically, surgical biopsies may be necessary.

If treatment is to be considered, a feeding tube may need to be placed.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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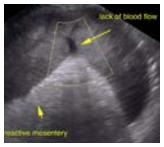
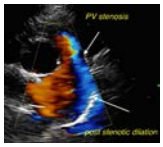
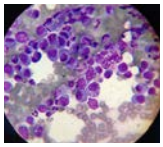
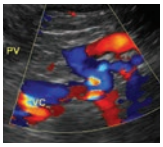

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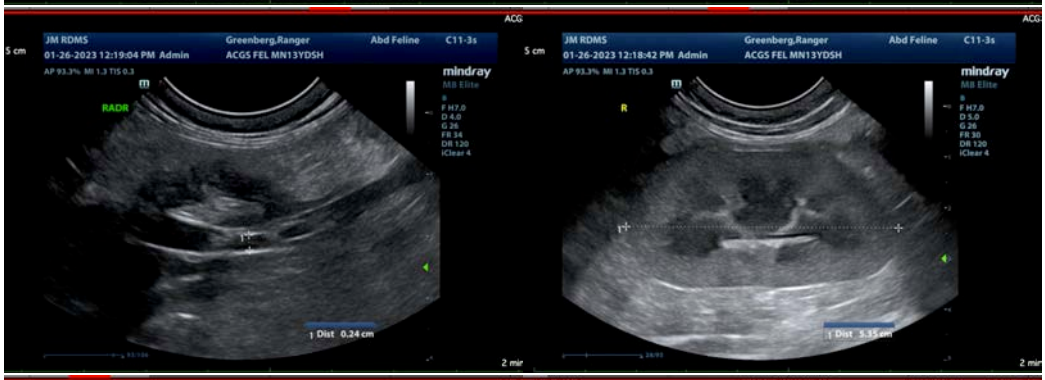

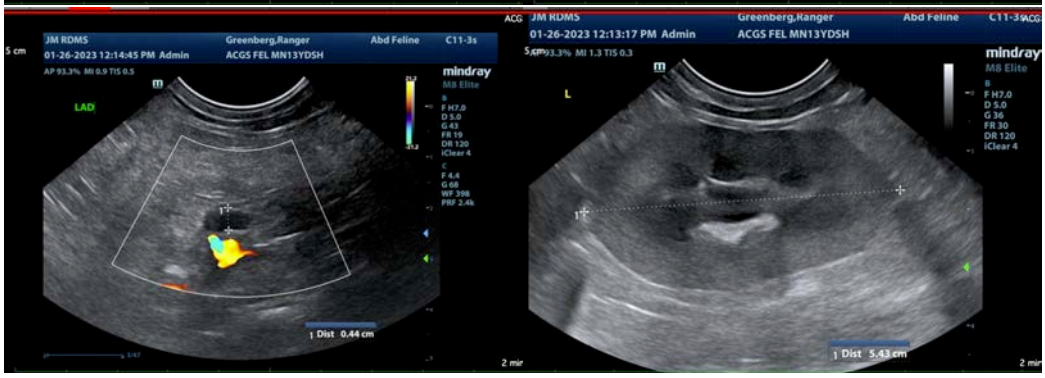

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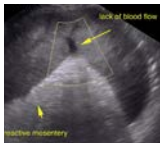
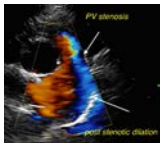
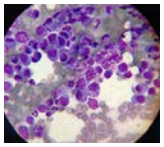
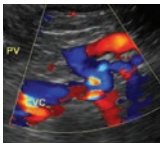

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com