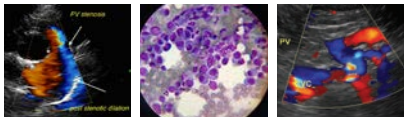
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

1/3/23

PATIENT

Marty Mort-Green

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1/1/02

WEIGHT

10 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Belvedere

REFERRING VET

Dr. Molinelli

INVOICE

43863

PRESENTING CLINICAL SIGNS

Anorexia for several days; historic severe periodontal disease but stopped eating a few days ago. Owner has dental with specialist scheduled for 1/10/23; pe severe periodontal disease but no obvious pain, firm mass in abdomen on left jm fast scan believe it to be kidney but other shadowing in cranial abdomen jm cannot identify; grade 3/5 heart murmur, 2 firm sq masses on neck and thorax cytology pending

Current Medications: mirtazapine sid, buprenex oral.15 mls bid, convenia
Lab Results: 12/30/22 nsf except neutrophilia
Radiographs: small shadowing in caudal right lung field
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.95 cm). Overall echogenicity is normal with adequate 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 (4.47 cm). Overall echogenicity is normal with adequate 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 0.49 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 0.51 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 subjectively normal in size (0.82 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous 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 is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is largely normal but is hypoechoic in the region of some of the body wall masses.

Other

There are numerous hypoechoic, irregular body wall masses. Most of these appear subcutaneous with a mass effect on the right chest wall, measuring 4.06 cm x 1.44 cm, another in the caudal abdomen distal to the urinary bladder measuring approximately 2.18 cm x 0.70 cm (which is highly concerning for body wall invasion) a mass effect on the dorsal aspect of the cervical (neck) region measuring 2.67 cm x 0.87 cm, and a subcutaneous mass effect cranial to the right kidney that appears to impinge significantly on the peritoneum with some hyperechoic mesentery surrounding.

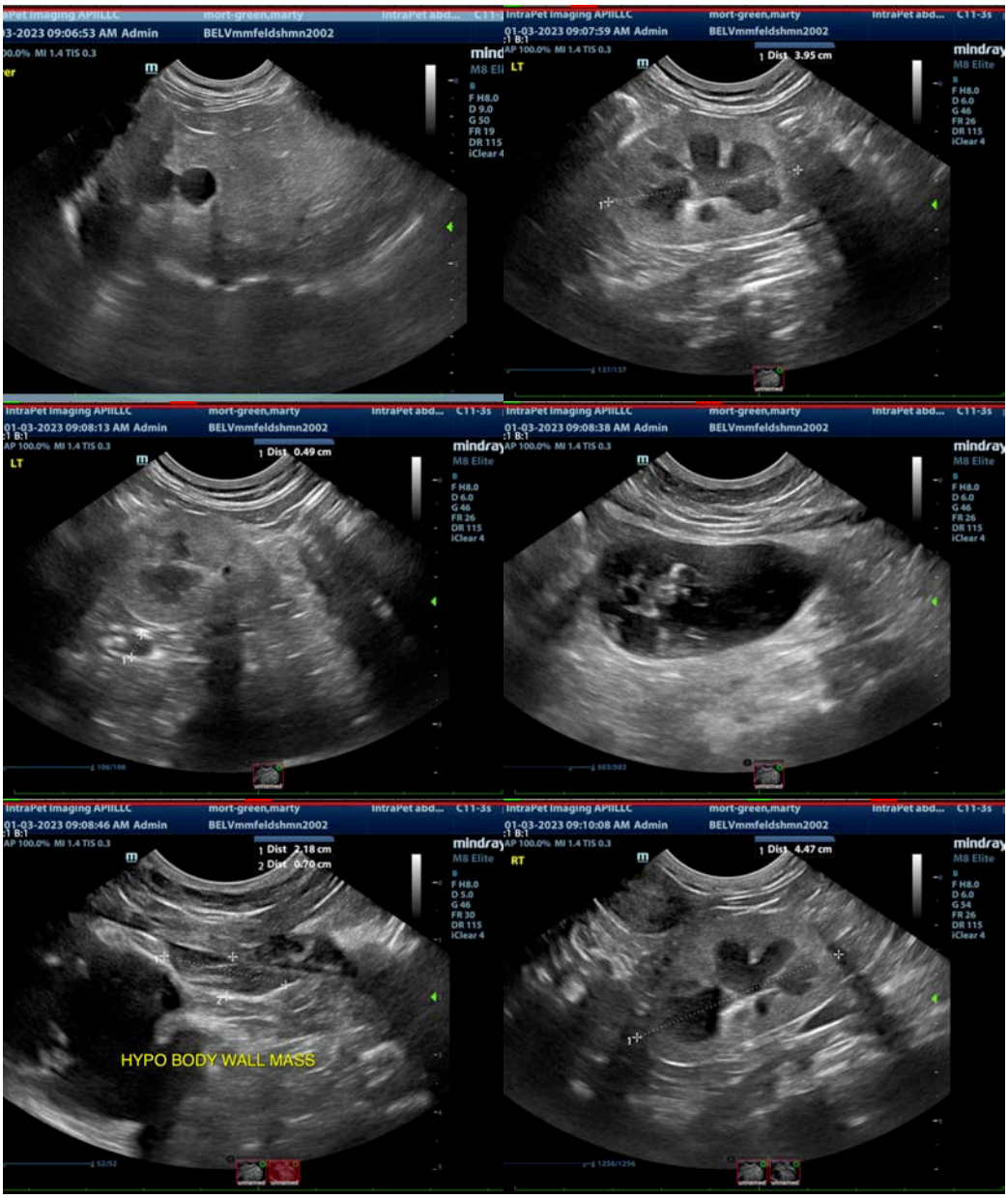
ULTRASONOGRAPHIC FINDINGS

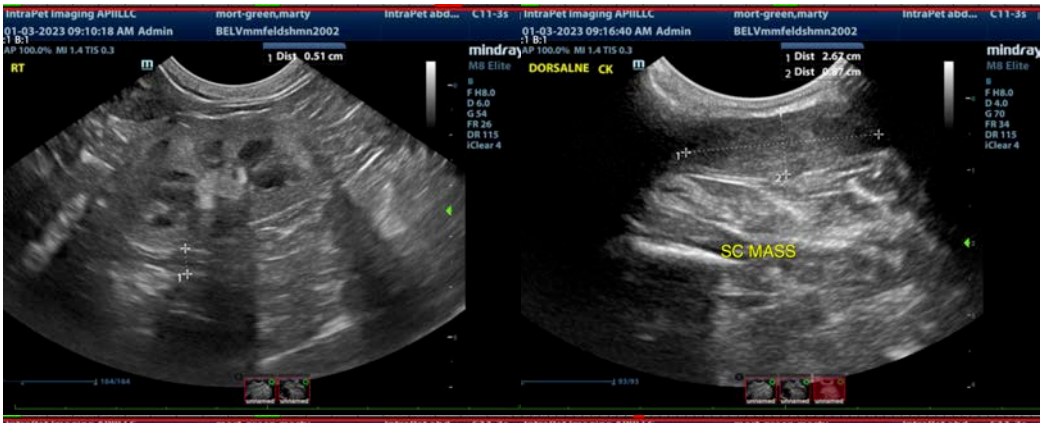
- Numerous hypoechoic, (likely invasive in some areas) body wall mass lesions – Sarcoma would be of most concern. Recommend fine needle aspirate +/- punch biopsy.

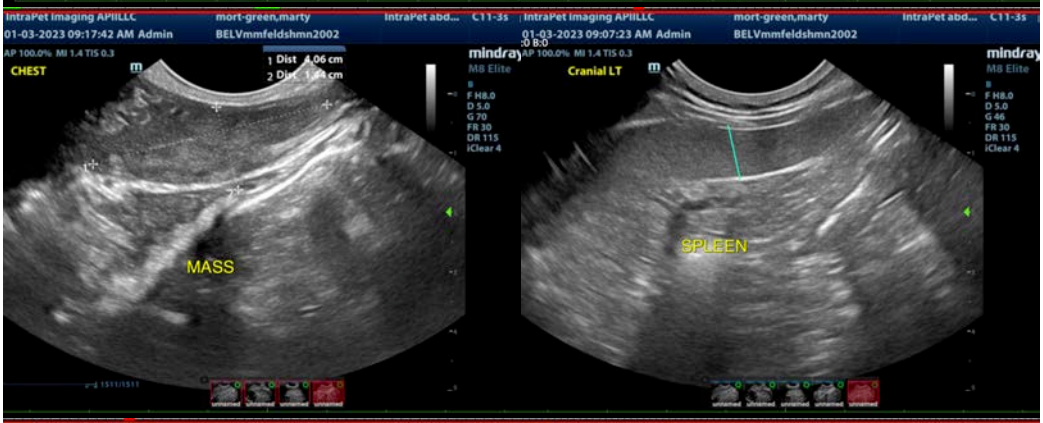
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

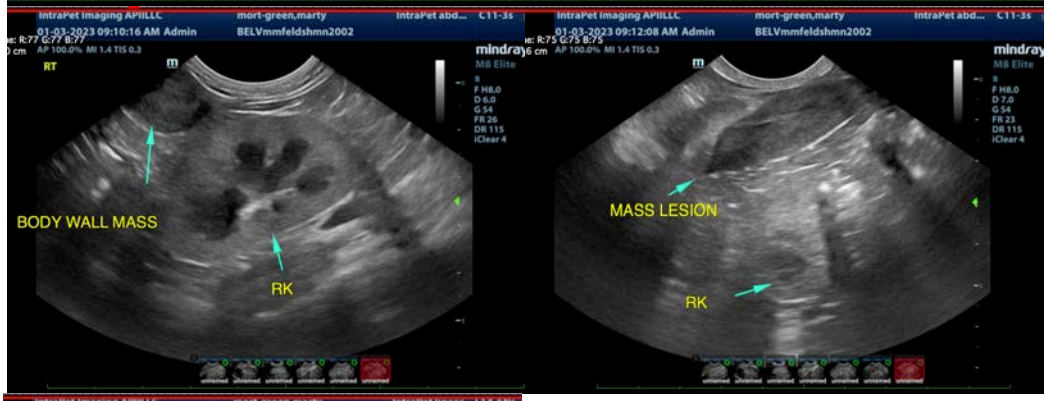
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The numerous hypoechoic body wall masses are concerning, as some of these appear somewhat invasive and possibly are breaching the body wall. Recommend 3-view thoracic radiographs (if not already done) and a fine needle aspirate of one of these mass lesions. If this is not diagnostic, consider a surgical biopsy, punch biopsy, etc., and possibly a consultation with a veterinary oncologist if a diagnosis can be made. If surgical resection is considered, consider a contrast CT scan to better evaluate the invasiveness of these lesions.
I am concerned that this is the likely cause for the symptoms described in the history.

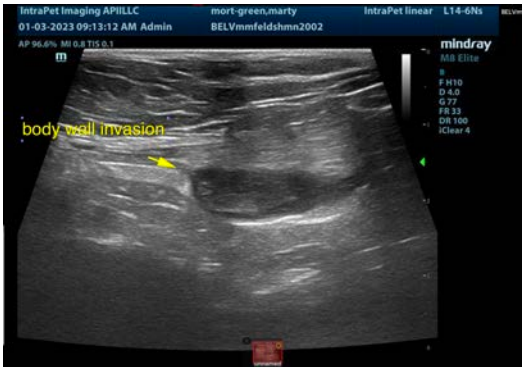

mort-green,marty
BELVmmfeldshmn2002
01-03-2023 09:06:53 AM Admin
01-03-2023 09:07:59 AM Admin
Dist 3.95 cm
01-03-2023 09:08:13 AM Admin
Dist 0.49 cm
01-03-2023 09:08:38 AM Admin
01-03-2023 09:08:46 AM Admin
Dist 2.18 cm
Dist 0.70 cm
HYPO BODY WALL MASS
01-03-2023 09:10:08 AM Admin
Dist 4.47 cm

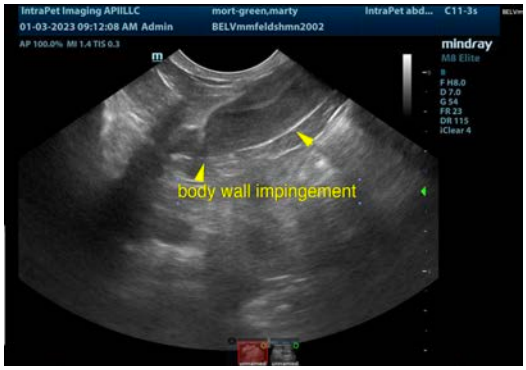

RT
SC MASS


CHEST
MASS
SPLEEN


RT
BODY WALL MASS
RK
MASS LESION
RK


MASS LESION NEAR RK-SC/BODY WALL


body wall invasion



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