

**DATE PRESENTING CLINICAL SIGNS**

10/13/21 History: Decreased eating, weight loss. 2-pound weight loss since 7/17/21. Chronic FIP positive. Bilateral enucleation secondary to glaucoma.

PATIENT

Lou Lou Choi

Current Medications: No current medications.

Lab Results: Attached separately.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: utilized for AUS

Stat Report: not requested / declined

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1/1/10

WEIGHT

8.87 Pounds

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 is irregular in shape with decreased corticomedullary distinction, measuring 4.85 cm. There is no evidence of perinephric inflammation or effusion. The renal parenchyma appears somewhat mottled, and there is a focal hypoechoic mass effect measuring 2.09 cm x 1.85 cm in the cranial pole of the left kidney. There are no apparent nephroliths or evidence of pyelectasia visualized.

The right kidney is normal in size, but irregular in shape with decreased corticomedullary distinction. There is no evidence of perinephric inflammation or effusion. There is a 1.78 cm x 1.71 cm nodule within the cranial pole of the right kidney.

INTERPRETED BY

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Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

HOSPITAL NAME

Green Acres Pet
Center

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are at least two hypoechoic splenic lesions visible on the margin of the spleen along the splenic capsule. The most discreet measures 1.57 cm x 0.86 cm.

REFERRING VET

Dr. Kaschenbach

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a mid parenchymal 1.26 cm hypoechoic lesion visualized, and a more caudal, larger 2.44 cm x 3.23 cm hypoechoic mass effect.

INVOICE

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There is a large focal bowel mass measuring 2.9 cm in diameter. The walls of this bowel mass are hypoechoic with a complete loss of layering. The bowel wall in this region measured 0.95 cm. The mass lesion is surrounded by a cluster of large lymph nodes and hyperechoic mesentery.

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. There is a moderate mesenteric lymphadenopathy with a cluster of mesenteric lymph nodes surrounding the small intestinal bowel mass, measuring 0.94, 1.15, and 1.28 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the bowel mass.

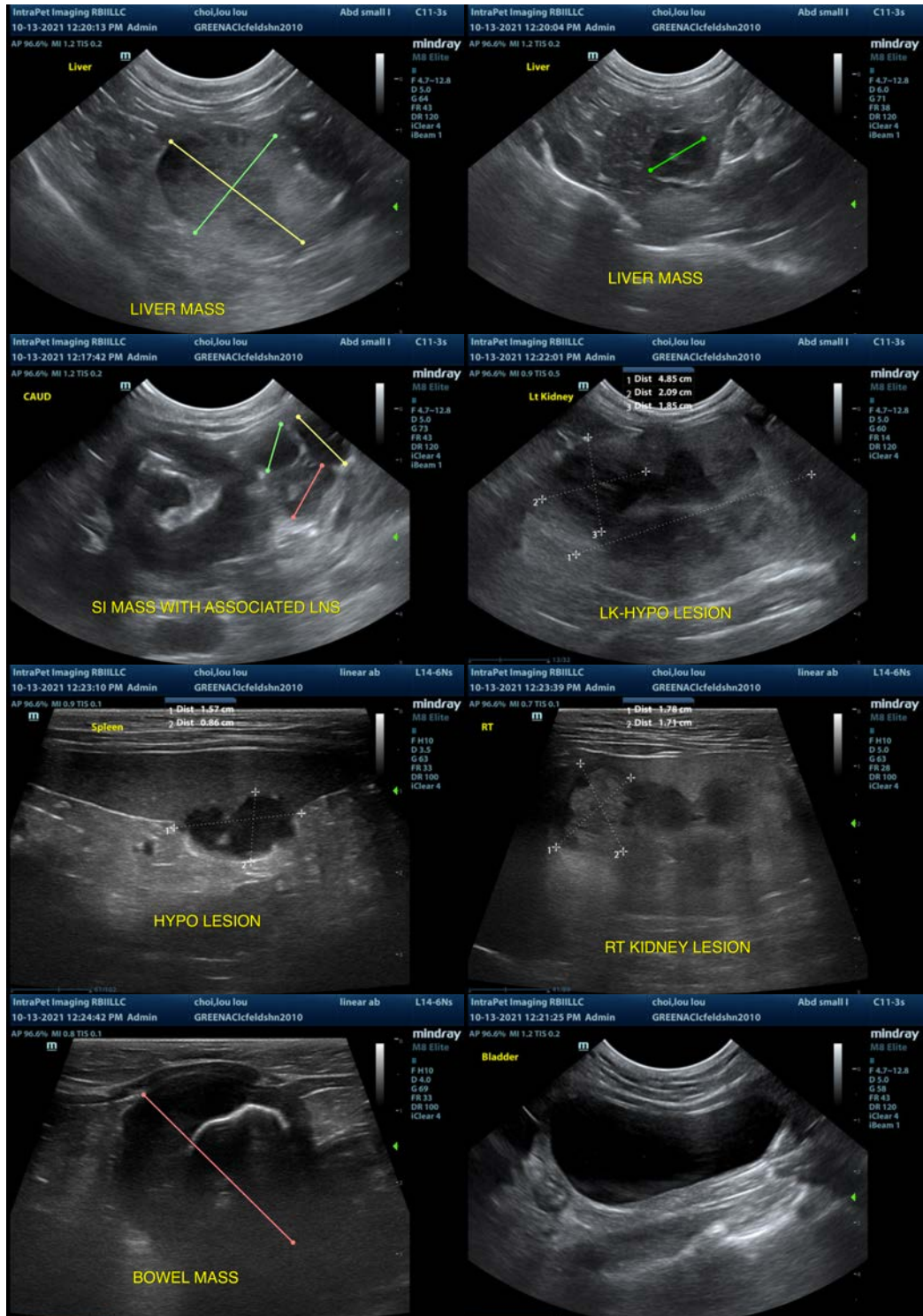
ULTRASONOGRAPHIC FINDINGS

- Hypoechoic nodules visualized in both kidneys – concern is high for a neoplastic process (metastasis).
- Heterogeneous liver with hypoechoic mass lesions – concern is high for a neoplastic process and possible metastasis.
- Hypoechoic nodules in the spleen – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. Given the nodules within the liver and kidneys, concern for a neoplastic process is high.
- Large small intestinal bowel mass – concern is high for round cell neoplasia or carcinoma.
- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy is most 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are hypoechoic mass lesions visualized in the liver, spleen, kidneys, and small intestine. This is very concerning for metastatic neoplasia. Recommend a fine needle aspirate of the bowel mass +/- the hepatic masses or mesenteric lymph nodes. Consultation with a veterinary oncologist regarding systemic therapy

should be considered once a diagnosis is obtained. Recommend 3-view thoracic radiographs.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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