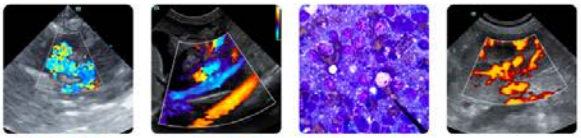

PATIENT

Marty Anderson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years 3 Months

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Well Pet Animal Hospital

REFERRING VET

Dr. Wellington

INVOICE

72689

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PRESENTING CLINICAL SIGNS

Possible tumor, abdominal study

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 (4.7 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 (4.02 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 0.29 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 0.28 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.

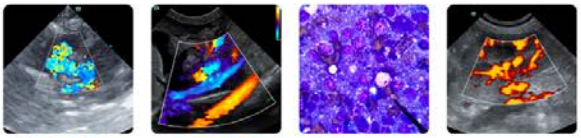
Spleen

The spleen is subjectively normal in size (0.58 cm) but slightly irregular in shape. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. At the periphery of the spleen there are several hypoechoic, irregular margins. Examples measure 0.50 cm x 0.77 cm at the cranial aspect of the spleen and 0.49 cm x 0.35 cm at the caudal aspect.

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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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.

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.

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 area of 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

There is a moderate amount of free fluid.

There are diffuse hypoechoic nodules/lesions visualized throughout the omentum, particularly in the mid abdomen. Some of these areas are more solid, creating mass effects. There is a mass effect measuring 2.72 cm x 2.95 cm and 1.72 cm x 2.19 cm. These are surrounded by hypoechoic omental nodules, which are scattered throughout the abdomen. There is a more distinct hypoechoic nodule in the cranial abdomen measuring 0.74 cm x 0.62 cm.

The omentum is generally diffusely hyperechoic.

There is a hypoechoic rounded structure visualized dorsal to the urinary bladder, potentially consistent with a sublumbar lymph node, measuring 1.02 cm x 0.82 cm.

Other

There is a hypoechoic, poorly defined mass effect at the diaphragm measuring 0.58 cm x 3.75 cm, and significant pleural effusion visualized cranial to the diaphragm.

PRIMARY FINDINGS

- Mottled, irregular spleen with peripheral irregular, hypoechoic nodules – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The hypoechoic nodules have the same appearance as the omental nodules visualized throughout the abdomen. These are concerning for metastatic lesions.

- Too numerous to count, diffuse hypoechoic omental lesions/nodules along with larger focal mass lesions – Findings are concerning for a metastatic neoplastic process/carcinomatosis.

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- Moderate volume free abdominal fluid.
- Hypoechoic mass effect visualized at the diaphragm – Findings are concerning for a neoplastic lesion (sarcoma, carcinoma, other).
- Large volume pleural effusion.

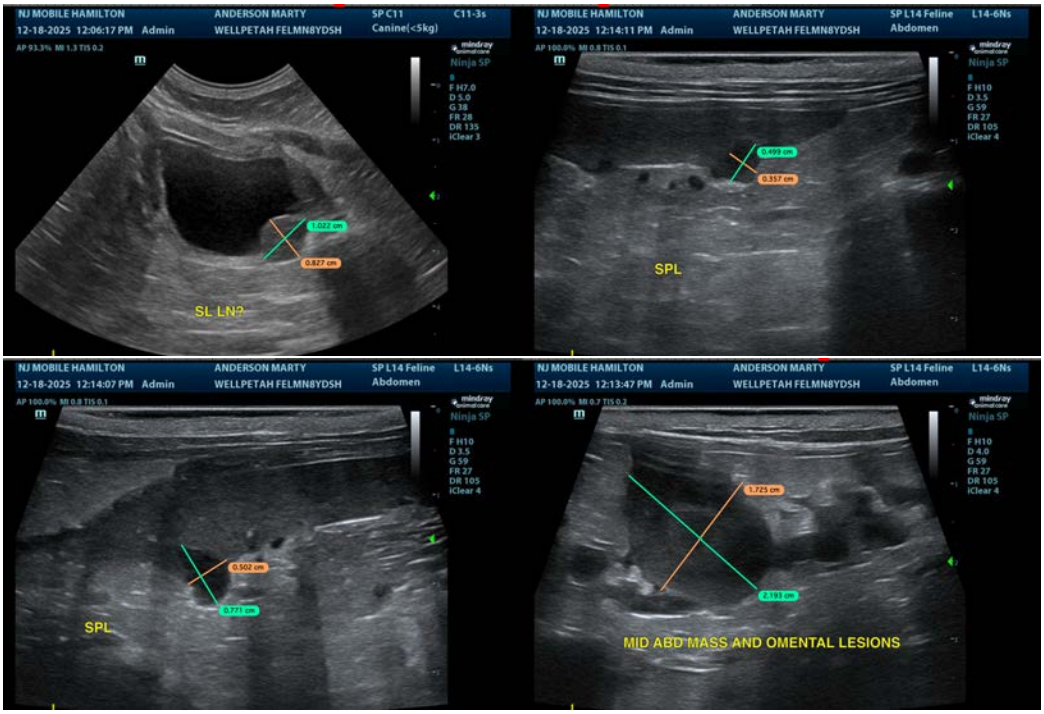
SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The majority of the omentum contains discrete hypoechoic nodules. Some of these areas coalesce into a more solid mass effect. Similar appearing nodules are visualized at the periphery of the spleen and are concerning for possible neoplastic lesion/omental metastatic lesions. Additionally, there is a mass effect visualized at the diaphragm, and a large volume of pleural effusion cranial to the diaphragm.

Recommend a fine needle aspirate of larger solid omental mass lesion. Recommend 3-view thoracic radiographs and likely thoracocentesis for therapeutic and diagnostic reasons (submit fluid for fluid analysis and cytology). Based on the extent and diffuse nature of the lesions present, surgical options will likely be limited. If a diagnosis can be obtained, recommend consultation with a veterinary oncologist to discuss possible treatment options. There is free abdominal fluid that could be sampled as well if cytology of the primary mass lesions is not diagnostic.



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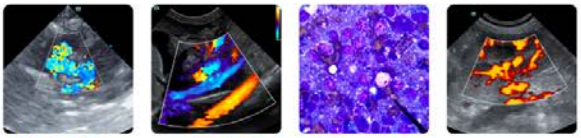

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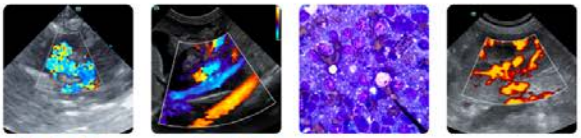

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com