



PATIENT

Maly Marchun

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

33849

DATE

12/30/21

PRESENTING CLINICAL SIGNS

Anorexia, vomiting, losing weight.

Abnormal PE/Chem/CBC/UA Results: CBC/T4: NSF. CBC: WBC 42,900 due to mature neutrophilia. U/A: pH 8.5, protein +4, trace glycosuria, occult blood 1+, WBC 4-10/hpf, RBC >50/hpf, struvite crystals 4-10/hpf, cocci bacteria 2.0-5.0/hpf, USG 1.055.

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 (3.06 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.71 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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 right adrenal gland is normal in size measuring 0.37 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. The spleen is mottled and hypoechoic, 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 large in size 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 is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The bile duct appears dilated and tortuous, measuring 0.25 cm in diameter.

Gastrointestinal

The stomach contains minimal luminal contents. The all is severely thickened and hypoechoic with a complete loss of layering. The gastric wall measures 2.63 cm in thickness, and the lumen is greatly reduced in size. Findings are consistent with an extensive gastric mass.



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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.

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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.

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Pancreas

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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

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There is a small amount of anechoic free fluid visualized. There is a severe mesenteric lymphadenopathy present with severely enlarged hypoechoic, round lymph nodes throughout the abdomen with numbers too numerous to count. These lymph nodes vary in size from 0.5-3.0 cm, creating large mass effects throughout the abdomen. The omentum is generally hyperechoic.

WEIGHT

4.3 Pounds

PRIMARY FINDINGS

- Severely thickened gastric wall with loss of layering – most consistent with a gastric mass. Infiltrative is most likely (round cell neoplasia).
- Severe diffuse mesenteric lymphadenopathy – The severe 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.
- Mottled spleen – 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.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. Neoplastic infiltration seems likely.
- Dilated tortuous bile duct – Although not visualized, I suspect there is an obstruction involving the masses visualized.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. Infiltrative neoplasia is the most likely differential.

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SECONDARY FINDINGS

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

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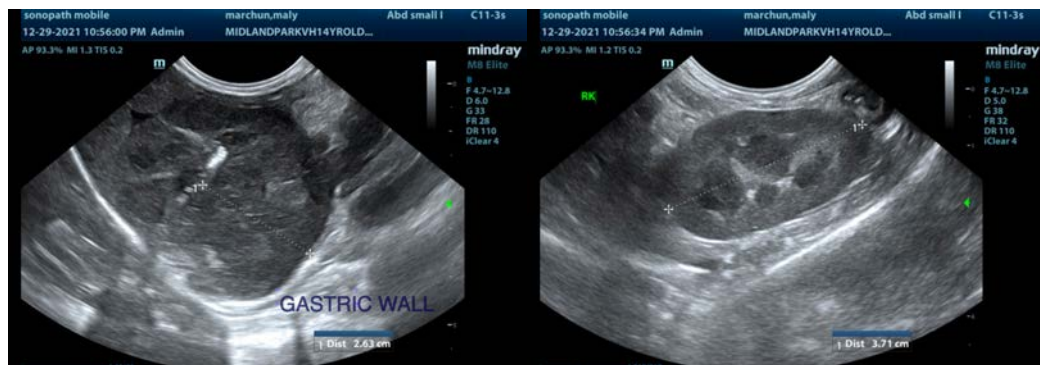
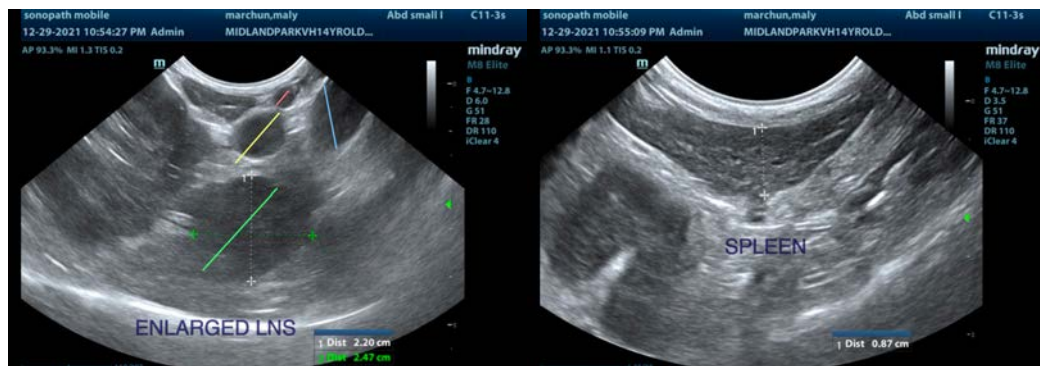
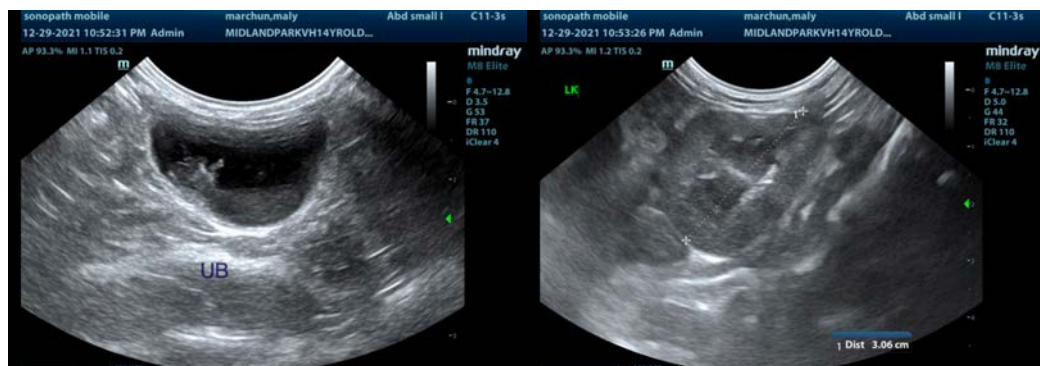
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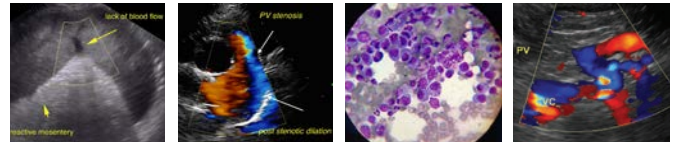
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be a very large tumor burden in this abdomen. The stomach wall is severely thickened, consistent with a gastric mass, and there are numerous large, hypoechoic, round lymph nodes visualized throughout the abdomen, most consistent with metastatic neoplasia. Additionally, the changes in the liver, spleen and pancreas could be consistent with infiltrative round cell neoplasia.

- Recommend a fine needle aspirate of a mesenteric lymph node and the gastric wall mass.
- Recommend 3-view thoracic radiographs
- Recommend consultation with a veterinary oncologist regarding treatment options and prognosis once a cytologic diagnosis is obtained.





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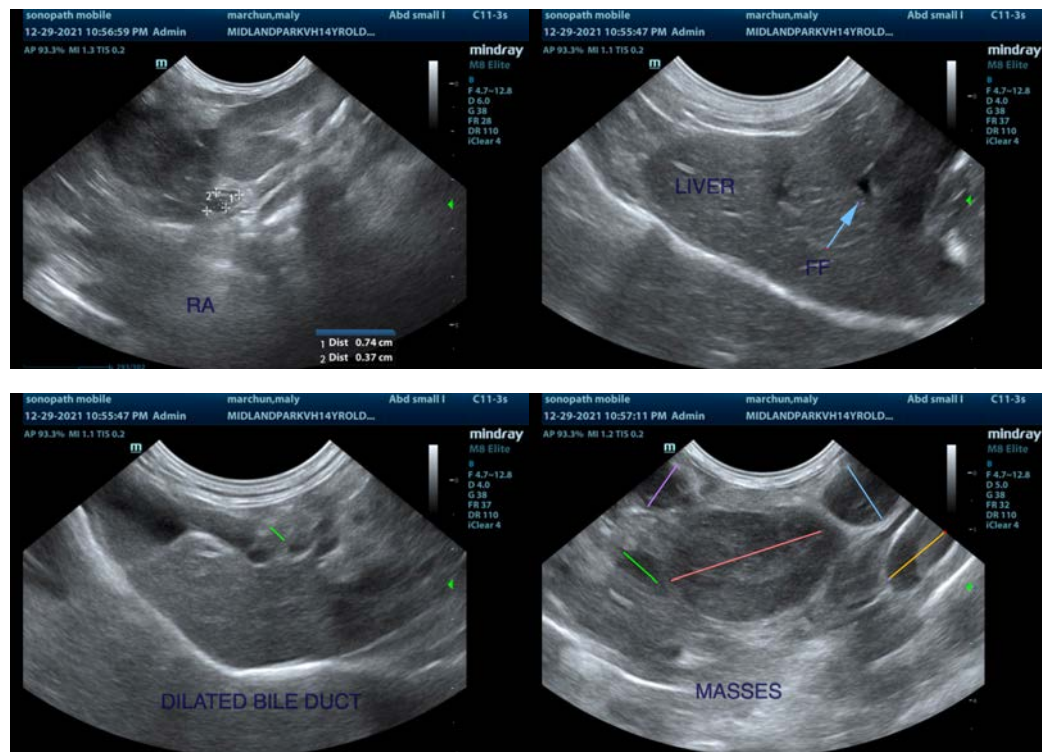
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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