

PATIENT PRESENTING CLINICAL SIGNS

Bonnie Myke Has been on Atopica every other day. Bloodwork suspicious of paraneoplastic syndrome. Suspect palpable mass in abdomen.

SPECIES
Abnormal PE/Chem/CBC/UA Results: Elevated T. Protein, and Globulins. Decreased Albumin and Glucose. FELV/FIV negative. WBCs elevated, RBCs and Hematocrit decreased.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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.

SEX

Spayed Female

The left kidney is slightly irregular in shape but normal in size, measuring 3.64 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 hydronephrosis. Renal vasculature is normal.

AGE

14 Years

The right kidney is slightly irregular in shape but normal in size, measuring 4.74 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

10 Pounds

Adrenal Glands

INTERPRETED BY

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

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 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.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The spleen is normal in size/borderline "plump" at 0.98 cm, 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.

HOSPITAL NAME

Millen Road AH

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.

REFERRING VET

Dr. Sandhu

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.

INVOICE

43233

Gastrointestinal

DATE

12/6/22

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.



PATIENT

Bonnie Myke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Millen Road AH

REFERRING VET

Dr. Sandhu

INVOICE

43233

DATE

12/6/22

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. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. The more distal sections of small intestine appear thickened and somewhat “fuzzy” with decreased detail of corticomedullary distinction. In these regions, some areas of jejunum measure up to 0.30 cm in width.

The ileocecal junction was visualized. The ileum appears somewhat thickened, measuring at 0.57 cm, and exhibits normal intact wall layering with a prominent muscularis layer. The ileocecal junction itself appears irregular and is the starting point for a mass effect that appears to involve the proximal and transverse colon. In this region, the bowel wall is irregular and hypoechoic with complete loss of layering. Wall thickness measures 0.80 cm. Bowel diameter measures 2.21 cm. Additionally, there is a fluid filled segment of distended bowel that I suspect could be a dilated cecum. This mass area is surrounded by small lymph nodes and hyperechoic mesentery and fluid.

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

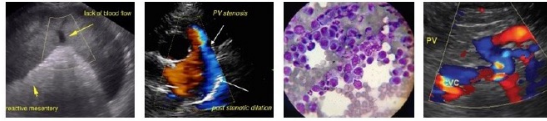
There is a scant amount of free abdominal fluid. There is a mild lymphadenopathy present surrounding the colonic mass, with lymph nodes measuring 0.34 cm and 0.27 cm. The omentum is hyperechoic around the mass lesion.

ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular ileocecal junction and proximal colon – Findings are most concerning for a mass lesion/infiltrative disease, although other differentials are possible (Carcinoma, lymphoma, FIP, etc.).
- Hyperechoic mesentery and prominent lymph nodes around the mass lesion – Findings are consistent with focal peritonitis (likely sterile).
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be a mass effect in the region of the ileocecal junction and proximal colon. Recommend a fine needle aspirate of this tissue to obtain further information regarding its nature. Additionally, recommend 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained, recommend surgical biopsies +/- attempt at resection.



PATIENT

Bonnie Myke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Millen Road AH

REFERRING VET

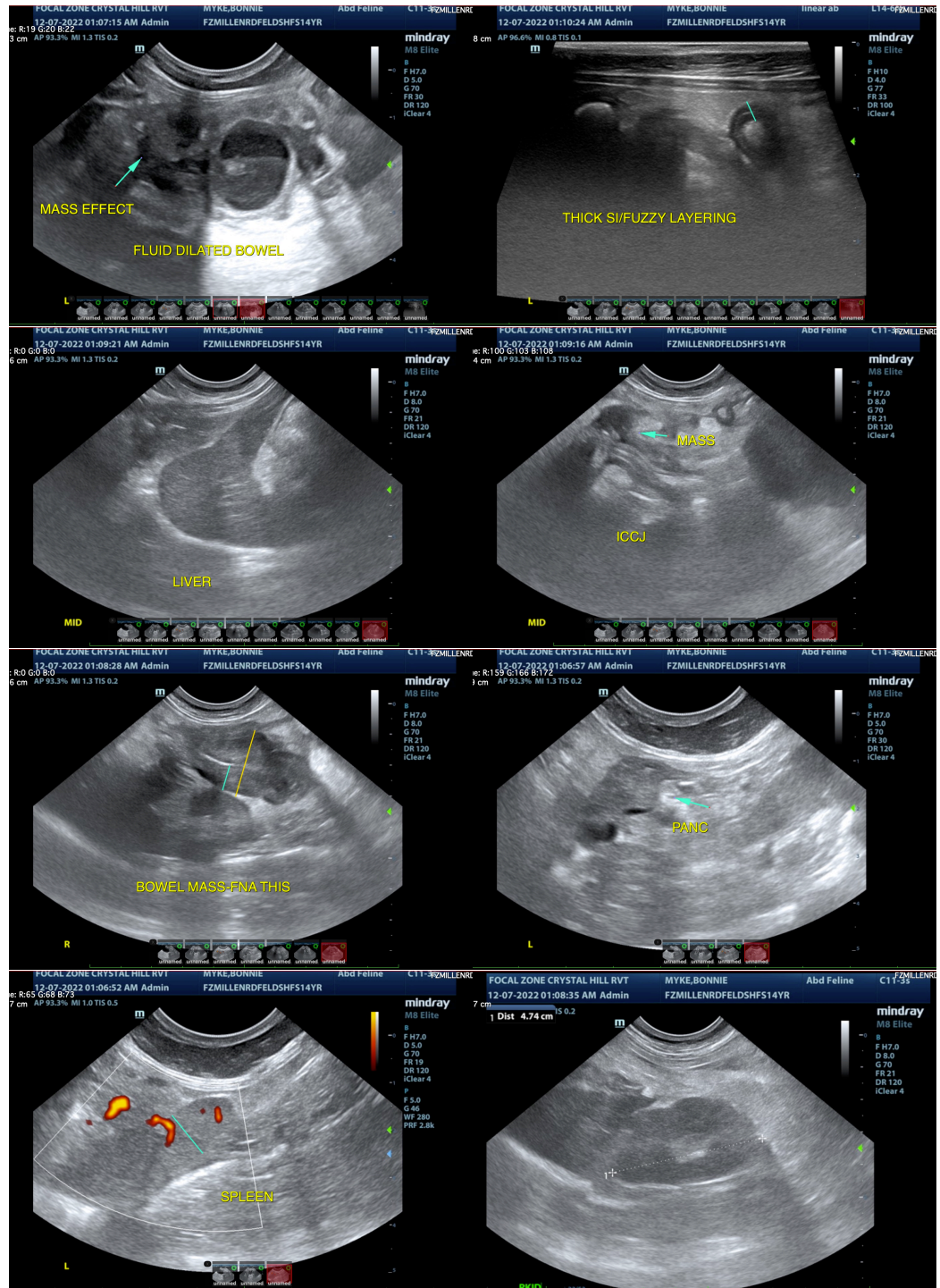
Dr. Sandhu

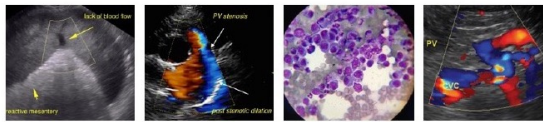
INVOICE

43233

DATE

12/6/22





PATIENT

Bonnie Myke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Millen Road AH

REFERRING VET

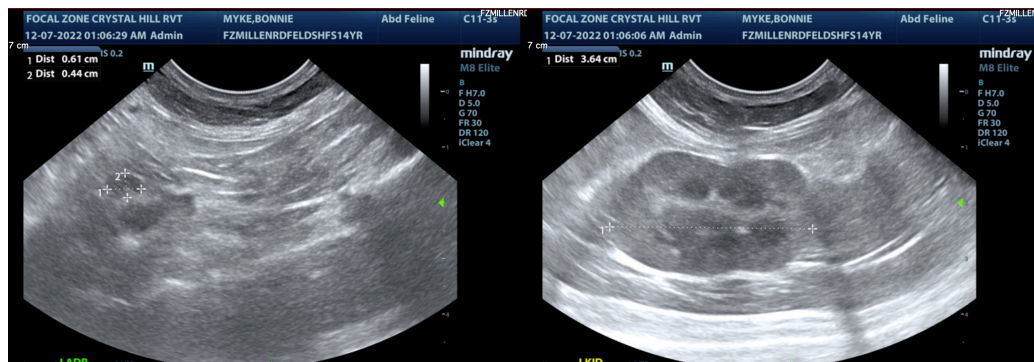
Dr. Sandhu

INVOICE

43233

DATE

12/6/22



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