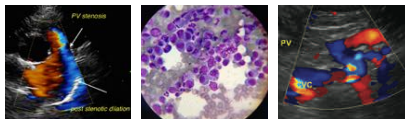
IMAGING PERFORMED BY

IntraPet.com



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

**DATE**
2/11/22

**PATIENT**
Billy Rayman

**SPECIES**
Feline

**BREED**
Domestic Medium Hair

**SEX**
Neutered male

**AGE**
2007

**WEIGHT**
15.3 lbs

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

**HOSPITAL NAME**
Animal Emergency Hospital

**REFERRING VET**
Dr. King

**INVOICE**
95996

## PRESENTING CLINICAL SIGNS

Presenting Complaint: Referral.
History: Date: 02-11-2022 Notes: indoor only felv/fiv negative as kitten lethargic, not eating RDVM found abdominal effusion, concern for mass effect, Chemistry overall not remarkable at RDVM mild anemia- non regenerative.
Assessments: Ascites/ possible mass. Fluid is serosanguinous-- saved for analysis and/or culture as needed. Mild anemia -non regenerative.
Current Medications: Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), and Oral Buprenorphine 0.3mg/ml
Lab Results: Attached
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

## 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 (4.03 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 (3.65 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 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.

### *Spleen*

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an ill-defined, hyperechoic mass effect in the midbody of the spleen measuring 0.84 cm.

### *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 gallbladder 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 were no focal lesions consistent with obstruction or a mass effect observed.

The area of the ileocecal junction is visualized and appears very abnormal in that the wall thickness is increased and there is complete loss of layering with suspected adherence of abnormal omentum creating a mass effect. This mass effect measured 2.91 x 2.51 cm. The wall of the bowel in this area measures 1.1 cm in thickness.

### *Pancreas*

The region 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 large amount of free abdominal fluid. No lymphadenomegaly is visualized, but the omentum is diffusely nodular with hypoechoic, discrete, irregularities. The omentum is of normal uniform echogenicity.

### *Heart*

A brief view of the heart was submitted. No pericardial effusion was seen. Pleural effusion is evident cranial to the diaphragm.

## ULTRASONOGRAPHIC FINDINGS

**PRIMARY FINDINGS:**

- Mottled, irregular spleen with hyperechoic nodule. 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.

- Large mass effect at the ileocecal junction with complete loss of bowel layering and severely increased wall thickness. The findings are concerning for a possible neoplastic lesion such as round cell neoplasia or carcinoma. Other differentials could include granuloma (FIP), etc.

- Ascites and pleural effusion. I suspect this is a neoplastic effusion. I recommend fluid analysis and cytology.

- Irregular, nodular omentum. Possible differentials include carcinomatosis or severely reactive mesentery.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

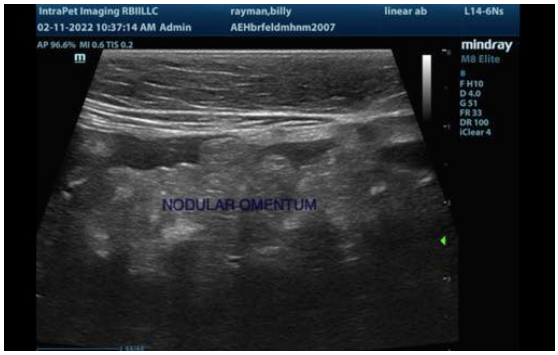
A large bowel mass is evident with complete loss of layering. Additionally, there is a nodule in the spleen and the spleen itself is very irregular. Cats are less likely to have benign splenic nodules so neoplasia would be the primary differential.

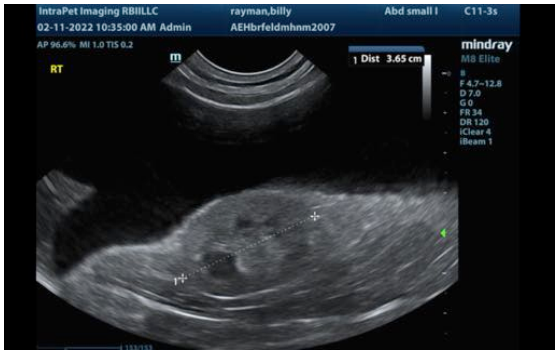
- Consider a FNA of the mass effect at the ileocecal junction
- Consider FNA of the spleen
- Consider sampling of the abdominal and pleural effusion for fluid analysis and cytology

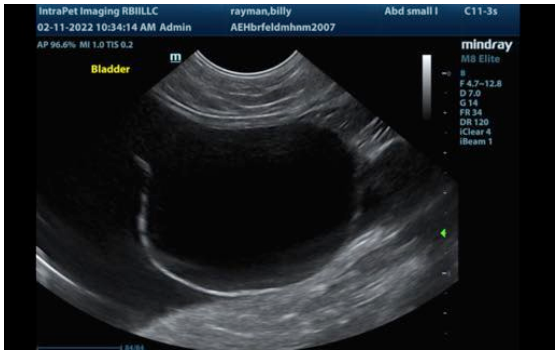
Concern is high for metastatic neoplasia. If a diagnosis cannot be made cytologically then surgical biopsies may be necessary.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

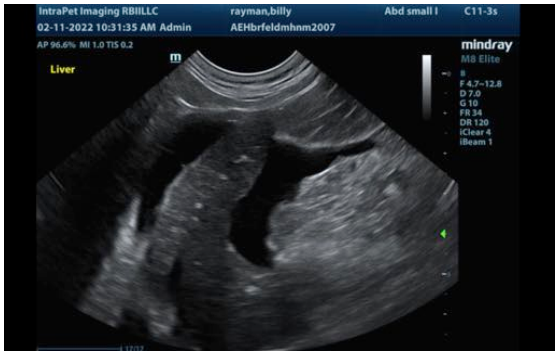


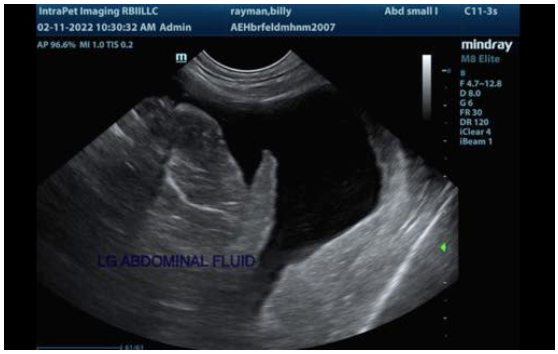







**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com