

**DATE**

2/11/22

PRESENTING CLINICAL SIGNS

History: Incidental abdominal mass found on PE. Vomiting, lethargy and inappetence 1 month ago- resolved, not since.

Lab Results: Pending

PATIENT

Shirley Adams

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

SPECIES

Feline

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.

BREED

Domestic Shorthair

SEX

Spayed Female

The left kidney has a normal shape and size (3.89 cm). Overall echogenicity is slightly hyperechoic with poor 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.

AGE

2/21/08

The right kidney has a normal shape and size (4.27 cm). Overall echogenicity is slightly hyperechoic with poor 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.

WEIGHT

7.3 lbs

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.

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

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. No focal parenchymal abnormalities are visualized.

REFERRING VET

Dr. Montessi

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 hypoechoic mass effect in the cranial right lobe of the liver and measured 2.48 x 2.27 cm. 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.

INVOICE

96026

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering 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 focal jejunal mass observed where the wall of the intestine is thickened and measures 1.11 cm with a complete loss of layering and hypoechoic wall.

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

A scant amount of free fluid is visualized. There is a large, irregular, hypoechoic midabdominal mass that measured 7.9 x 3.18 cm. This mass is most consistent with a severely enlarged mesenteric lymph node. The omentum is generally hyperechoic particularly around the jejunal and midabdominal mass.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

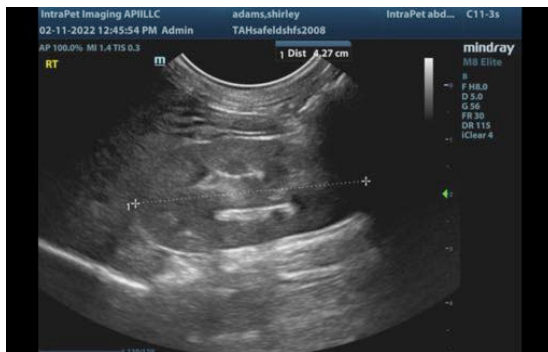
- Focal wall thickening with loss of layering in the jejunum. The findings are most consistent with a focal jejunal mass. This could be a benign or neoplastic lesion.
- Large, isolated midabdominal mass. The findings are most consistent with a very large mesenteric lymph node. The primary differential would be neoplasia, less likely infection or inflammation.
- Hypoechoic mass effect in the caudal right lobe of the liver. The findings could be consistent with a benign or neoplastic lesion. There is concern for metastasis based on the multiple lesions present in the abdomen.
- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.

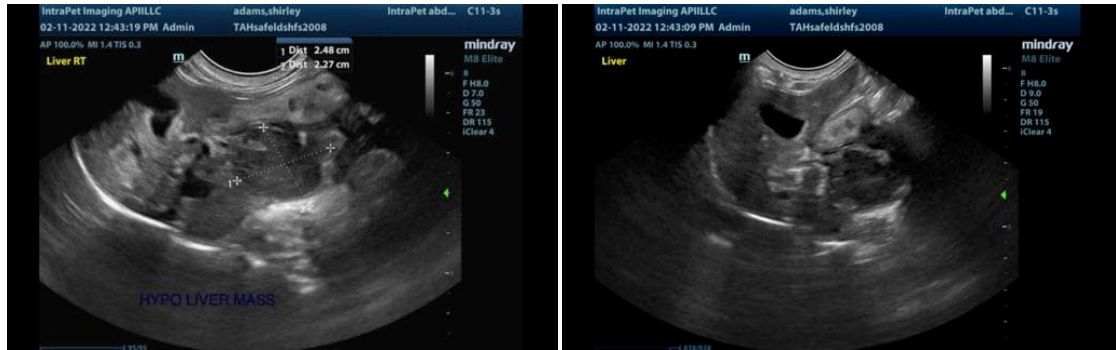
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal jejunal mass present in addition to a large midabdominal mass and a hepatic mass. Based on the number of these lesions there is a high concern for possible underlying neoplastic process.

- I recommend a FNA of the midabdominal mass and hepatic +/- jejunal mass.
- I recommend three view thoracic radiographs.

- If a cytologic diagnosis can be obtained I recommend consultation with veterinary oncologist regarding treatment options and prognosis.





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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