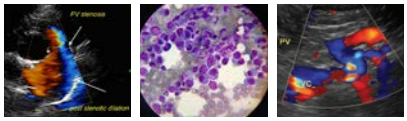
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

2/21/2023

PATIENT

Arthur Thompson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/20/2018

WEIGHT

13.3lbs

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall Animal Hospital

REFERRING VET

Dr. Miller

INVOICE

10058

PRESENTING CLINICAL SIGNS

Patient presents for evaluation of not being able to lift tail - some pain noted on abdominal AND spinal palpation. Patient is FIV positive.

Current Medications: Sent home with Gabapentin and Onsior.
Lab Results: See attached.
Radiographs: High suspicion of a mid-abdominal mass with loss of detail. Soft tissue neoplasia such as mesenteric lymphoma or possibly even feel infectious peritonitis resulting in severe enlargement of the mesenteric lymph nodes are possible causes. Concurrent severe enteritis due to nonspecific etiologies. Constipation. Hypovolemia. In situ disc mineralization of L6-7 with possible disc extrusion. This may actually be the primary cause of the clinical signs. Unremarkable tail.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic 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 prostate is normal in size and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.91 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.8 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 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 is visualized.

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 is visualized.

Spleen

The spleen is subjectively normal/borderline large in size at 1.16 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.

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 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.

Gastrointestinal

The stomach contains mild fluid/ingesta. 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 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. The jejunum measured 0.22 cm in diameter. Visualized peristalsis appears appropriate. There's a focal section of small intestine with asymmetrical wall thickening and loss of layering, this section of bowel measures at least 4.0 cm in length and the bowel wall in this region measures at 0.59 cm.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a cluster of severely enlarged lymph nodes creating a mass effect in the region of the root in the mesentery. This mass effect measures at 5.68 cm x 3.63 cm. The omentum is hyperechoic around the abnormal bowel loop and the mass effect in the abdomen.

PRIMARY FINDINGS

- Borderline large spleen. The spleen appears slightly "meaty" and slightly hypoechoic, this could be normal for a large cat or could be consistent with congestion, infiltrative disease, etc.

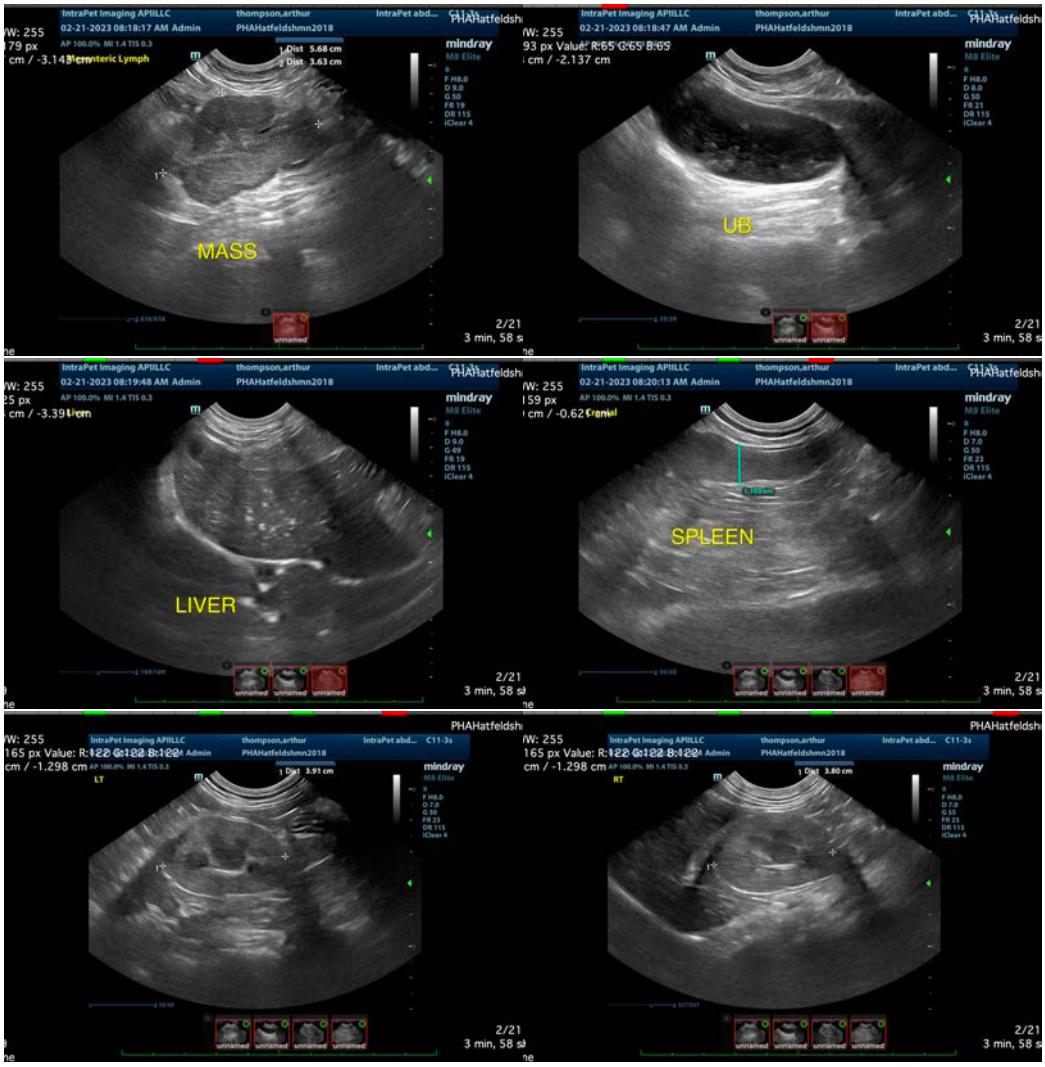
- Focal section of small intestine with asymmetrical wall thickening and complete loss of layering. Findings are most consistent with infiltrative disease/an early bowel mass, consider round cell neoplasia, FIP would be an alternate differential.

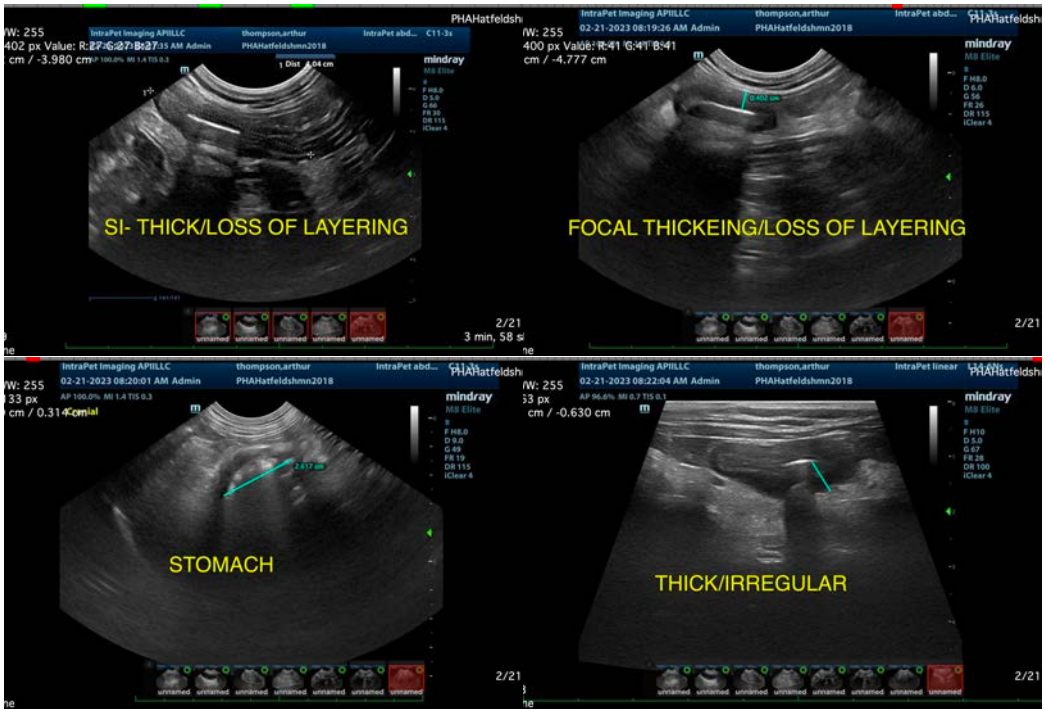
- Severe mesenteric lymphadenopathy/mesenteric mass effect. The severe mesenteric lymphadenopathy is concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is needed for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a focal section of small intestine, which is asymmetrically thickened with complete loss of layering, this is concerning for an early bowel mass and infiltrative disease. Additionally, there is a cluster of severely enlarged lymph nodes at the mesenteric root creating a mass effect. While round cell neoplasia would be the primary differential, FIP could present this way as well. Recommend a fine needle aspirate of the mesenteric lymph node, if this cytology is not diagnostic then consider a fine needle aspirate of the thickened bowel wall.

Additionally, recommend three view thoracic radiographs.





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