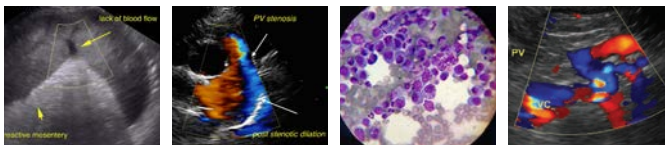
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Boris Van Lith

SPECIES

Feline

BREED

Siberian

SEX

Neutered Male

AGE

16 Years 10 Months

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeteh AH

REFERRING VET

Dr. Leon Anderson

INVOICE

45617

DATE

3/1/23

PRESENTING CLINICAL SIGNS

Boris has recently been less active, less interactive, eating less and urinating out of the litter box. Labs came back abnormal as well.

Abnormal PE/Chem/CBC/UA Results: PE: Pale mucus membranes, less vocal and feisty than usual, Stage II to III dental disease, Coat a bit dull, 0.5# weight loss in 5 weeks. Labs: UA: SG 1.018, pH 5.0, clear otherwise. CBC: Anemia of Chronic Disease (RBC 5.86 M/uL, HCT 25%, Hgb 7.7 g/dL, Retic Hgb 13.1 pg), Lym low).635 K/uL, Eos low (0.69 K/uL), PLT high 827 K/uL. CHEM: Potassium high 5.7 mmol/L, Total Protien L 6.2 g/dL, Albumin low 2.2 g/dL, ALT low 23 U/L, ALP low 7 U/L, Creatine Kinase high 1854 U/L. Spec fPL: High at 15.8 ug/L proBNP: Normal

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 (3.1 cm) with mild pyelectasia at 0.23 cm. Overall echogenicity is slightly hyperechoic with poor 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 (3.26 cm). Overall echogenicity is slightly hyperechoic with poor 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 left adrenal gland is normal in size measuring 0.60 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 is visualized.

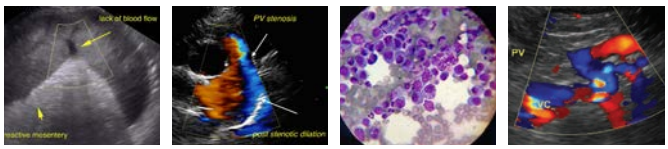
Spleen

The spleen is subjectively normal in size (0.74 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.



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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 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. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There is a mass effect involving the ileocecal junction to be described under large intestine.

The ileocecal junction is visualized. There appears to be severe wall thickening of both the distal ileum and the colon with complete loss of layering, creating a mass effect measuring approximately 3.86 cm x 2.96 cm. In this region, bowel wall thickness measures at 1.16 cm. The mass effect is surrounded by hyperechoic mesentery and small hypoechoic lymph nodes.

Pancreas

The area 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes measuring 0.45, 0.37, and 0.21 cm. Additionally, the mesentery is hyperechoic around the mass at the ileocecal junction.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with mild left-sided pyelectasia – The bilateral renal findings are consistent with age-related change.
- Severely thickened bowel wall at the ileocecal junction with complete loss of layering – Findings are most consistent with a mass effect at the ileocecal junction. Recommend fine needle aspirate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect at the ileocecal junction. The bowel wall is severely thickened and has lost all layering. Findings are very concerning for round cell neoplasia, as this is a predilection site for lymphoma. Other less likely differentials would include FIP, carcinoma, etc. Recommend a fine needle aspirate and 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained, then surgical biopsies +/- resection may be necessary.

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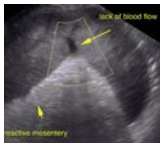
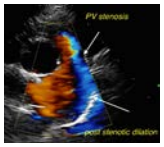
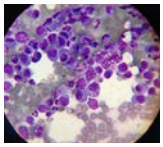
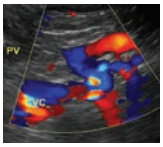

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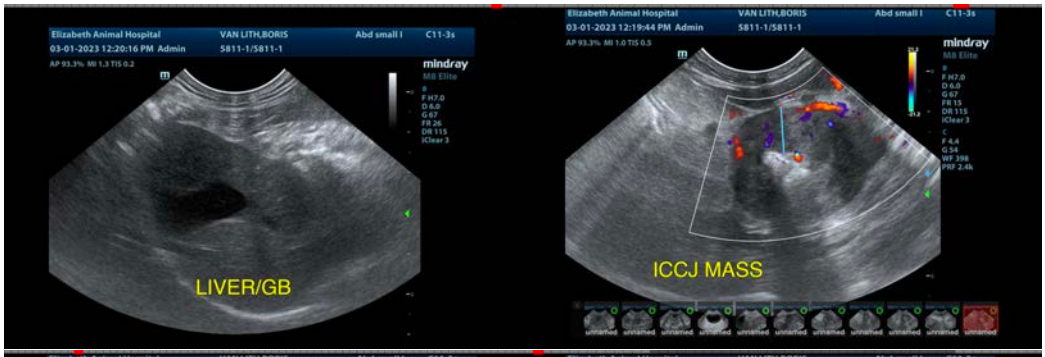

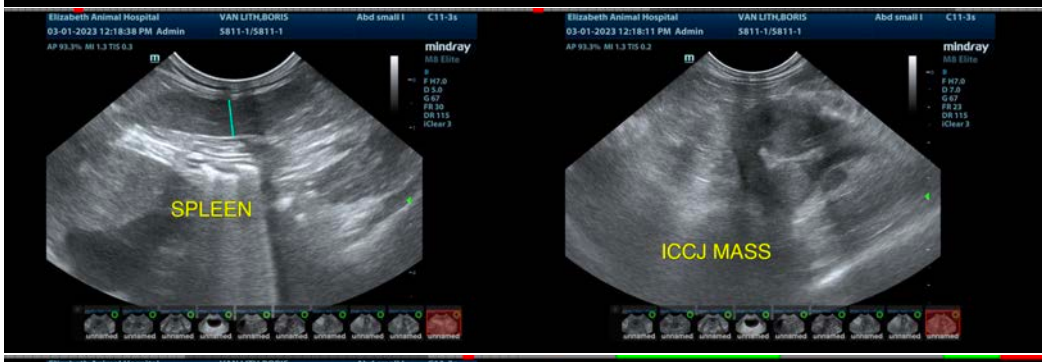

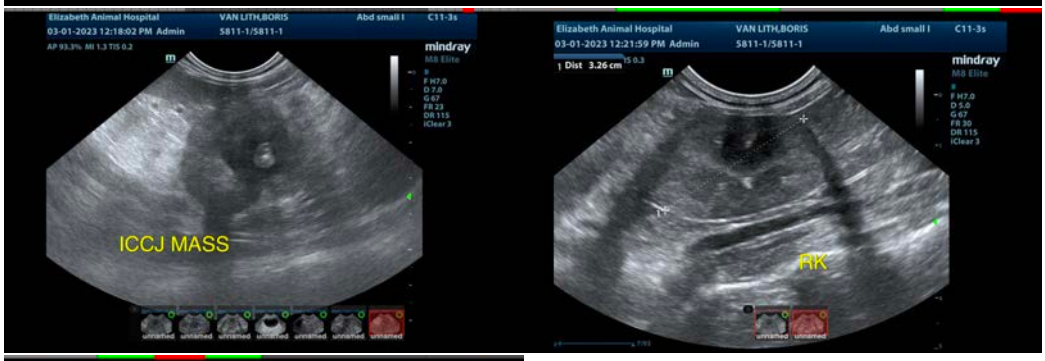

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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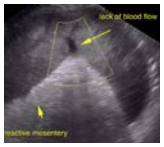
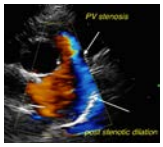
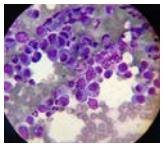
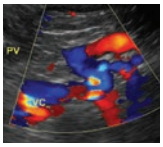

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