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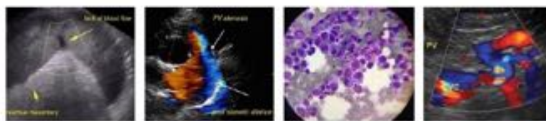


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Poppy Masching

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9yr

WEIGHT

4.65kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Haldimand Animal Hospital

REFERRING VET

Dr. Rode

INVOICE

10101

DATE

3/10/2023

PRESENTING CLINICAL SIGNS

Significant weight loss for over the last year. Grade 2+ dental disease, all else within normal limits. No meds.
Abnormal PE/Chem/CBC/UA Results: Hematocrit 0.31(0.29-0.45) slightly low RBC loss or low production? M1 decreased Hemoglobin, WBCs elevated 22.8(3.9-19.0) elevated neuts, high normal SDMA, T. protein low 48(63-88) Low Albumin/Globulin and ALT. normal T4. FELV/FIV negative U/A - no signs of UTI, triple phosphate crystals, Add on Cortisol 128(28-97) borderline proteinuria on UPC

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 size measuring at 3.09 cm but is irregular in shape (likely due to previous infarcts). 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, or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.42 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 left adrenal gland is normal in size measuring 0.57 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.

Spleen

The spleen is subjectively normal in size measuring 0.63 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.

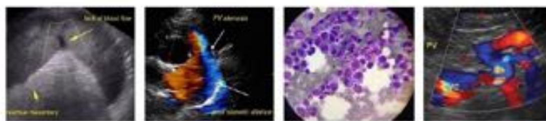
Liver

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 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



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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. The jejunum measured 0.32 cm in diameter. Visualized peristalsis appears appropriate. There is diffuse bowel thickening and a significantly prominent muscularis layer. Additionally, there is a very large focal area of small intestine with severe wall thickening and complete loss of layering. This section of bowel extends for over 6.1 cm in length, the bowel wall in this region measures 1.65 cm in width, and the diameter of this section of bowel is 5.4 cm, consistent with a focal bowel mass.

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 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

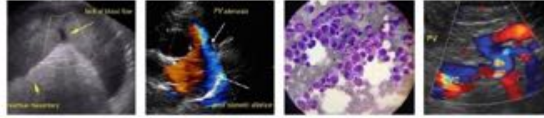
Evaluation of the peritoneal cavity did reveal a small amount of free abdominal fluid, no lymphadenopathy. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large irregular focal bowel mass with complete loss of layering and severe wall thickening. Findings are very concerning for underlying neoplastic disease, primary differentials would be round cell neoplasia, carcinoma, etc. Recommend a fine needle aspirate.
- Small volume free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large prominent hypoechoic bowel mass surrounded by hyperechoic mesentery. In this region the bowel wall is severely thickened with complete loss of layering, and it is very irregular. Recommend a fine needle aspirate of the bowel wall and 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained, consider surgical biopsies and an evaluation for possible resection (although chemotherapy may be the best option here).



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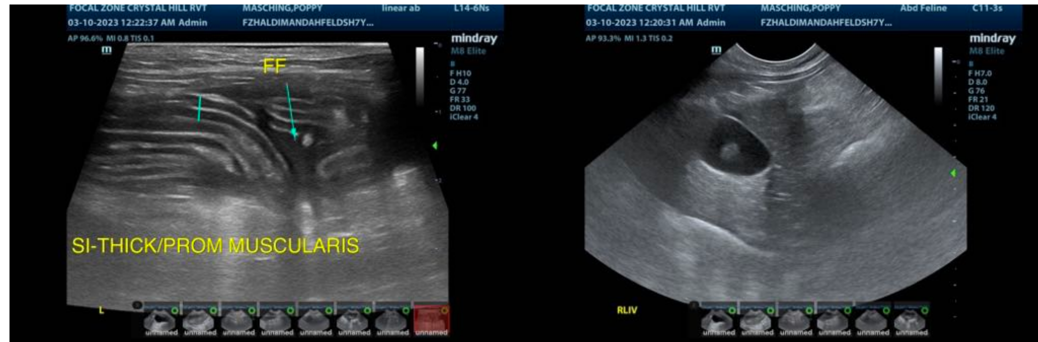

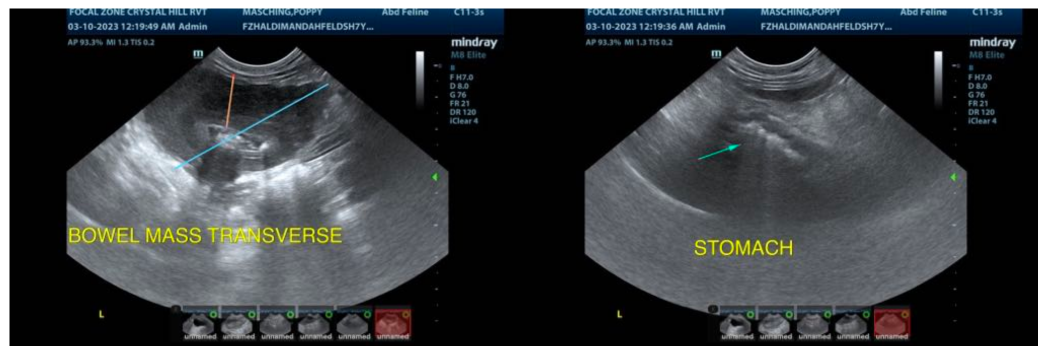

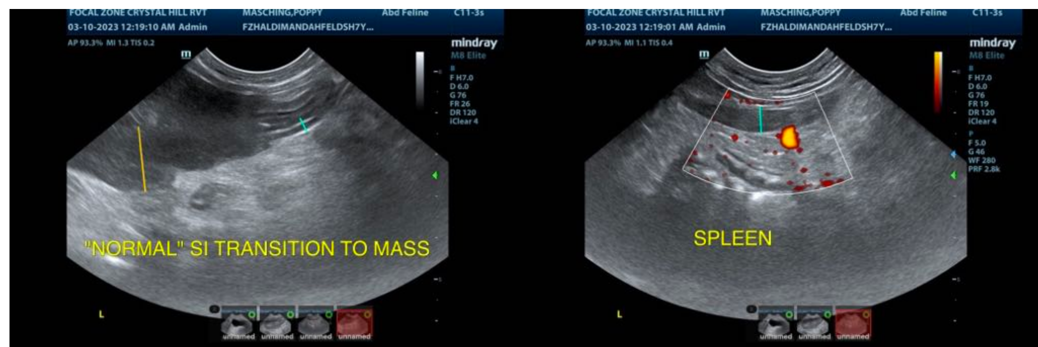

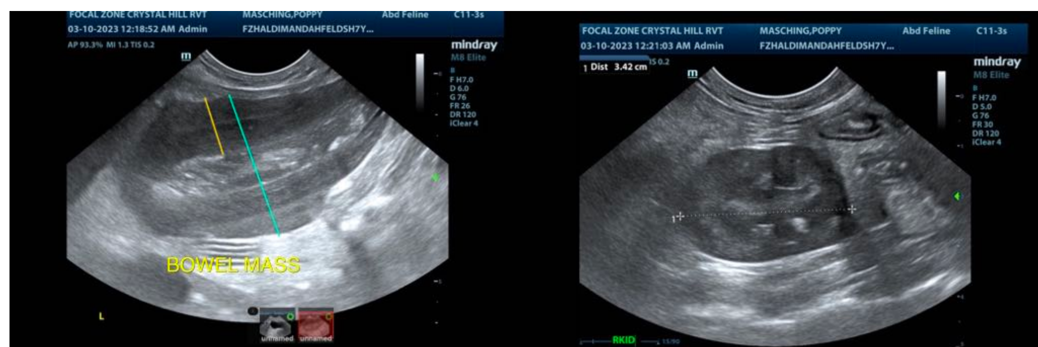

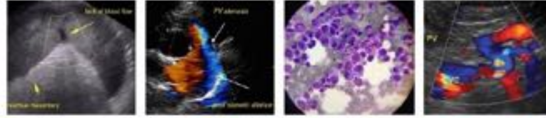

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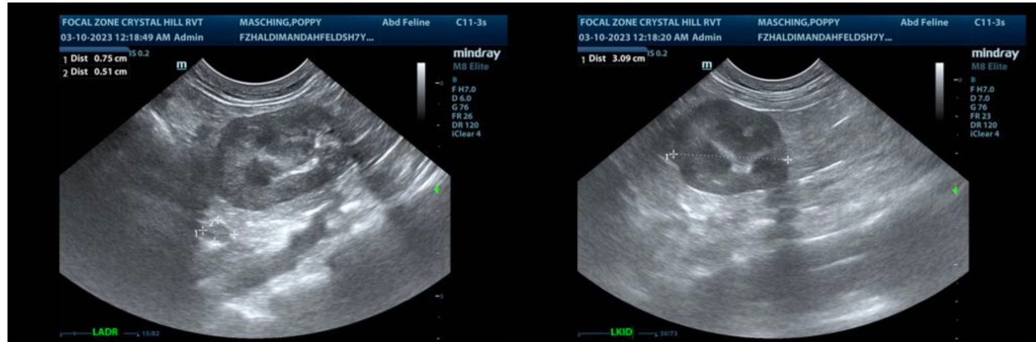

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com