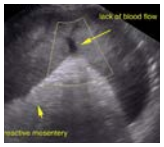
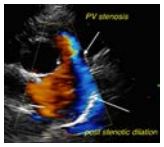
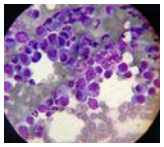
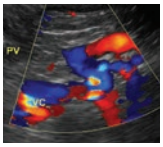
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Sterling Pease

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years 5 Months

WEIGHT

8.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Heart & Paw

REFERRING VET

Dr. Marmolego

INVOICE

45974

DATE

3/16/23

PRESENTING CLINICAL SIGNS

Weight loss, vomiting, anorexia for several months. On focal u/s and abdominal rads, suspect intraabdominal mass and enlarged LN's. Current meds: Gabapentin 50mg bid, Miratazoint. sid, DexSP on 3/10.

Abnormal PE/Chem/CBC/UA Results: Neuts 25256, Monos 2464, SDMA 22.9, Ca 8mg/dl, Na/K 29, Cyto pending of int. mass fna.

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 (3.8 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.

The right kidney has a normal shape and size (4.26 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 0.42 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 right adrenal gland is normal in size measuring 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

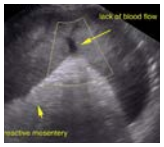
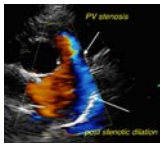
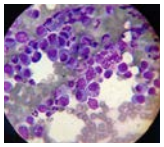
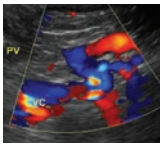
The spleen is subjectively normal in size (0.70 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in 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. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is prominent, measuring 0.19 cm, and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Sterling Pease

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
7 Years 5 Months

WEIGHT
8.8 Pounds

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Heart & Paw

REFERRING VET
Dr. Marmolego

INVOICE
45974

DATE
3/16/23

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. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There is an extensive focal area of small intestine with severe wall thickening and complete loss of layering, creating a large mass effect. In this region, the bowel wall measures 0.93 cm in width and the bowel is 2.87 cm in diameter.

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 prominent and mottled compared to the surrounding isoechoic 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 echogenic free abdominal fluid. There is a significant mesenteric lymphadenopathy with large, round mesenteric lymph nodes, examples of which measure 0.96 cm and 1.0 cm. The omentum is diffusely hyperechoic.

PRIMARY FINDINGS

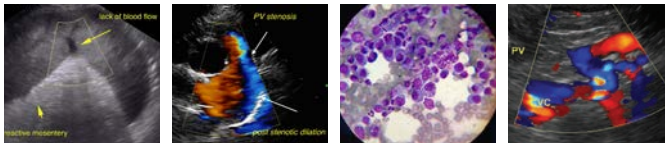
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Focal area of bowel with complete loss of layering and severely thickened wall – Findings are most consistent with a bowel mass. Likely differentials include round cell neoplasia, carcinoma, other.
- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be 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 recommended for further evaluation.

SECONDARY FINDINGS

- Prominent, mild gallbladder wall thickening – This could be secondary to edema.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large focal bowel mass with complete loss of layering. Additionally, there is large amount of echogenic fluid, which is concerning for an exudate or peritonitis. Recommend sampling of the free



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

PATIENT

Sterling Pease

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years 5 Months

WEIGHT

8.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Heart & Paw

REFERRING VET

Dr. Marmolego

INVOICE

45974

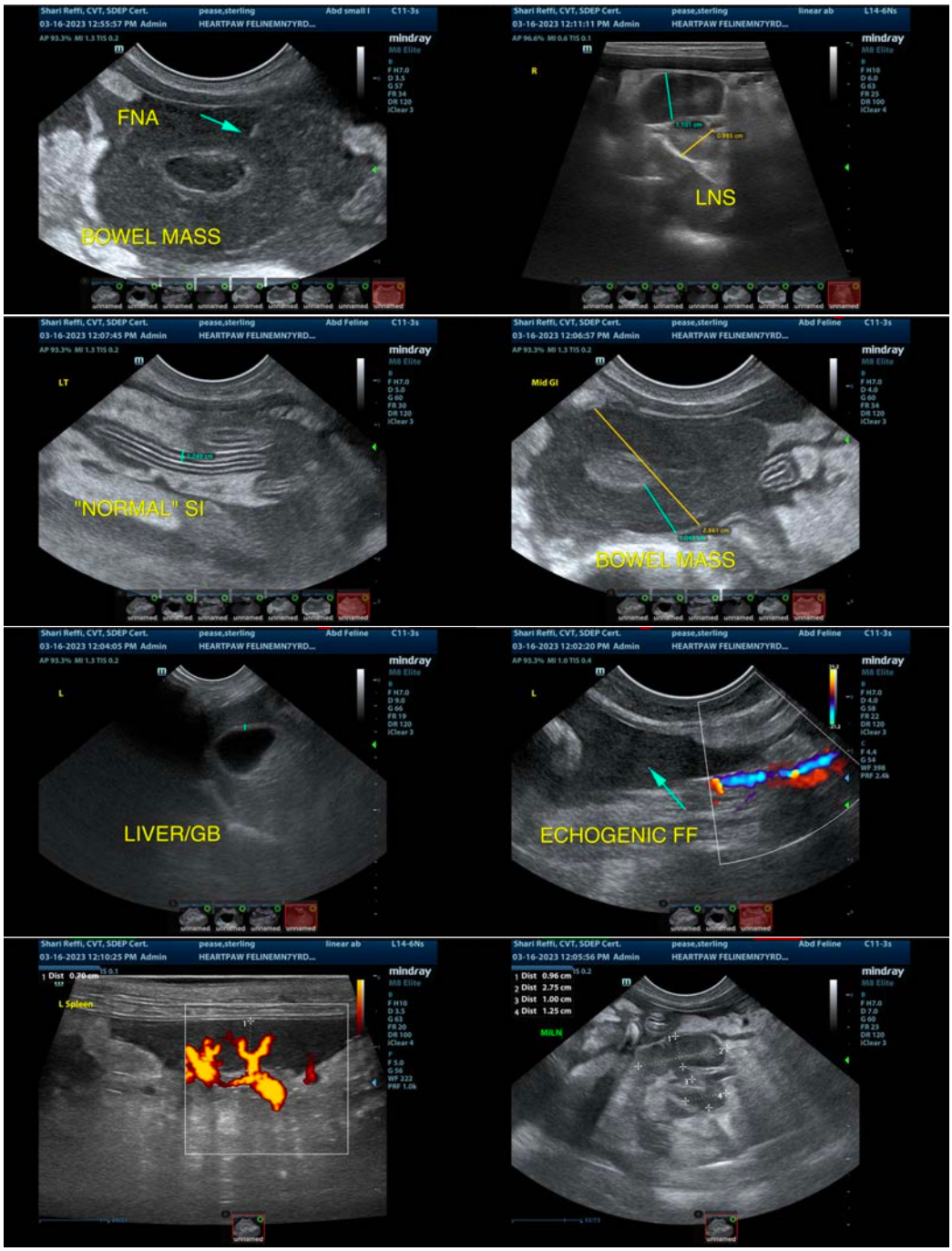
DATE

3/16/23

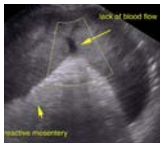
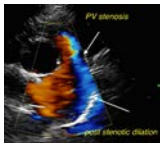
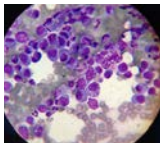
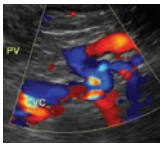
abdominal fluid for fluid analysis and cytology as well as a fine needle aspirate of the thickened bowel wall. If cytologic diagnosis cannot be obtained off these samples, a fine needle aspirate of an enlarged mesenteric lymph node could be considered. If a diagnosis of neoplasia can be confirmed, consider a consultation with a veterinary oncologist regarding treatment options and prognosis.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

**Note: Fine needle aspirate results from sampling performed during the exam confirmed the diagnosis of large cell lymphoma.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Sterling Pease

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years 5 Months

WEIGHT

8.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Heart & Paw

REFERRING VET

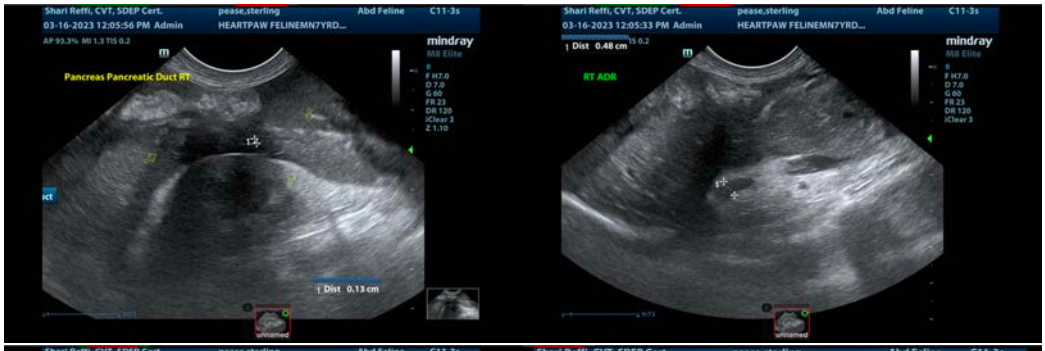
Dr. Marmolego

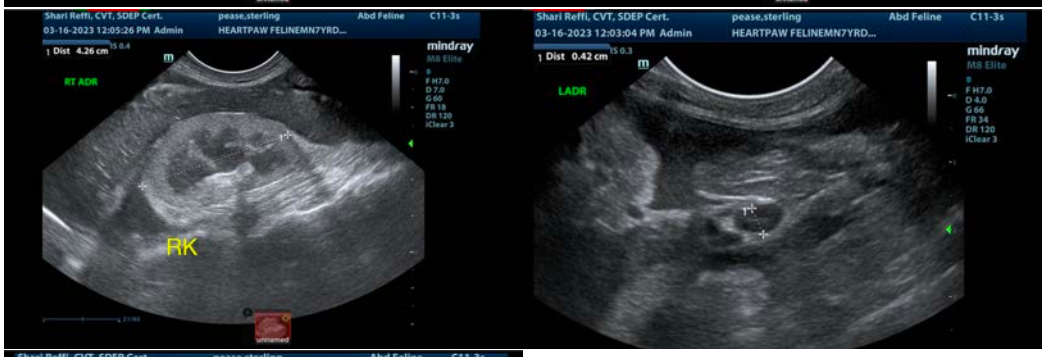
INVOICE

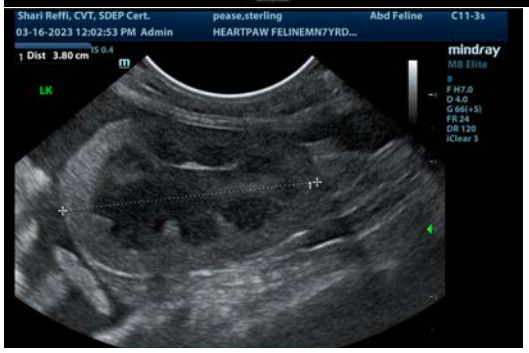
45974

DATE

3/16/23







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