

PATIENT PRESENTING CLINICAL SIGNS

Griff Smith Losing weight with decreased appetite and being lethargic. Palpable mass in the abdomen

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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.

DLH

SEX The left kidney has a normal shape and size (4.31 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.

Neutered Male

AGE

4yrs

The right kidney has a normal shape and size (4.25 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.

WEIGHT

7.44lbs

Adrenal Glands

INTERPRETED BY

The left adrenal gland is normal in size measuring 0.22 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.

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

The right adrenal gland is normal in size measuring 0.26 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.

IMAGING PERFORMED BY

Kelly Reschny

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.

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Liver

REFERRING VET

DR. Chaudhary

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

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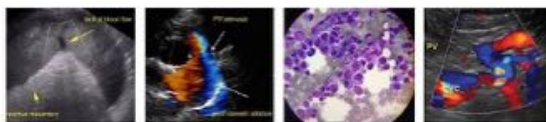
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

DATE

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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.



PATIENT

Griff Smith

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. The jejunum measured as normal (0.19 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Feline

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.

BREED

DLH

Pancreas

SEX

Neutered Male

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

AGE

4yrs

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse mesenteric lymphadenopathy but there is a largely homogenous slightly hypoechoic mass effect, visualized in the mid abdomen measuring approximately 5.21 cm x 3.16 cm. No association with this mass and other abdominal structures is not clearly visualized. A large lymph node or omental mass is most likely. The omentum is hypoechoic around the mid abdominal mass.

WEIGHT

7.44lbs

ULTRASONOGRAPHIC FINDINGS

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- Heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Large hypoechoic mid abdominal mass. Findings are most consistent with a very large lymph node, although other differentials are possible. Consider a fine needle aspirate.

IMAGING PERFORMED BY

Kelly Reschny

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is a large ovoid homogenous hypoechoic mass effect visualized in the mid abdomen. A direct association with this mass and other abdominal structures is not visualized. An effaced, severely enlarged lymph node at the root of the mesentery, seems most likely, although other differentials are possible (Primary differential would be round cell neoplasia). Recommend a fine needle aspirate of the large abdominal mass lesion and cytology. If a cytologic diagnosis cannot be obtained you could consider a fine needle aspirate of liver.

REFERRING VET

DR. Chaudhary

The liver appears somewhat heterogenous, this could be normal anatomic variation or could be consistent with infiltrative disease, inflammatory disease, other. A fine needle aspirate of the liver could be considered particularly if liver enzyme elevations are present or if cytology of the mass effect is not diagnostic. As a last resort surgical biopsies may be necessary.

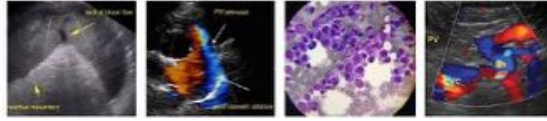
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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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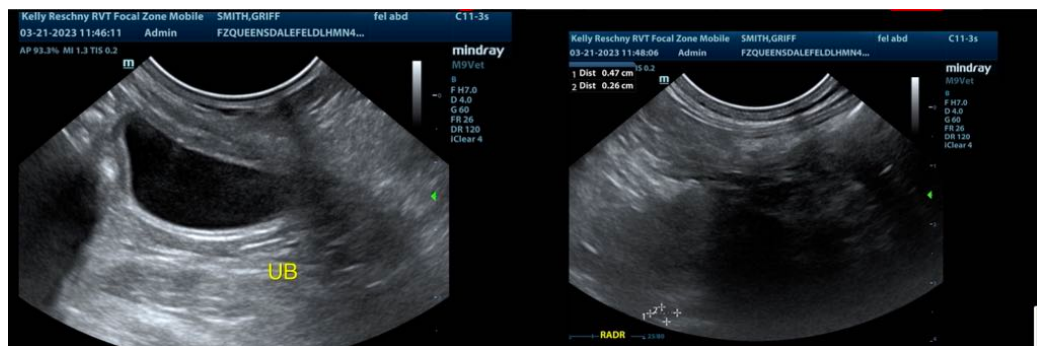
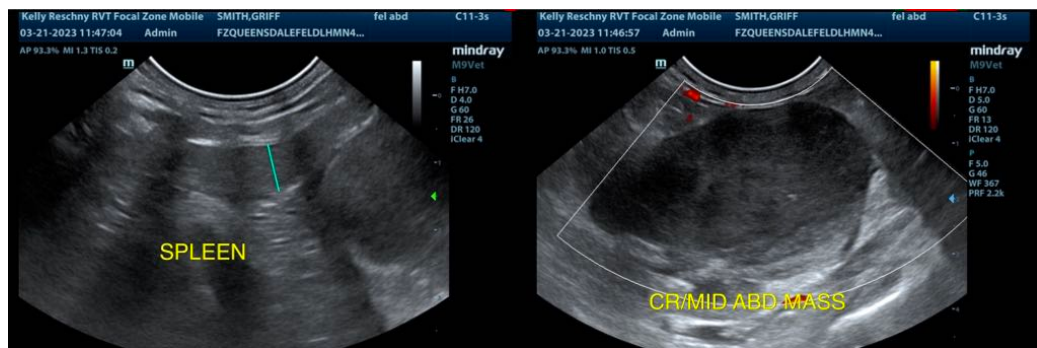
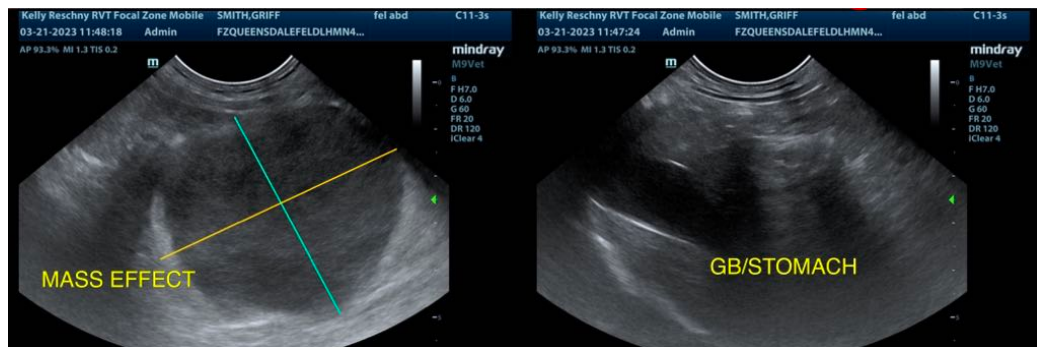
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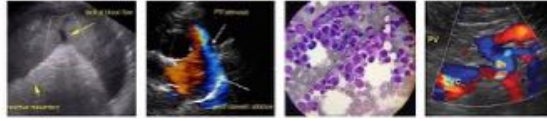
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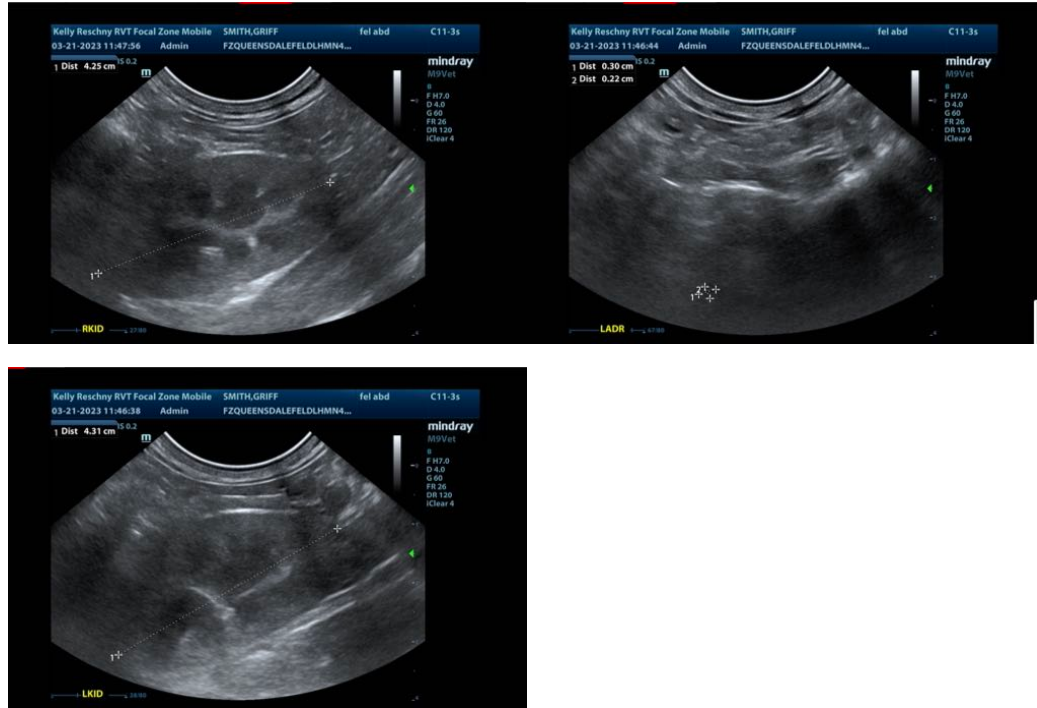
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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