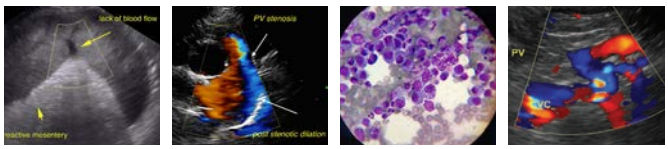
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bilodeau Casement

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.15 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Bethelemy

HOSPITAL NAME

Britannia Kingsland VC

REFERRING VET

Dr. Radcliffe

INVOICE

46219

DATE

3/28/23

PRESENTING CLINICAL SIGNS

Chronic diarrhea and hematochezia since January. Non-responsive to hydrolyzed diet, mirtazapine, or fortiflora probiotic.

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 (3.68 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a moderate amount of anechoic subcapsular fluid visualized around the kidney. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.38 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a moderate amount of anechoic subcapsular fluid visualized around the kidney. 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 in size (1.07 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

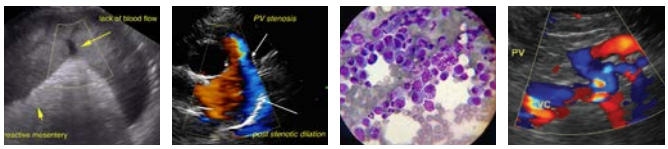
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 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



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the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.26 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 a very large hypoechoic, irregular mass effect arising from the mid to distal colon. This mass effect measures approximately 3.96 cm x 3.45 cm and involves over 7.0 cm of colon. In this area, the colon wall measures at 2.15 cm in thickness. There is a complete loss of layering. Findings are consistent with a colonic mass.

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 are numerous prominent/mildly enlarged mesenteric lymph nodes visualized. Examples measure 0.38 cm and 0.49 cm. The omentum is hyperechoic around the colonic mass.

ULTRASONOGRAPHIC FINDINGS

- Subcapsular fluid surrounding both kidneys – Fluid observed under the renal capsule can be seen most commonly in cases of neoplasia but can also be seen with urine leakage, hemorrhage, abscessation, Acute kidney injury with a ureteral obstruction, toxicities and leptospirosis.
- Prominent muscularis to the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Large, expansile, hypoechoic mass effect associated with the colon – Findings are most consistent with a neoplastic mass lesion. Differentials would include round cell neoplasia, carcinoma, other.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large hypoechoic colonic mass lesion. Primary differential for this lesion would be round cell neoplasia. Recommend a fine needle aspirate. Other differentials such as carcinoma are also possible. With the apparent extent of the lesion, surgery would involve a subtotal colectomy, and it is difficult to determine if the enlarged mesenteric lymph nodes are consistent with reactive nodes or possible metastatic nodes. Additionally, the subcapsular fluid around the kidneys is concerning for possible metastatic disease.

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

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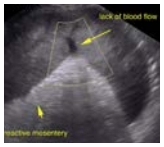
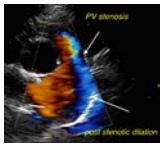
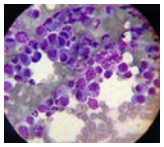
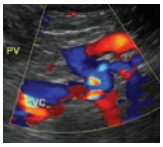

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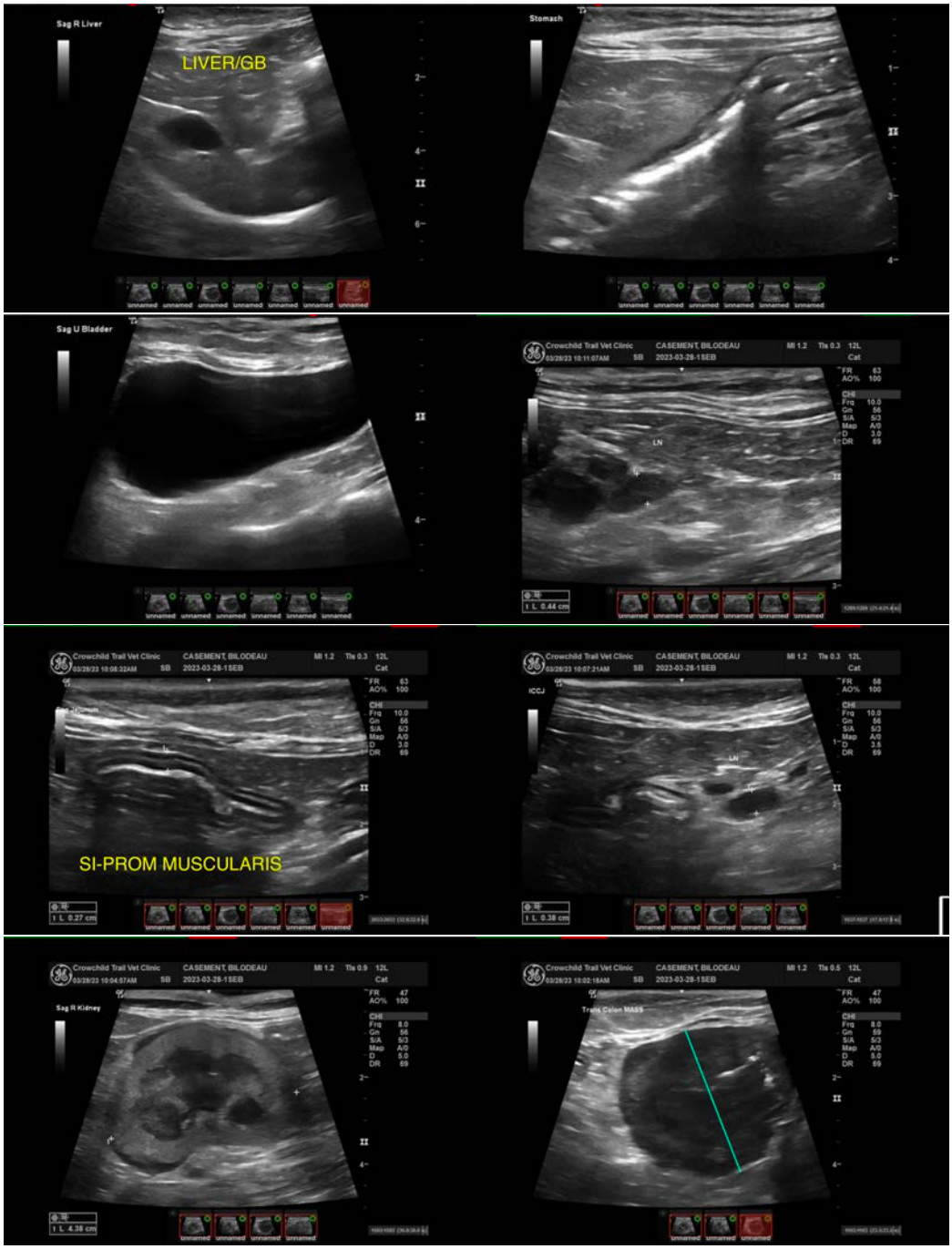

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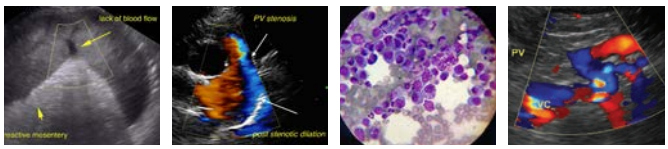

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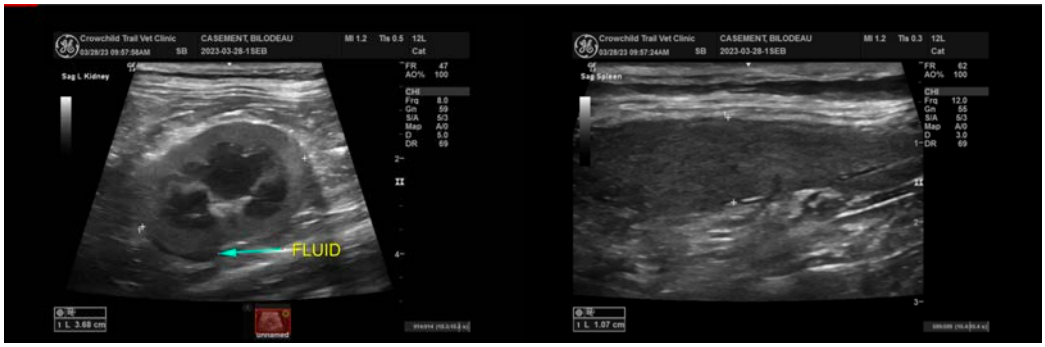

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com