

PATIENT PRESENTING CLINICAL SIGNS

Squeaky Joe Allo

Weight loss and increasing inappetence. Appears a bit jaundiced today. Xrays showed suspicious shadow in abdomen. FIV positive kitty and does go outdoors and eat rodents. Sq fluids, Famotidine, Metoclopramide, Convenia, Onsior.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Chem WNL, CBC Monocytes elevated, Eosinophils low, Basophils low. Please see attached radiographs.

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.8 kg

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 is large (4.8 cm). It has decreased corticomedullary distinction and is very irregular in shape. There is a hypoechoic ring with perinephric inflammation and effusion evident (perinephric rim sign). There is mild pyelectasia with no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is large (4.68 cm). It has decreased corticomedullary distinction and is very irregular in shape. There is a hypoechoic ring with perinephric inflammation and effusion evident (perinephric rim sign). There is mild pyelectasia with no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 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 0.42 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

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Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, 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.

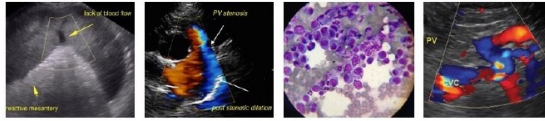
Liver

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 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.



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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 measured 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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Neutered Male

Free Abdomen

There is no significant free fluid. There is a significant mesenteric lymphadenopathy present with mesenteric lymph nodes measured 1.4, 0.68, 0.86 cm in diameter. The mesentery around these enlarged mesenteric lymph nodes is hyperechoic.

AGE

10 Years

Other

There is a large, hyperechoic, solid mass effect in the cranial abdomen measuring 4.13 cm x 5.87 cm. This lesion is likely an effaced lymph node, but could be associated with the pancreas or small intestine.

WEIGHT

5.8 kg

ULTRASONOGRAPHIC FINDINGS

- Large cranial abdominal mass – The origination of this mass effect is not visualized. It could be its own entity or associated with the pancreas or small intestine.
- Bilateral renomegaly with irregular, misshapen kidneys and perinephric rim sign – Bilateral renomegaly could be consistent with inflammation/pyelonephritis, infiltrative neoplasia, normal variant (large breed), other. Clinical significance of the perinephric rim sign is uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.
- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Mild/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.

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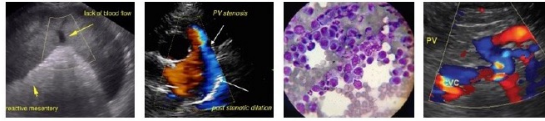
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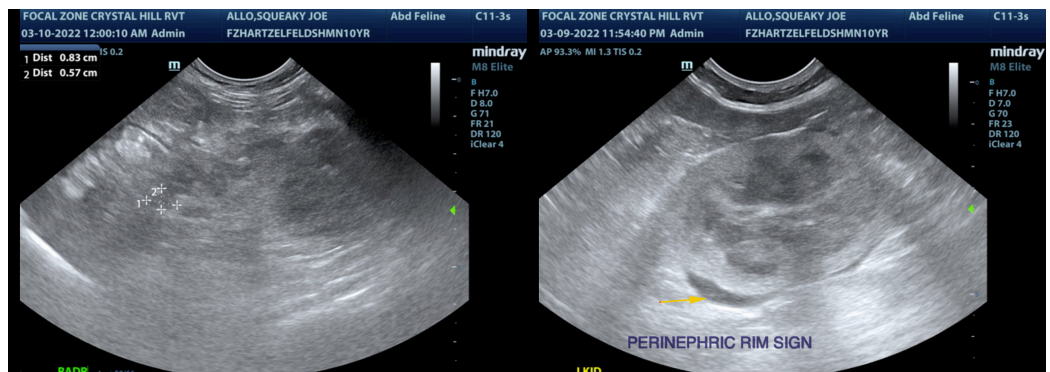
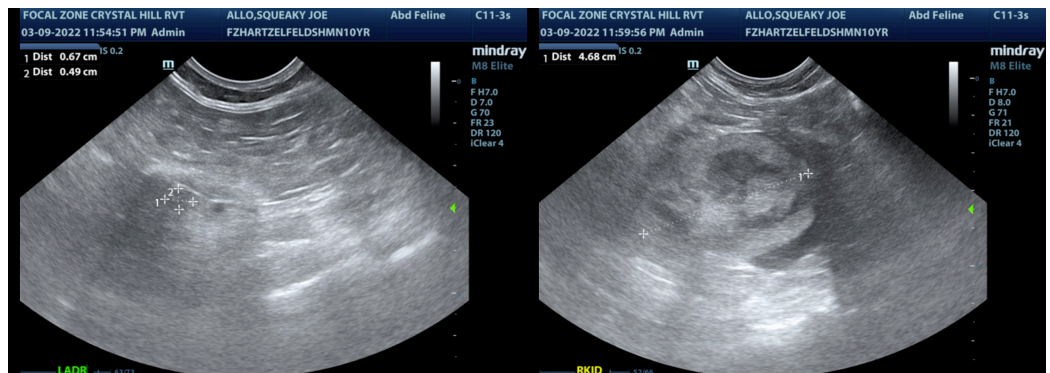
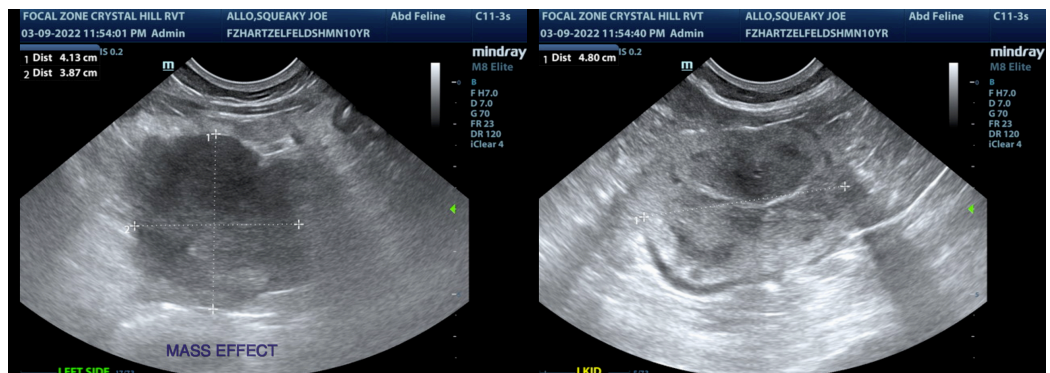
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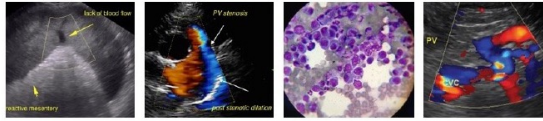
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large cranial abdominal mass, which I suspect is an effaced lymph node. This mass effect is surrounded by enlarged lymph nodes and hyperechoic mesentery. The small intestine appears somewhat thickened and ropey, and both kidneys are large and misshapen. These findings are concerning for underlying round cell neoplasia. Recommend a fine needle aspirate of the cranial abdominal mass effect. If a diagnosis cannot be obtained upon these findings, then consider a fine needle aspirate of the kidneys and spleen as well as a mesenteric lymph nodes.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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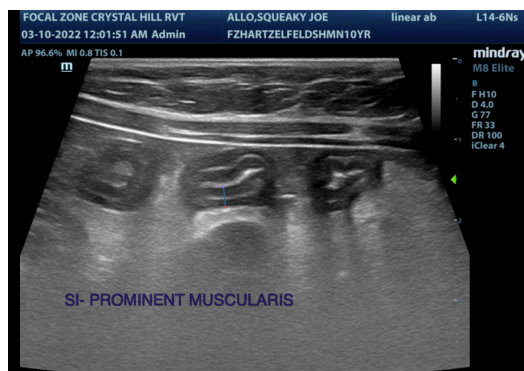
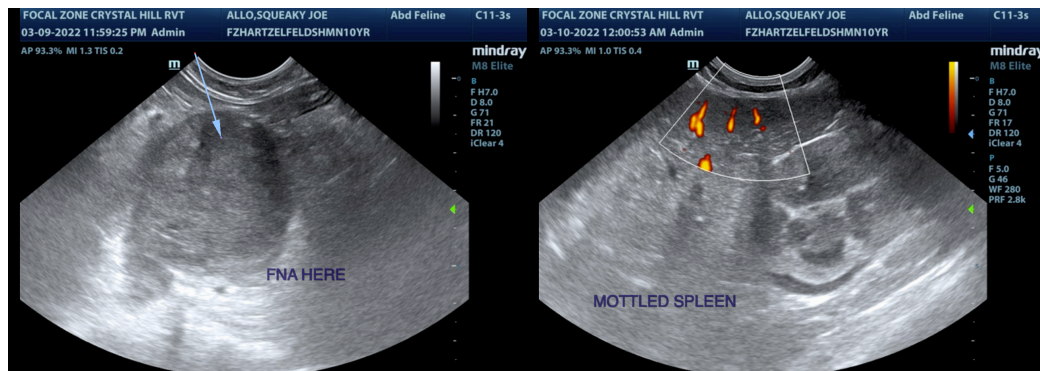
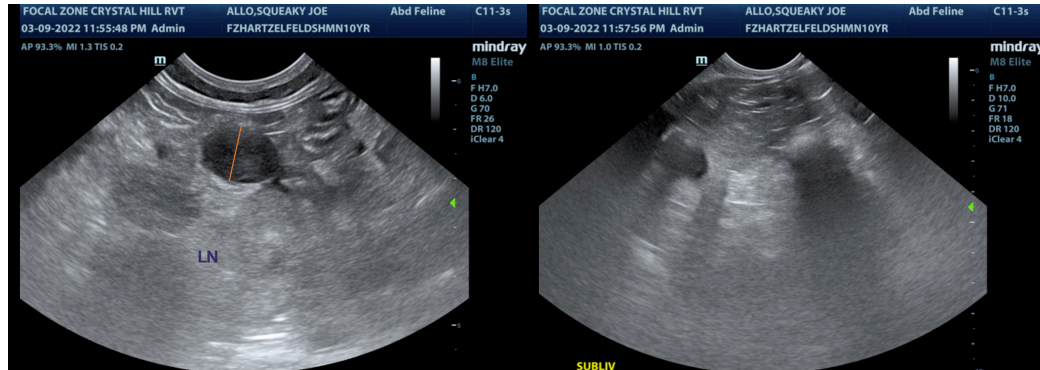
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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