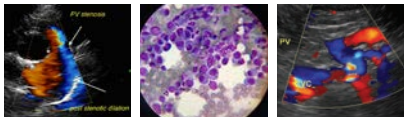
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

4/27/23

PATIENT

Laila Fisher

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9/2/11

WEIGHT

5.29 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Sims

INVOICE

46992

PRESENTING CLINICAL SIGNS

Weight loss and slight decrease in appetite. Moderate neutrophilia 4-12-23 with normal chemistry. Convenia was administered and cbc recheck on 4-26-23 revealed significant neutrophilia. PE revealed abdominal mass.

Current Medications: None listed.
Lab Results: See attached.
Radiographs: Mass effect in abdomen with probable free fluid.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined at this time. Chest check declined.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 (3.27 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 (3.89 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 0.45 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 0.39 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 (1.0 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a somewhat ill-defined hyperechoic nodule visualized within the parenchyma measuring 1.06 cm x 0.89 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains large shadowing ingesta. 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 mild to moderate 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 0.21 cm. Visualized peristalsis appears appropriate. There is a very large, irregular mid abdominal bowel mass. This mass measures approximately 3.35 cm x 4.9 cm in cross section and involves at least 7.0 cm of small intestine. There is the suggestion of relatively normal appearing bowel on both ends of this lesion, with layered small intestine measuring 0.38 cm, progressing to bowel with complete loss of layering measuring 0.79 cm. Some areas of bowel have a moderate amount of fluid with what appears to be reduced motility, indicative of either diffuse ileus or a partial obstruction secondary to the mass effect.

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

There is a small amount of echogenic free abdominal fluid. There are clusters of enlarged mesenteric lymph nodes at the mesenteric root, measuring 0.97 cm and 0.85 cm, as well as other large mesenteric lymph nodes measuring at 0.76 cm. The omentum is diffusely hyperechoic.

Other

There is suggestion of pleural effusion cranial to the diaphragm.

PRIMARY FINDINGS

- Mildly heterogeneous liver with hyperechoic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The appearance of the hyperechoic nodule trends towards a more benign lesion but underlying neoplastic change or metastasis cannot be ruled out.

- Large shadowing ingesta within the gastric lumen – Correlate this with the feeding history. If the patient was adequately fasted, then there would be concern for significant gastric ileus or obstruction secondary to mass effect.

- Large, irregular bowel mass with complete loss of layering – Findings are concerning for a neoplastic process (round cell neoplasia, carcinoma, other).

- Moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

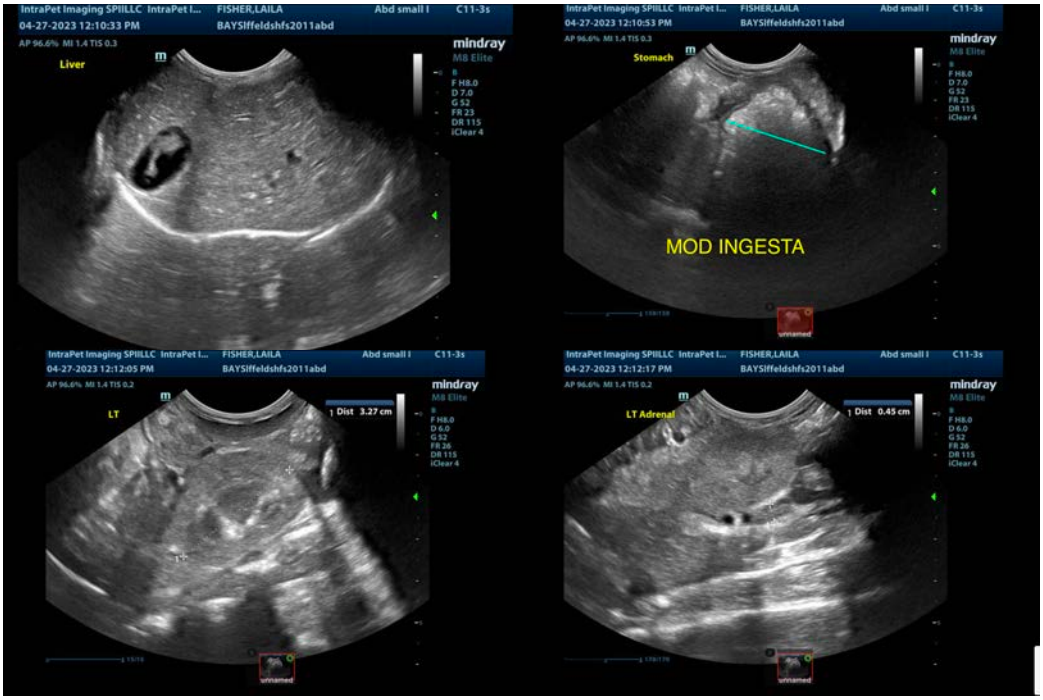
- Small volume abdominal and pleural effusion. Recommend 3-view thoracic radiographs.

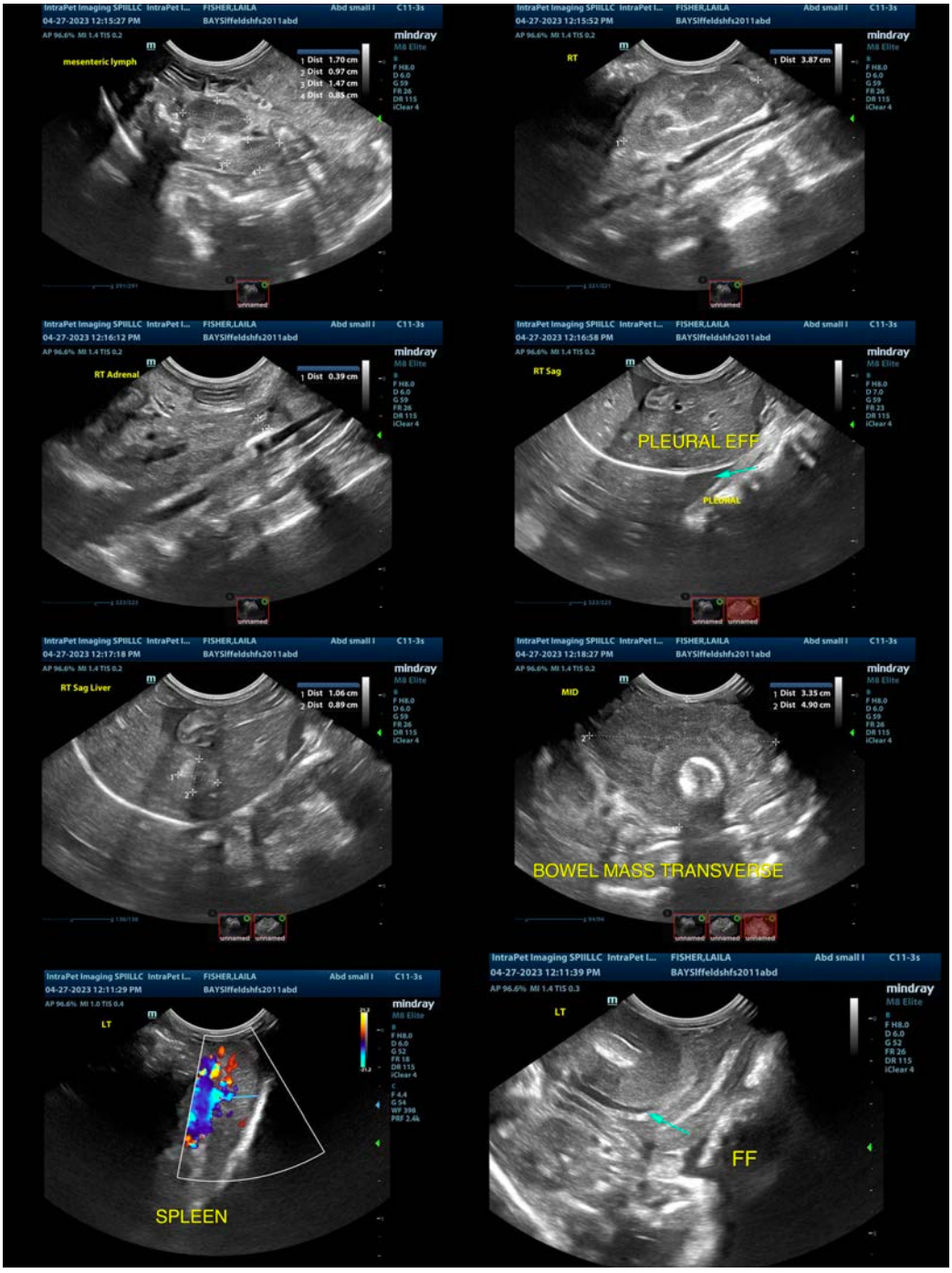
SECONDARY FINDINGS

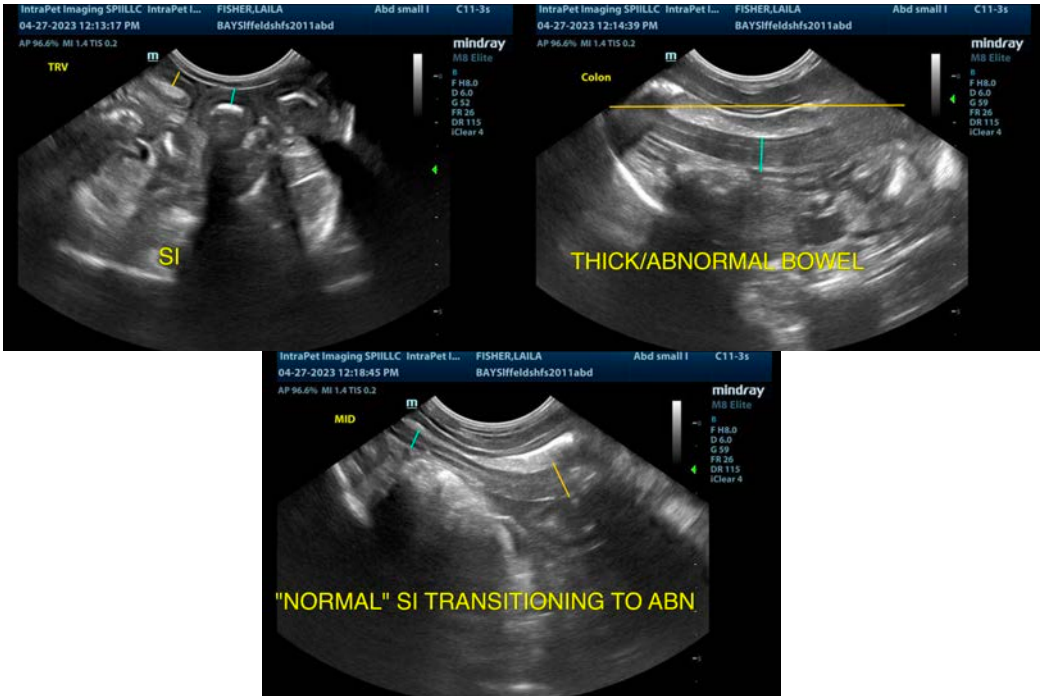
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large bowel mass present with what appears to be small bowel visualized on both ends of this lesion, so surgery may be an option, but this can only be definitively determined at the time of surgery. Of concern is the large lymph nodes, as this could indicate that this is a metastatic process (which is typically the case if this is round cell neoplasia). Consider a fine needle aspirate of the mass effect +/- mesenteric lymph node. Additionally, the possible presence of abdominal and pleural effusion could be concerning. Correlate this with albumin levels, the hematocrit, etc., and consider sampling for fluid analysis and cytology. If a cytologic diagnosis can be made, consider consultation with a veterinary oncologist regarding treatment options and prognosis. If the patient is obstructed, then surgery would likely be necessary, but could carry a guarded prognosis.




mesenteric lymph
RT
RT Adrenal
RT Sag
PLEURAL EFF
PLEURAL
RT Sag Liver
MID
BOWEL MASS TRANSVERSE
LT
SPLEEN
LT
FF



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.

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