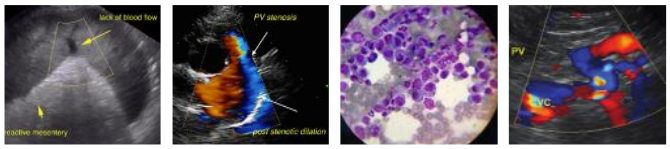
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Beau Slezak

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
19 Years

WEIGHT
8 Pounds

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Mount Olive VH

REFERRING VET
Dr. Logan

INVOICE
37641

DATE
5/12/22

PRESENTING CLINICAL SIGNS

abdominal mass approx 10 cm

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 some what small with decreased corticomedullary distinction at 3.3 cm. There is no evidence of 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 (4.16 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

There is abnormal tissue and nodules in the region of the left adrenal gland. Two nodules visualized measure 0.91 cm and 1.36 cm in diameter. These likely represent enlarged lymph nodes, omental masses, etc., but a mass involving the left adrenal cannot be excluded as a possibility.

The right adrenal gland is normal in size measuring 0.41 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, 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.

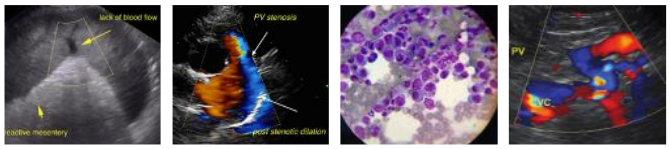
Liver

The liver is large in size and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The liver is severely nodular. There are too numerous to count, large, hyperechoic mass effects throughout the hepatic parenchyma. Examples measure 1.4 cm and 3.6 cm x 3.02. An isoechoic mass effect is visualized at 2.0 cm in diameter. Distally, there is a very large mass effect measuring approximately 4.0 cm x 6.8 cm, which is largely hypoechoic with a hypoechoic, possibly cystic area consistent with cavitation.

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



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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 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 duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas appears prominent and hypoechoic with prominent pancreatic duct. There are hypoechoic nodules and mass lesions in the region of the pancreas, which I suspect are involving the pancreas. This mass like region extends approximately 3.68 cm x 1.4 cm. It is ill-defined and irregular in shape.

Free Abdomen

There is a scant amount of free abdominal fluid. There is possible cranial mesenteric lymphadenopathy, but it is difficult to tell lymph nodes from nodules in the area. The omentum is of increased echogenicity in the cranial abdomen.

PRIMARY FINDINGS

- Too numerous to count, large hepatic masses that extend into the cranial abdomen involving other structures – suspect some cavitation associated with the larger masses. These findings are concerning for a neoplastic process.
- Prominent pancreas with hypoechoic mass effect in the region – The appearance of these lesions is suspicious for metastatic neoplasia in the pancreas.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Hyperechoic nodular mesentery in the cranial abdomen – likely consistent with reactivity, possibly metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are too numerous to count large mass effects in the cranial abdomen. The majority of these appear to involve the liver, although the pancreas, adrenals, and mesenteric lymph nodes may also be involved. A fine needle aspirate of a hepatic mass and possibly the pancreas could be helpful to rule out possible round cell neoplasia. Additionally, a contrast CT scan could better delineate the structures involved and the feasibility of surgical intervention.

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

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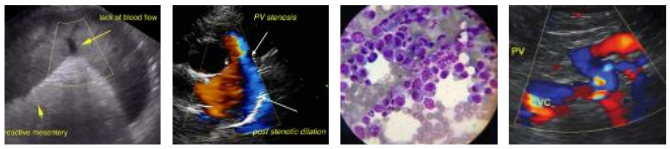

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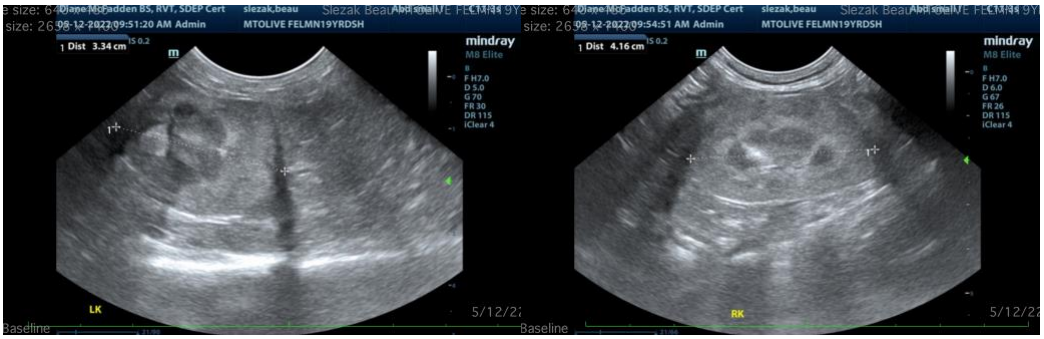

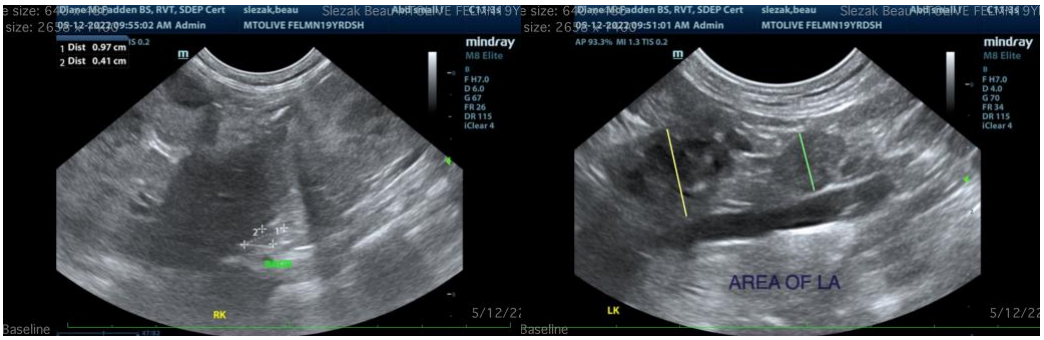

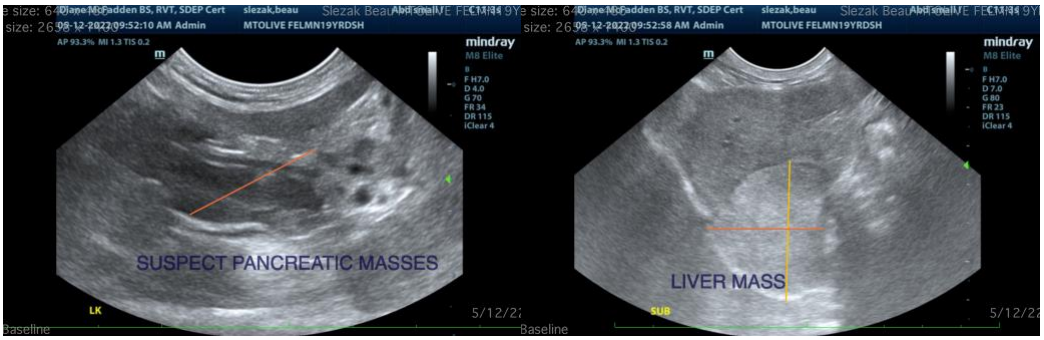

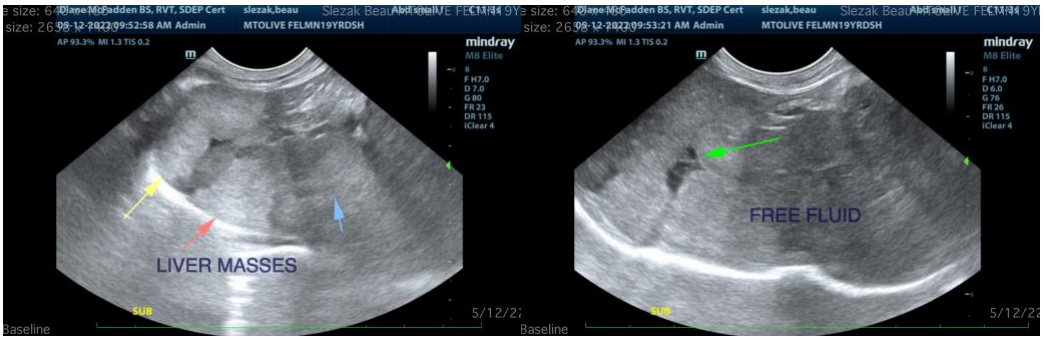

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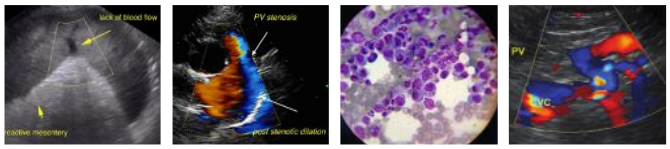

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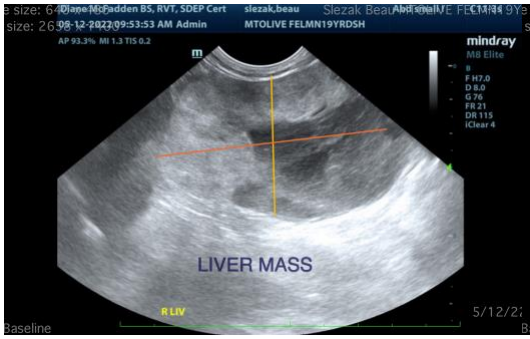

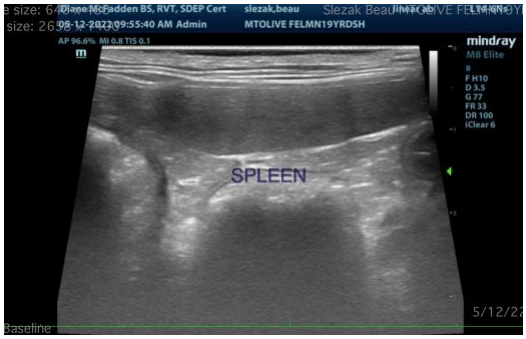

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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