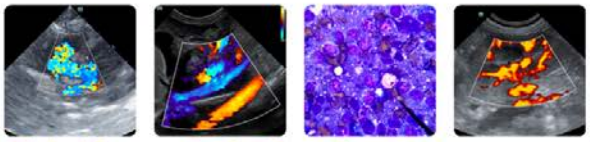


PATIENT

Choji Bell

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Adriana Ribas, DVM

INVOICE

75980

DATE

6/17/6

PRESENTING CLINICAL SIGNS

Patient presents for mild weight loss and palpable lumps in abdomen
FNA of colon wall and kidney taken today for cytology

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 and irregular in shape (5.72 cm). The cortex is of increased echogenicity and there are severe mottling and irregularity of the tissue, with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is an echogenic hypoechoic ring surrounding the cortex, most consistent with echogenic subcapsular fluid. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is large and irregular in shape (5.77 cm). The cortex is of increased echogenicity and there are severe mottling and irregularity of the tissue, with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is an echogenic hypoechoic ring surrounding the cortex, most consistent with echogenic subcapsular fluid. 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 0.66 cm at the cranial pole and 0.37 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 0.29 cm at the cranial pole and 0.40 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.

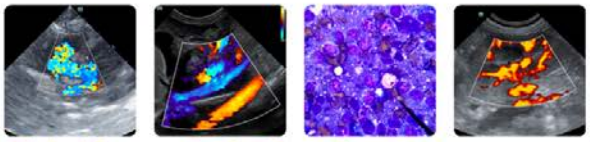
Spleen

The spleen is subjectively normal in size (0.83 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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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.

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

Sections of colon are visualized with formed fecal material and gas shadowing distally. The descending colon appears severely thickened. Distally it is thickened with reduced detail of wall layering with non-formed fecal material, measuring at approximately 0.30 cm in thickness. This transitions cranially to severe wall thickening and complete loss of layering, creating a mass effect. In this region the colon wall measures 1.63 cm in thickness.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is diffusely hyperechoic, particularly around the kidneys and colonic mass.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular kidneys with loss of normal architecture and suspected echogenic subcapsular fluid – Likely differentials would include round cell neoplasia, FIP, acute renal injury, other.
- Severe colonic wall thickening and loss of layering – Findings are most consistent with infiltrative neoplasia. Other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The descending colon appears severely thickened with complete loss of layering. Findings are highly suggestive of a neoplastic process. Additionally, both kidneys are abnormal with subcapsular fluid and complete loss of normal architecture, suspicious for metastatic/multicentric disease. Recommend a fine needle aspirate of the colon wall and the subcapsular fluid from the kidney (I suspect this is currently pending). If a diagnosis can be obtained, recommend consultation with a veterinary oncologist. If this is not successful, then surgical biopsies of the colon may be warranted.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

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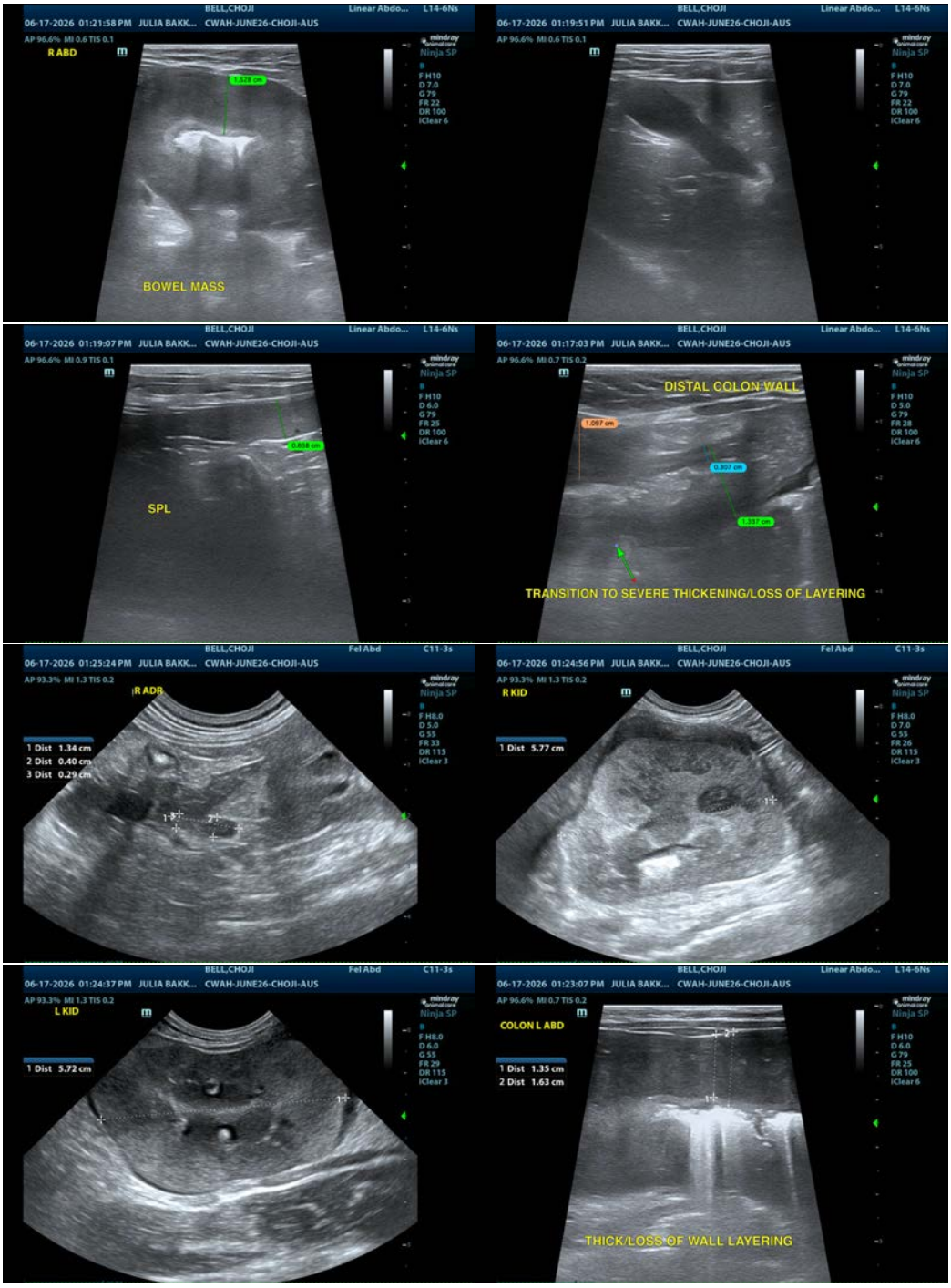

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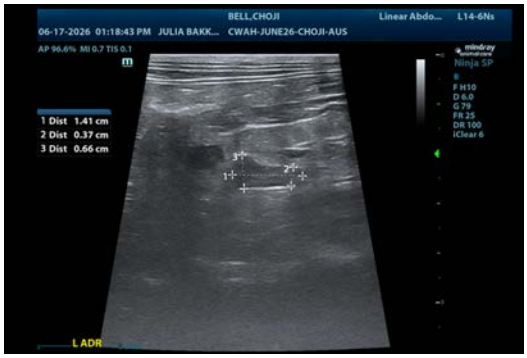

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com