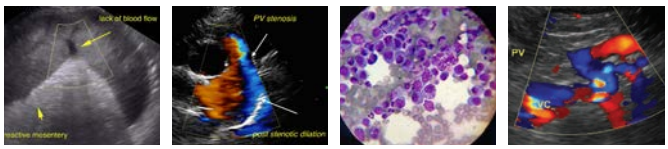
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Polly Herrick

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
8 Years

WEIGHT
5.8 kg

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

IMAGING PERFORMED BY
Dr. Biederbeck

HOSPITAL NAME
Lomsnes Vet Hospital

REFERRING VET
Dr. Biederbeck

INVOICE
43360

DATE
6/21/23

PRESENTING CLINICAL SIGNS

Ultrasound for neighboring clinic. Vomiting and biting at abdomen. Mass palpable on PE. Abnormal PE/Chem/CBC/UA Results: Palpable abdominal mass. CBC-eosinophilia + basophilia Chem-nsf

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 (3.41 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 (3.66 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 0.44 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 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 (0.89 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.

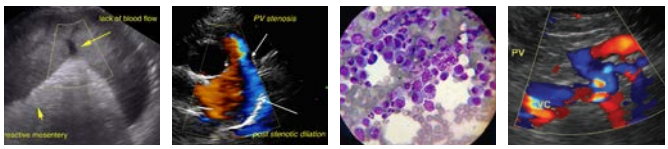
Liver

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 moderate 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.



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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 measures 0.30 cm. Visualized peristalsis appears appropriate. There is a focal section of small intestine that exhibits severe expansile wall thickening and complete loss of layering, creating a mass effect. The surrounding mesentery is severely inflamed. In this region, the bowel wall measures approximately 1.13 cm in thickness and the mass effect measures 3.47 cm x 2.29 cm.

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 scant amount of free abdominal fluid. There are occasional clusters of prominent mesenteric lymph nodes. The omentum is hyperechoic around the bowel mass and the cranial abdominal mass.

Other

There is a large, slightly irregular, primarily hypoechoic mass effect visualized in the cranial abdomen measuring approximately 4.31 cm x 3.72 cm. It has a somewhat unusual appearance, and it appears somewhat bilobed with two areas measuring 1.7 cm and 1.58 cm in diameter. The mass effect is surrounded by hyperechoic mesentery. This could be an effaced lymph node or less likely pancreatic in origin or gastrointestinal.

ULTRASONOGRAPHIC FINDINGS

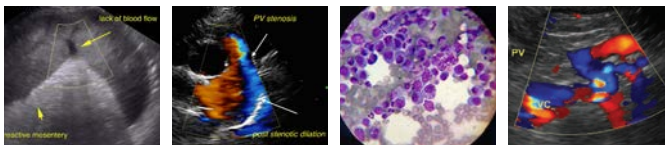
- Large, bilobed cranial abdominal mass- findings are concerning for a severely enlarged LN, pancreatic or bowel mass.
- Focal bowel wall thickening with loss of layering- findings are consistent with a bowel mass (round cell neoplasia, carcinoma, other)
- Shadowing ingesta within the gastric lumen- correlate with the feeding history-if fasted consider delayed gastric emptying, a hairball etc..

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large cranial abdominal mass that appears somewhat bilobed. Consider color flow on this region to ensure that there are not echogenic cystic regions, but I suspect this is a solid hypoechoic mass effect, most consistent with a large, effaced lymph node, but a mass effect involving the pancreas, small bowel, etc. cannot be ruled out.

Additionally, there is a focal bowel mass visualized with severe eccentric wall thickening and complete loss of layering with surrounding hyperechoic mesentery.

The primary differential for these lesions would be round cell neoplasia, although other possibilities exist. The next step would be a fine needle aspirate of the bowel mass and the cranial abdominal mass, (which was performed at the time of the scan). If a cytologic diagnosis cannot be obtained based on



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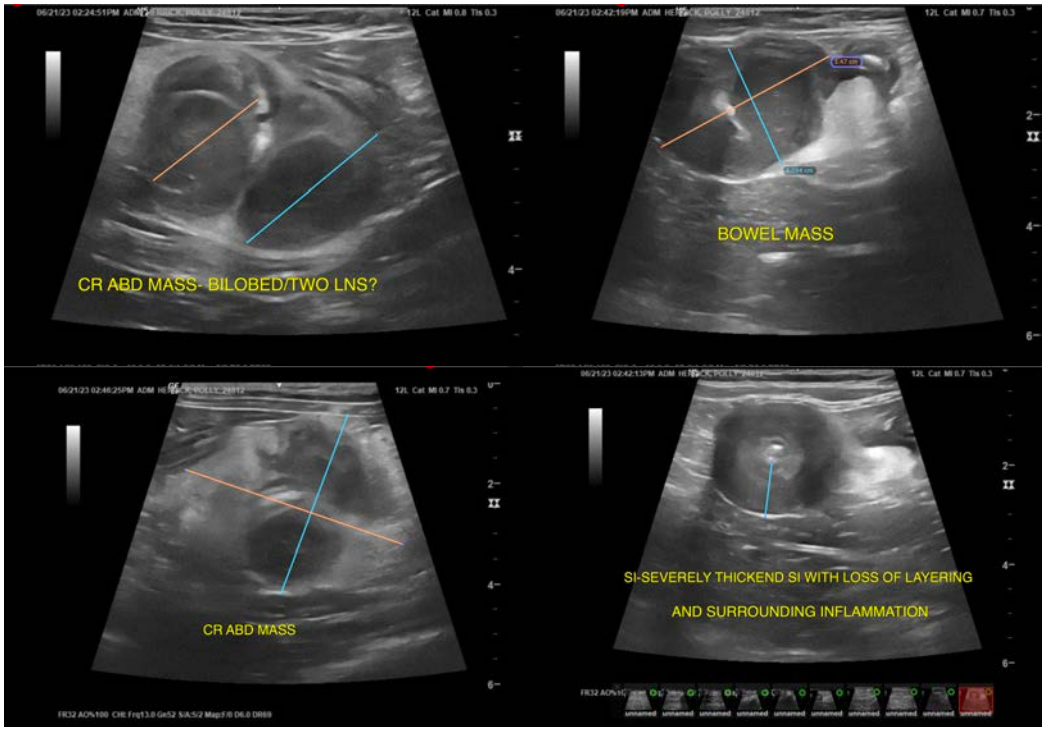
these aspirates, surgical biopsies may be necessary.

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

There is some soft shadowing material visualized within the gastric lumen. This could represent ingesta or ingested foreign material/hair, etc. Correlate with abdominal radiographs.



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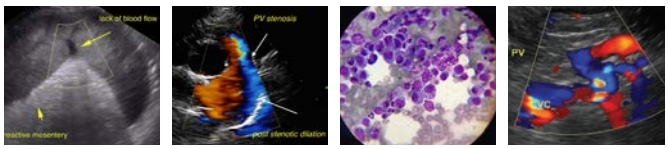

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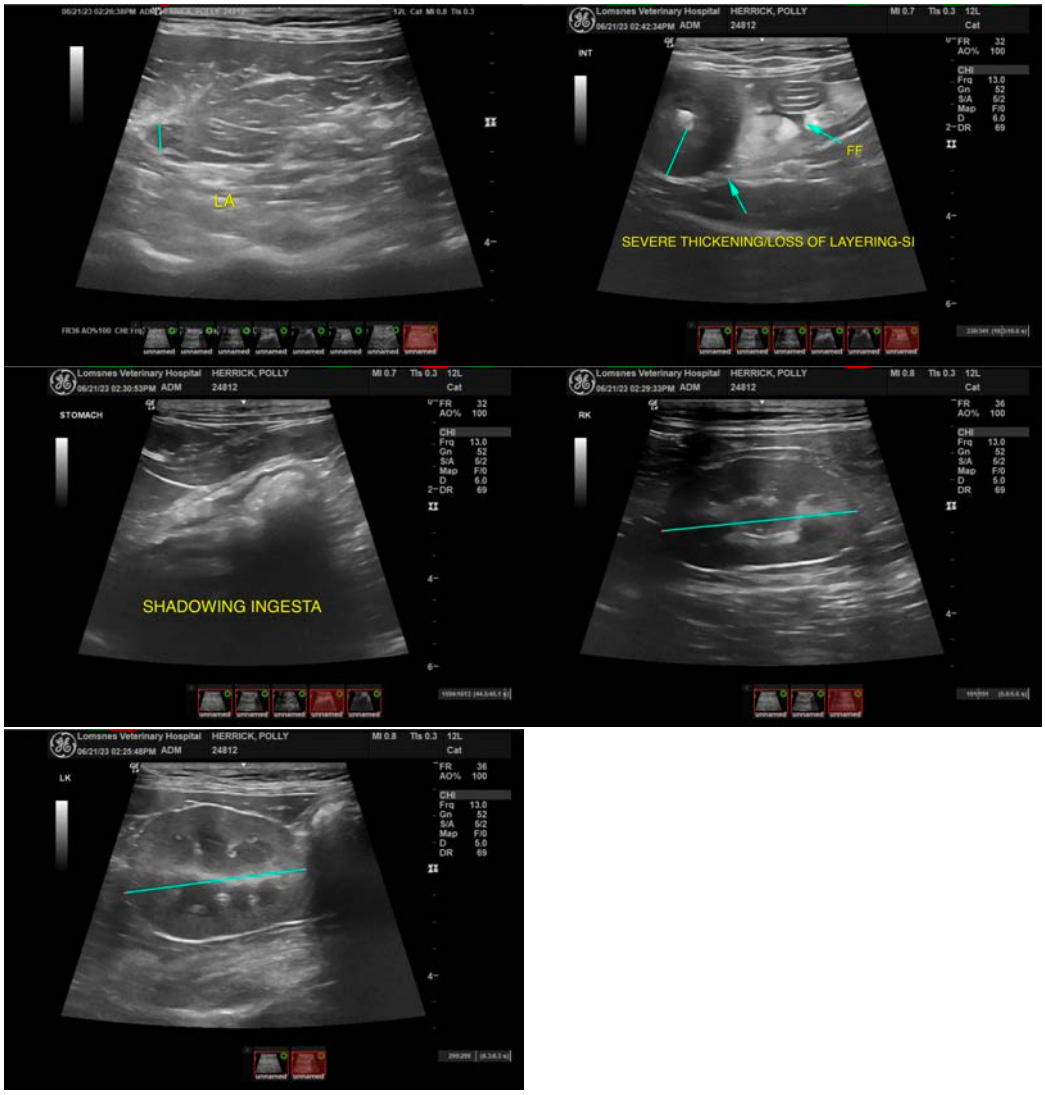

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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