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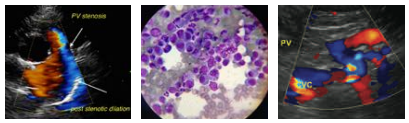

SonoPath
Clinical Sonography & Telecytology
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DATE
6/24/22

PATIENT
Princess Blakely

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
3/17/16

WEIGHT

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

HOSPITAL NAME
Bel Air VH

REFERRING VET
Dr. Young

INVOICE
31245

PRESENTING CLINICAL SIGNS

Princess was presented on 6/16/22 for hiding, lethargy and decreased appetite, and vomiting white foam 3 times over the previous 24 hours. Additionally, Princess has been intermittently vomiting, food, and or bile for about the last 6 months. On PE, Princess's vital parameters were unremarkable. Her popliteal lymph nodes were mildly enlarged and there was a large round mass palpated in the mid abdomen.
Current Medications: Elura (20mg/mL) 0.46mL PO q 24 hour. Started on 6/16/22.
Lab Results: Complete Blood Count: RBCs 6.92 M/uL, Hemoglobin 8.9 g/dL, WBCs 40.4 K/uL, Neutro 36.764 K/uL, Mono 0.768 K/uL, Eosinophils 0.04 K/uL, Platelets 692K/uL. Chemistry: Sodium 146mmol/L, Chloride 113 mmol/L, Total Protein 5.2g/dL, Albumin 2.2 g/dL, ALT 12 U/L, proBNP: pending.
Radiographs: Single, large, round soft tissue mass within the middle of the abdominal cavity. Additionally, there was rounding of the liver margin.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound. IV propofol for FNAs.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (3.74 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (4.2 cm). Overall echogenicity is normal with adequate 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

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.36 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 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. No focal nodules or cystic lesions are observed. The gallbladder lumen is

moderately distended. The wall of the gallbladder 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.

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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The jejunum measured 0.2 cm.

The ileocecal junction was visualized. There is a large, solid, irregular, hypoechoic mass effect in this region measuring 6.12 x 4.01 cm. This lesion appears to be arising from the ileocecal junction in the ileum and there is complete loss of layering.

Pancreas

The pancreas is prominent and mottled with a prominent pancreatic duct.

Free Abdomen

There is a small amount of free abdominal fluid. There is severe mesenteric lymphadenopathy with mesenteric lymph nodes visualized measuring 2.3 cm, 2.1 cm and 0.85 cm. The omentum is generally of increased echogenicity.

Heart

A brief view of the heart was submitted. No pericardial effusion was seen. Cranial to the heart there is a solid, irregular, hypoechoic mass effect that measured 1.75 cm. This is most consistent with a mediastinal mass or enlarged lymph node.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Prominent, mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

- 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.

- Large mass effect at the ileocecal junction involving the ileum. Consider differentials as round cell neoplasia, carcinoma, adenoma, leiomyoma or leiomyosarcoma.

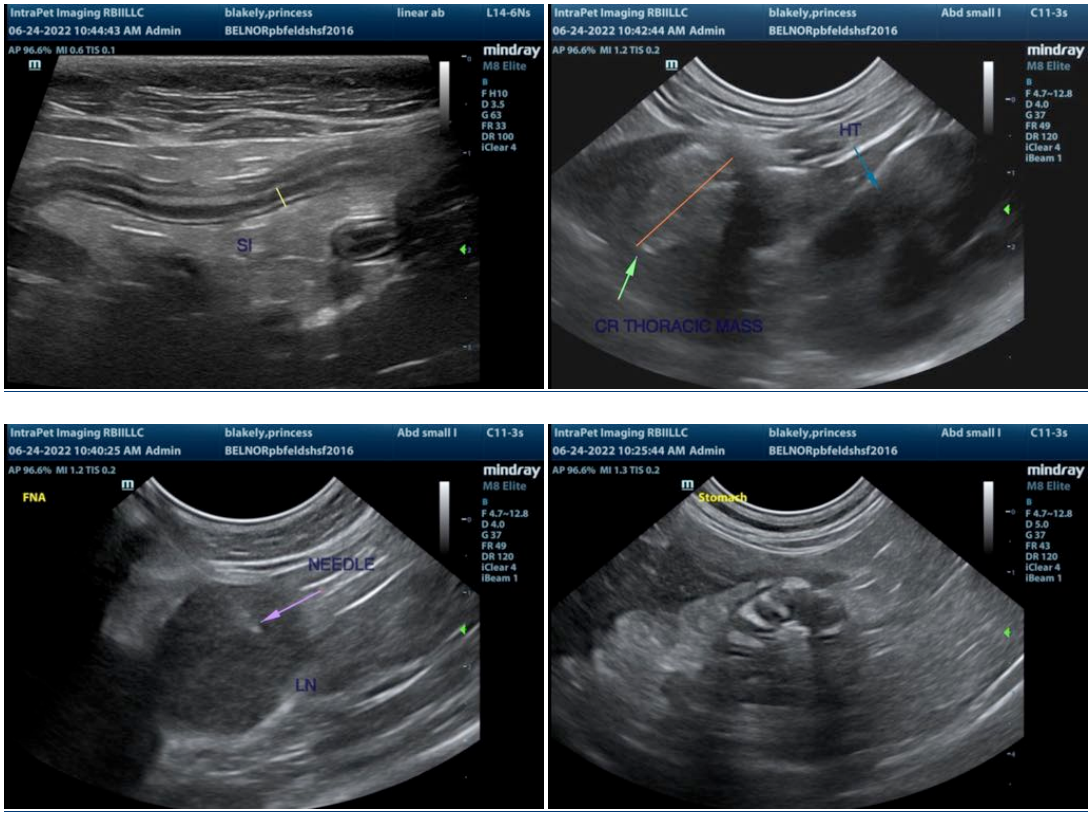
- Severe mesenteric lymphadenopathy . The prominent abdominal lymph nodes are most consistent

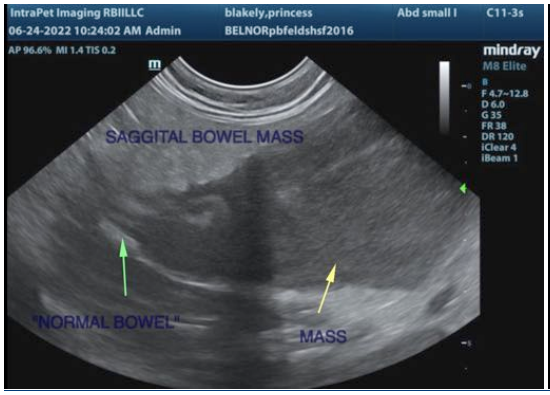
with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

- Mass effect cranial to the heart. Most consistent with a mediastinal mass or enlarged lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is large midabdominal mass that appears to be arising from the ileocecal junction at the ileum. This is very concerning for an underlying round cell neoplasia, carcinoma, leiomyoma (sarcoma etc). Additionally there is severe lymph node enlargement which is concerning for metastatic disease and a mass effect cranial to the heart. This is most consistent with an enlarged lymph node or mediastinal mass effect. There are images of FNA of the lymph nodes and mass regions. If a cytologic diagnosis cannot be obtained based on FNA then I recommend surgical biopsies. Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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blakely,princess
Abd small I
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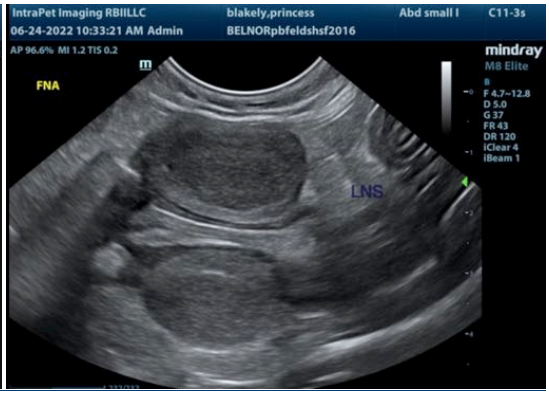
mindray
M8 Elite
SAGGITAL BOWEL MASS
"NORMAL BOWEL"
MASS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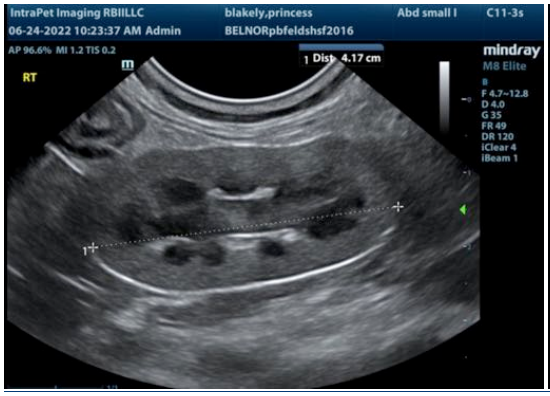
FNA
LNS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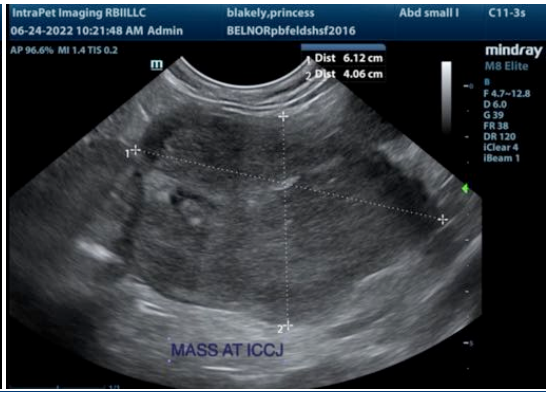
RT
1 Dist 4.17 cm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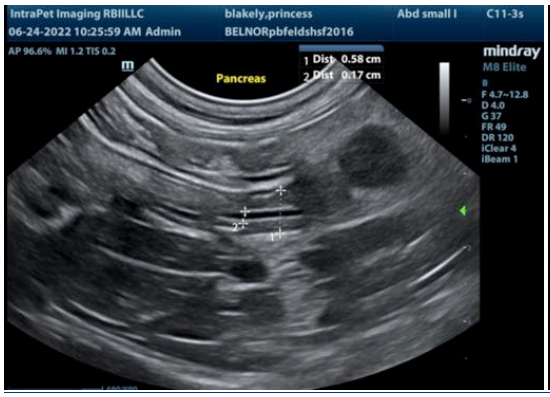
M8 Elite
1 Dist 6.12 cm
2 Dist 4.06 cm
MASS AT ICCJ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blakely,princess
Abd small I
C11-3s
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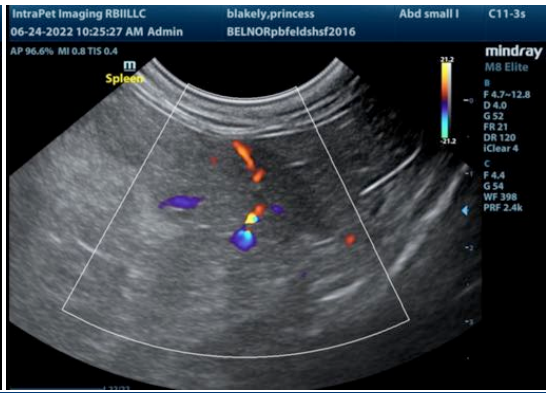
mindray
M8 Elite
Pancreas
1 Dist 0.58 cm
2 Dist 0.17 cm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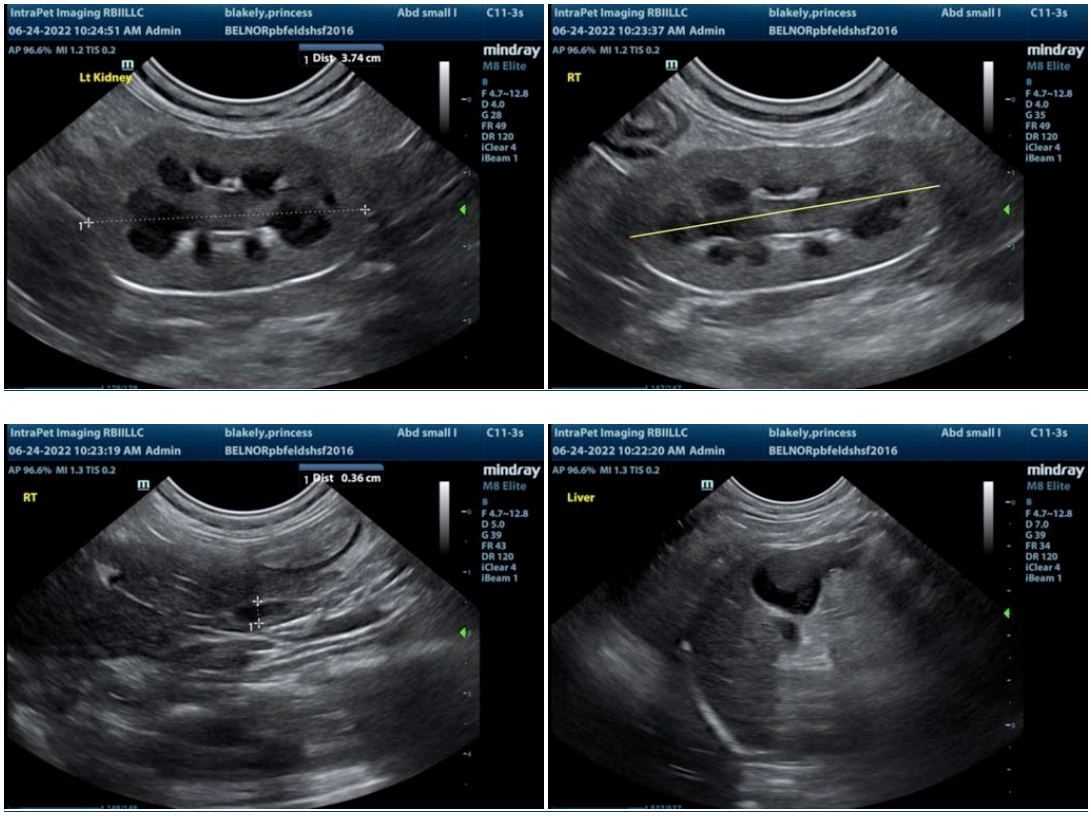
M8 Elite
Spleen



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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