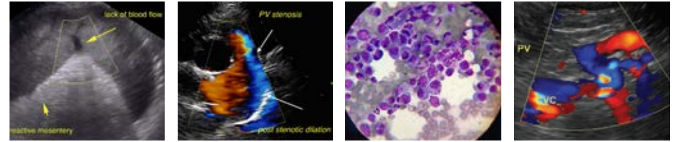


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Meow Ming Kitchens

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
15 Years 10 Months

WEIGHT
12.3

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

IMAGING PERFORMED BY
Dr. Jonathan Moss

HOSPITAL NAME
Harvest Hills VH

REFERRING VET
Dr. Jonathan Moss

INVOICE
43896

DATE
7/12/23

PRESENTING CLINICAL SIGNS

Pt presented for wellness exam and found more substantial weight loss. Pt has been losing weight over the last 2 years but was steady and labs were consistently normal. Pt had weighted 17lbs in Sept 2020, 15.3lbs in Nov 21, 15.3lbs in March 22 and 14lbs in Nov 22

Abnormal PE/Chem/CBC/UA Results: HCT-24%, RBC- 5.0, Platlets-269, CBC is otherwise normal. Chem- TP-10.1, ALB-2.2, Glob-7.9, ALT-20, Na+-145, Creat-1.5, BUN-24, SDMA-12 UA- USG-1.025, 1+ protein T4-1.5

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 (3.7 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 (4.14 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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.

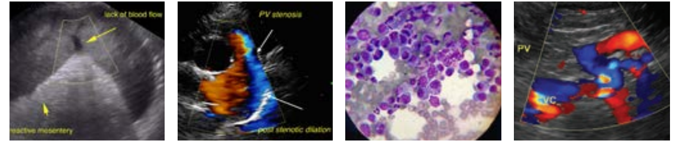
Spleen

The spleen is subjectively normal in size (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 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.



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Gastrointestinal

The stomach contains a mild amount of fluid/ingesta and gas. It measures at a normal thickness of 0.26 cm 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 0.20 cm. 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 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. There is an enlarged, irregular, hypoechoic lymph node visualized at the iliac trifurcation, measuring approximately 2.9 cm x 1.95 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, hypoechoic lymph node at the iliac trifurcation – This could represent a severely reactive lymph node but is concerning for possible neoplastic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The iliac lymph node appears large and irregular. This would drain the caudal abdomen and pelvis region. Recommend a rectal exam, looking for an anal gland mass or any lesions distally that could be draining and causing an issue. This lymph node could be aspirated, but only with extreme caution and under heavy sedation, as the large vessels are adjacent to it. Alternately, you could consider a protein electrophoresis to further evaluate the elevation in globulin, and 3-view thoracic radiographs. If a more definitive diagnosis cannot be identified, consider repeat imaging in 4-6 weeks to see if there has been any change or if an additional lesion has developed.

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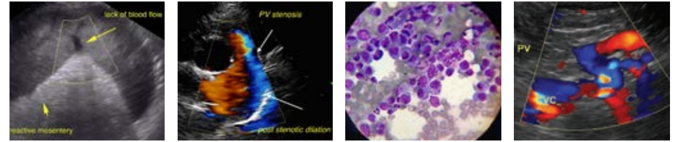
EDUCATIONAL TELECONSULTATION SERVICES™



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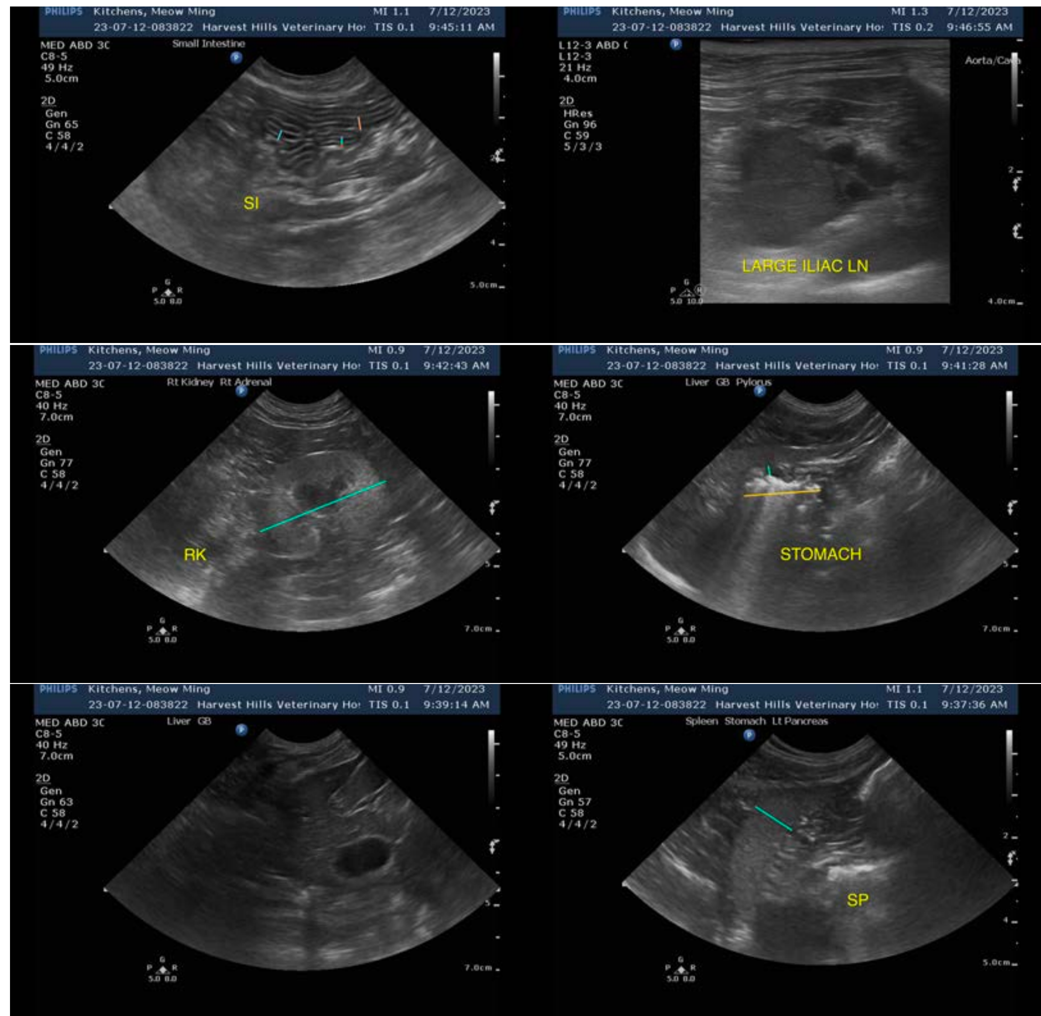

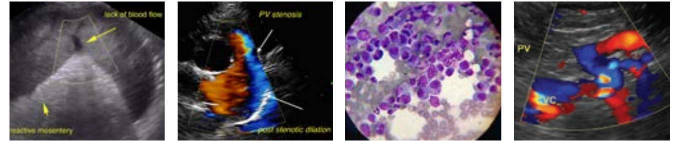

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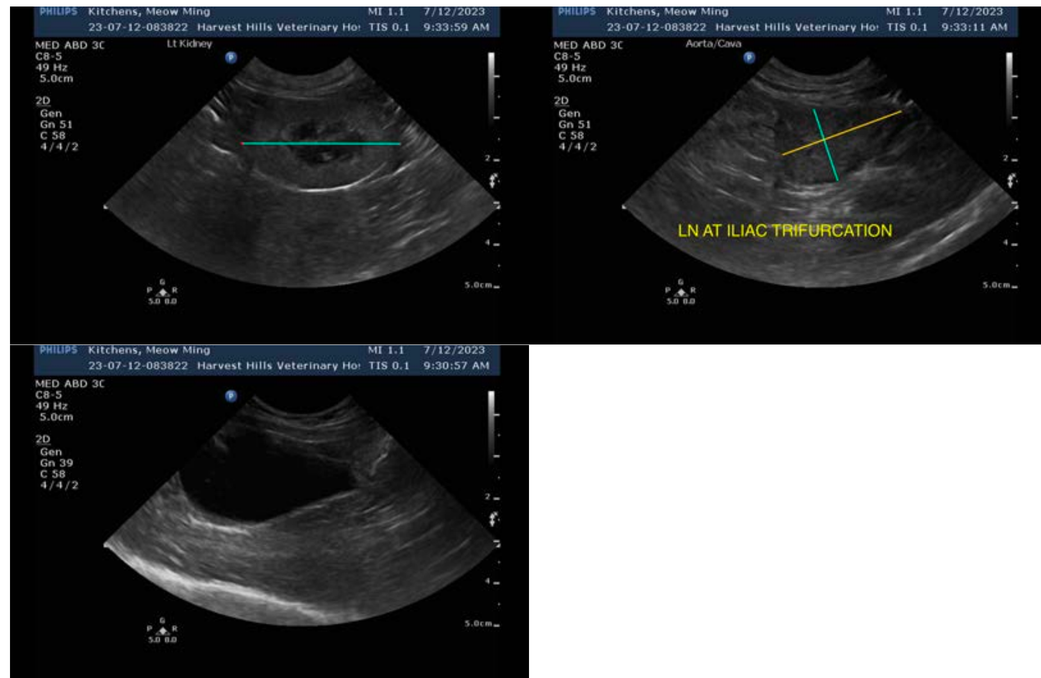

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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