



PATIENT PRESENTING CLINICAL SIGNS

Babe Rouso Abdominal mass palpable, decreased appetite, oral mass (r/o scc). Current meds: Gabapentin, Pet-tinic. Abnormal PE/Chem/CBC/UA Results: WBC 24.4; RBC 5.2; HCT 21.1; PLT 835; T4 0.8; ALB 2.1

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

7.22 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Summit Dog & Cat
Hospital

REFERRING VET

Dr. Lepkowski

INVOICE

44091

DATE

7/18/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. There are at least two focal irregularities noted in the bladder wall. These appear somewhat broad-based and rounded. One is visualized on the mid ventral portion of the bladder wall measuring 0.51 cm x 0.89 cm. The one is more apical on the right side measuring 0.54 cm x 0.46 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any calculi or mass lesions.

The left kidney is large and irregular (4.84 cm). Overall echogenicity is decreased with poor 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 is large and irregular (4.8 cm). Overall echogenicity is decreased with poor 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 0.45 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 (0.52 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.



PATIENT *Gastrointestinal*

Babe Rousso 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.

SPECIES

Feline

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 0.35 cm. Visualized peristalsis appears appropriate. There is a focal area of small bowel that is severely thickened and irregular with complete loss of layering, creating a mass effect. In this region, the bowel wall measures 1.72 cm in thickness with loss of layering. This mass lesion is approximately 6.4 cm in length.

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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.

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Pancreas

The right limb pancreas is prominent, irregular and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

WEIGHT

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Free Abdomen

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

There is a scant amount of free fluid. There is a severe lymphadenopathy present with large, hypoechoic and irregular mesenteric lymph nodes measuring 2.1 cm x 2.93 cm and 1.4 cm x 2.96 cm. The omentum is hyperechoic around the bowel mass and the enlarged lymph nodes.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Shari Reffi, CVT

- Focal rounded mass lesions associated with the bladder wall – These do not have the typical appearance of a transitional cell carcinoma and are relatively broad-based for a polypoid lesion. Additional differentials would include leiomyoma, leiomyosarcoma, lymphoma, focal cystitis, etc.
- Large, irregular, hypoechoic kidneys with decreased corticomedullary distinction – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The appearance of the kidneys could be concerning for possible early infiltrative disease.
- Prominent, hypoechoic right limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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- Diffuse thickening of the small intestine with prominent muscularis layer as well as focal area of bowel with severe wall thickening and complete loss of layering – Finding is concerning for a focal bowel mass, neoplasia is strongly suspected (round cell neoplasia, carcinoma, other).
- Scant free abdominal fluid.



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- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

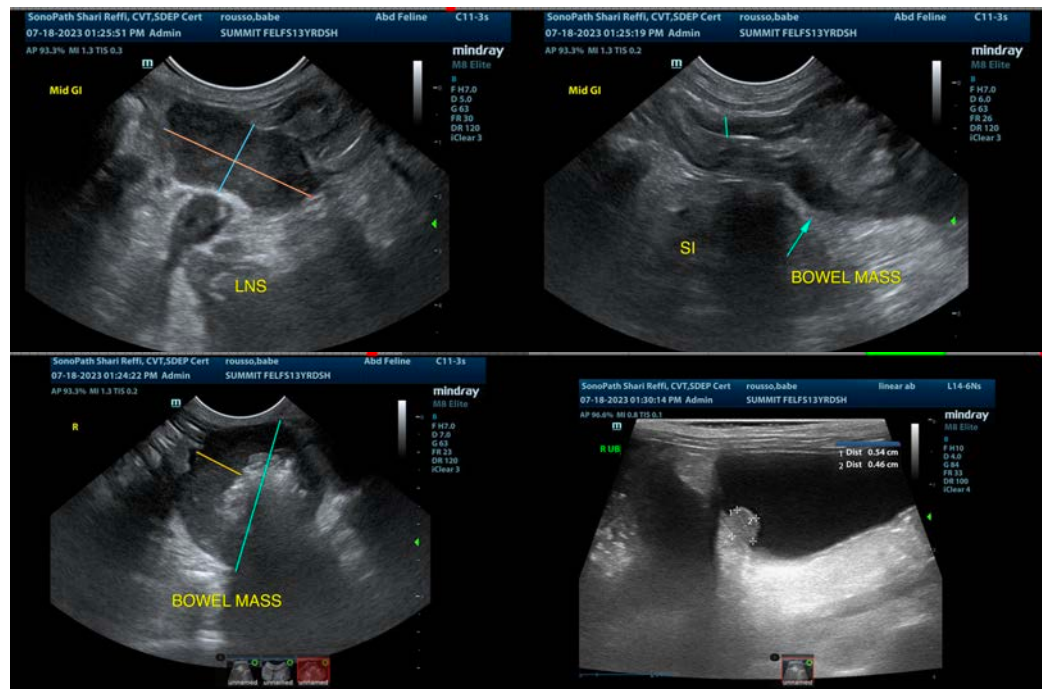
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, focal area of small intestine with complete loss of layering and severe thickening, creating a mass effect. This is highly concerning for a neoplastic process, as there are additionally diffuse irregular, large hypoechoic lymph nodes. Recommend a fine needle aspirate of the bowel and an enlarged lymph node.

Additionally, both kidneys appear irregular, hypoechoic and large. This could represent age related renal disease, but there is concern for possible infiltrative disease to the kidneys. Fine needle aspirate of a kidney could be considered, but if a diagnosis can be obtained off the aspirates of the bowel mass or the lymph node, this is likely adequate.

There are two broad-based mass lesions associated with the urinary bladder wall. These could represent polypoid lesions, a transitional cell carcinoma, etc., but they do have a somewhat atypical appearance for these lesions. Additionally, consider the possibility of metastatic lymphoma or similar to the bladder wall. A fine needle aspirate of the bladder wall mass could be considered, although there is some risk for tracking of neoplastic cells along the sampling path.

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





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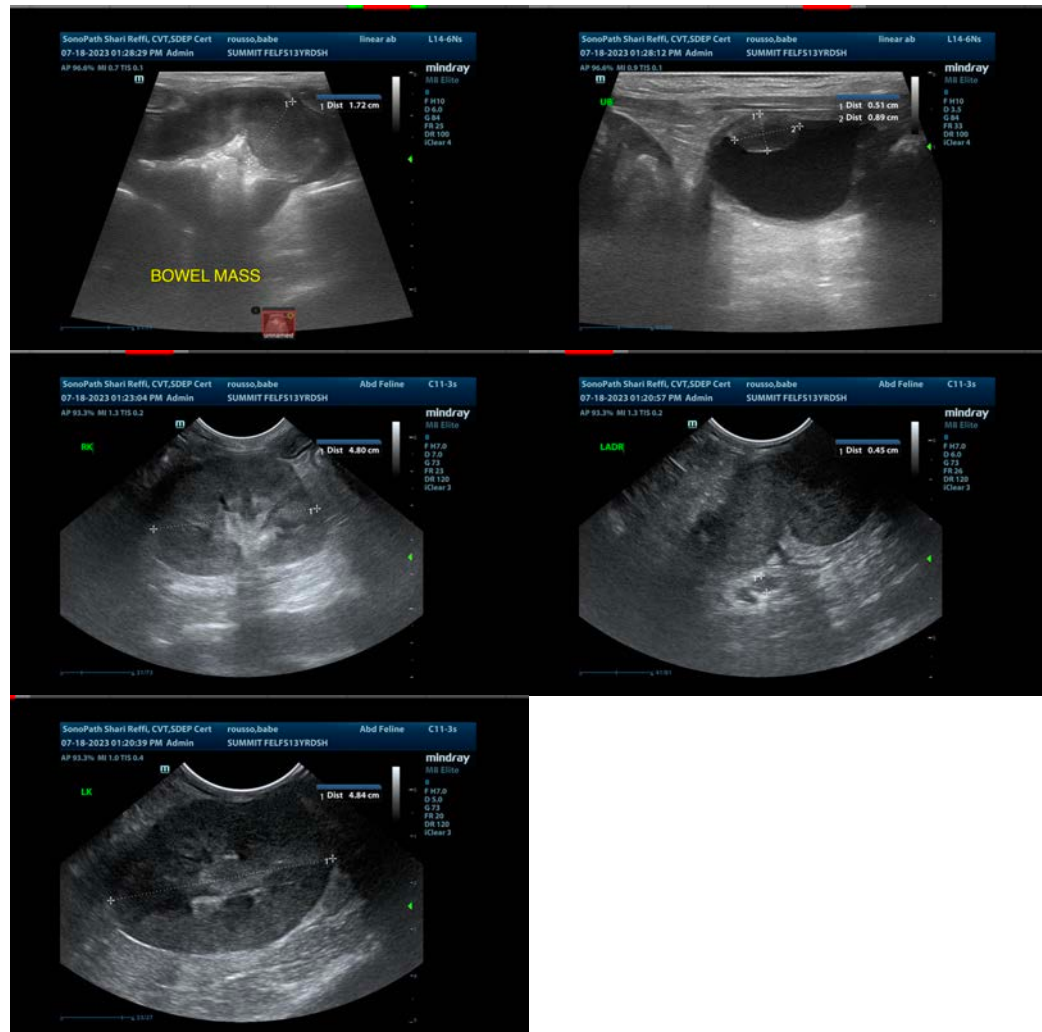
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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