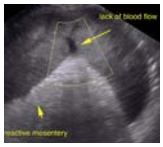
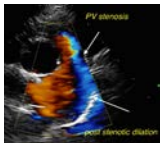
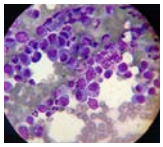
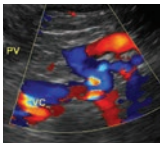
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Jewels Fusco

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

INVOICE

39287

DATE

7/7/22

PRESENTING CLINICAL SIGNS

cutaneous mass removed 2 weeks ago- biopsy results included below- aggressive carcinoma with lymph node involvement. doing ultrasound for staging purposes prior to onco referral. Chest rads show possible mets
Abnormal PE/Chem/CBC/UA Results: Ulcerated and inflamed malignant carcinoma, haired skin and superficial to deep subcutis, including mammary tissues. See comments below. Mitotic count: 22 mitotic figures counted in 10 400 X digital fields Margins: Extends to within 1 mm of specimen deep and peripheral margins Vascular, lymphatic invasion: Multifocal lymphatic invasion, apparent local lymph node metastasis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.38 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. Corticomedullary rim sign is present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.4 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. Corticomedullary rim sign is present. 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 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.

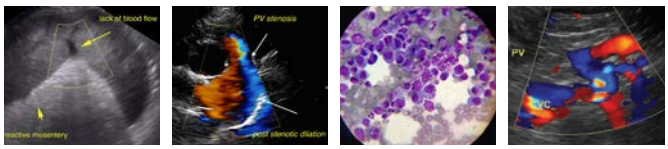
Spleen

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 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.



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

PATIENT

Jewels Fusco

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

INVOICE

39287

DATE

7/7/22

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. There is a moderate amount of fluid and some focal shadowing material within the stomach, which could be consistent with ingesta or ingested foreign material.

Most of 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. The proximal small intestine/duodenum appears slightly fluid dilated with a small amount of intraluminal shadowing material. This could be consistent with ingesta, passing foreign material, or an early foreign body.

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

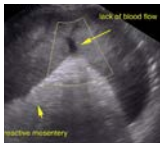
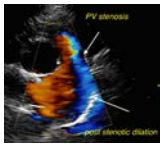
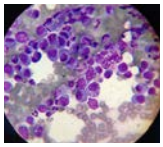
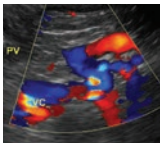
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Medullary rim sign visible in both kidneys – Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.
- Moderately dilated stomach with intraluminal fluid and shadowing material – Correlate with feeding history and abdominal radiographs. If the patient was adequately fasted, this could represent ingested foreign material, hair, etc.
- Mild/moderate fluid dilation of the proximal small intestine with rare shadowing material – This could be consistent with passing ingesta, passing foreign material, etc. Correlate with abdominal radiographs. Continued monitoring is warranted for the possibility of an early foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious mass lesions or nodules were visualized on today's exam. There was no obvious evidence of metastasis from the described lesion. There is some mild echogenic debris in the urinary bladder. Recommend urinalysis and culture. Additionally, there is material visualized within the gastric lumen,

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

PATIENT

Jewels Fusco

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

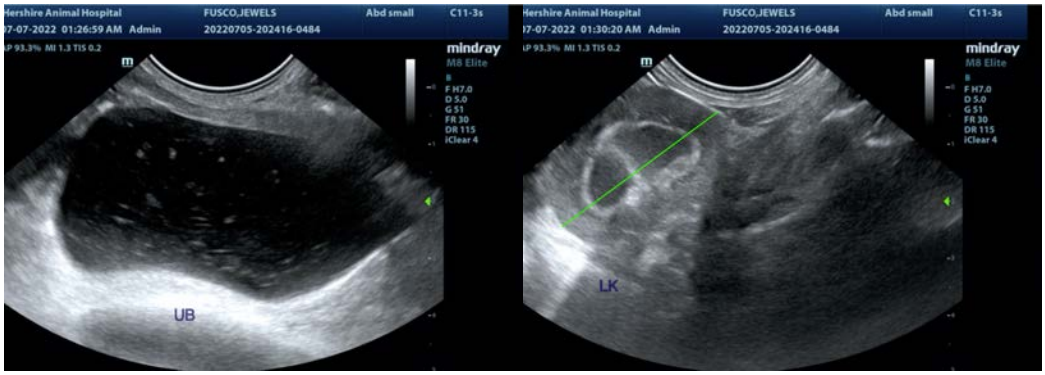
INVOICE

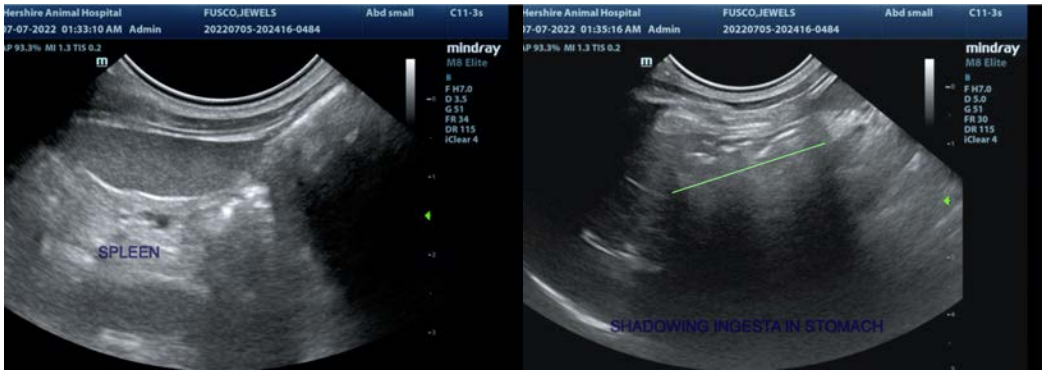
39287

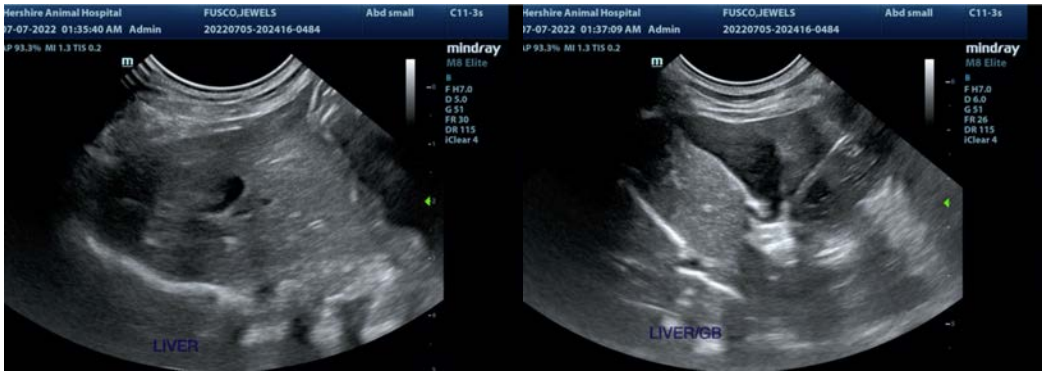
DATE

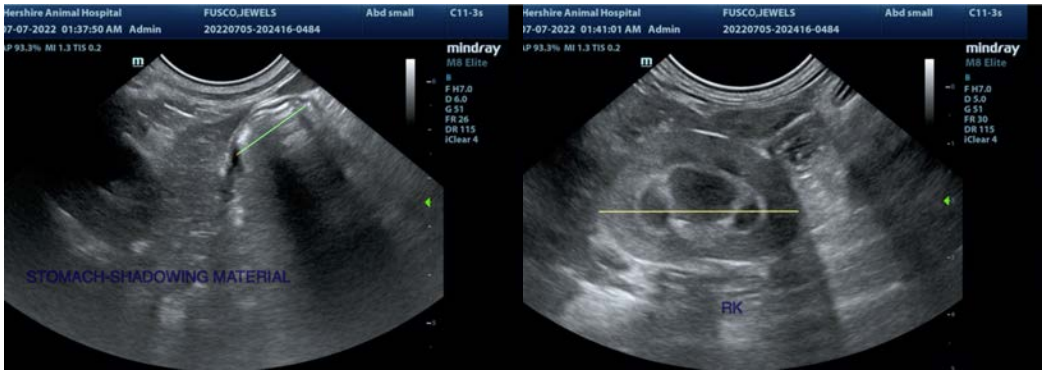
7/7/22

the significance of which is unclear. Correlate these findings with abdominal radiographs and feeding history, as this could represent a large meal, medications, etc. Additionally, there is some dilation of the proximal small intestine with fluid and a small area of shadowing material that could be incidental passing ingesta, etc., but monitoring for the possibility of foreign material is warranted.

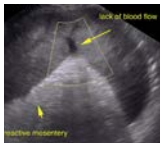
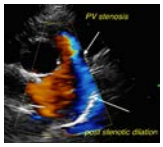
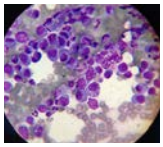
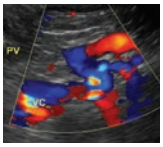








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Jewels Fusco

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

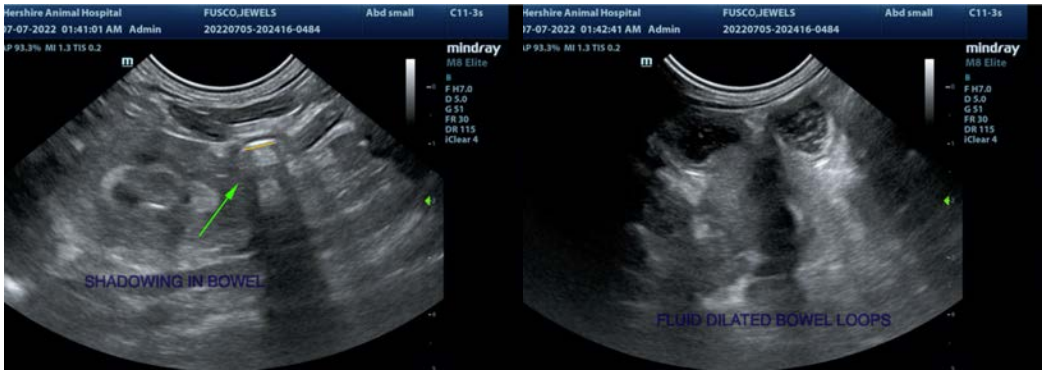
Dr. Meghan Myers

INVOICE

39287

DATE

7/7/22



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)

kathleen.sennello@sonopath.com