

**DATE PRESENTING CLINICAL SIGNS**

8.18.2023

Cat has small cell LSA diagnosed at another clinic. Patient has ascites but may also have an abdominal mass as only 20ml of fluid was able to be tapped off when an abdominocentesis was performed. We are looking to see if there is a mass and if so, whether it is intestinal and heading towards becoming obstructive.

PATIENT

Cooper Moran

Current Medications: Chlorambucil 2mg twice weekly, prednisolone 5mg daily
 Radiographs: See attached.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

1/31/2009

The left kidney has a normal shape and size (3.86 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. A nonobstructive nephrolith is seen measuring 0.50 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9lbs 6oz

The right kidney has a normal shape and size (4.88 cm). Overall echogenicity is slightly hyperechoic 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.

INTERPRETED BY

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

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

HOSPITAL NAME

Cat Sense
 Feline Hospital

Spleen

The spleen is subjectively normal in size (0.60 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.

REFERRING VET

Dr. Sinclair

Liver

The liver is subjectively large, and normal in echogenicity with rounded margins. The vasculature appears somewhat prominent and congested. The gall bladder lumen is moderately distended. The wall of the gall bladder is hyperechoic (measuring 0.23 cm), likely secondary to edema. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

INVOICE

14171

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. The jejunum measured 0.37 cm in diameter. 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 region 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 large amount of free abdominal fluid and some fiber and stranding within the fluid. There is a diffuse moderate mesenteric lymphadenopathy with clusters of large, hypoechoic, rounded lymph nodes (example of which measure 1.53 x 0.84 small, 1.56 x 0.85 cm). The omentum is diffusely hyperechoic.

Other

A brief view of the heart is evaluated. There is no evidence of significant pericardial or pleural effusion. Cardiac evaluation is recommended. Subjectively, the heart rate appears slow.

ULTRASONOGRAPHIC FINDINGS

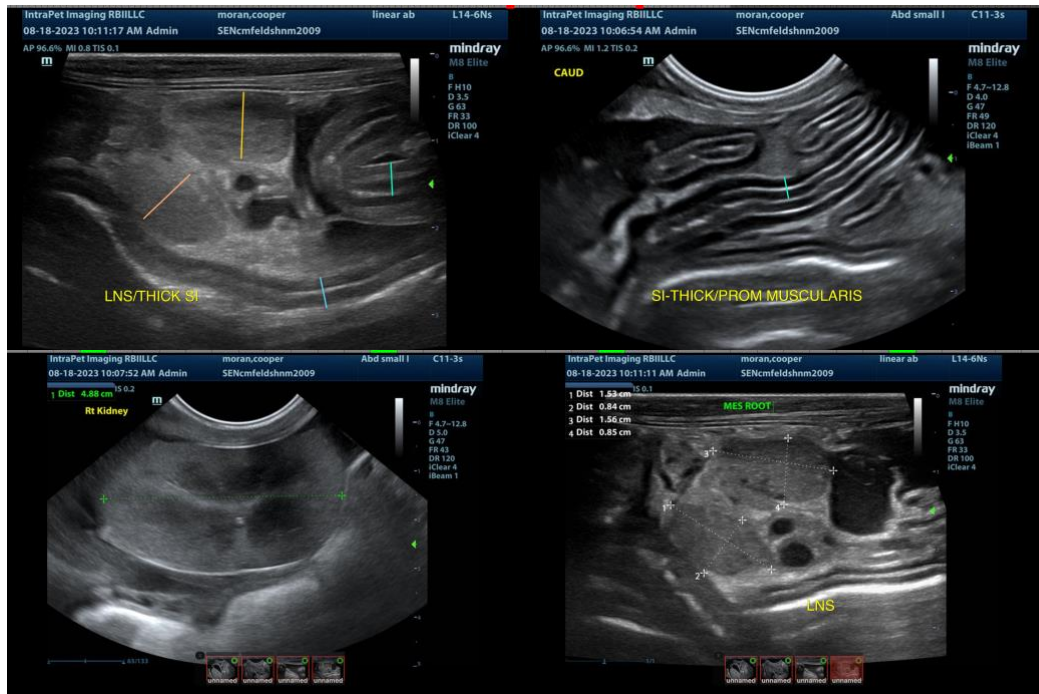
- Decreased corticomedullary junction in both kidneys - The bilateral renal findings are consistent with age-related change.
- Large liver with prominent vasculature – Findings could be consistent with hepatic congestion.
- Thickened small intestine with prominent muscularis layer – The moderate small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Large volume of free fluid – Recommended fluid analysis and cytology. The fiber and stranding within the fluid indicate chronicity.
- Moderate diffuse mesenteric lymphadenopathy - The moderate 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 borne disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

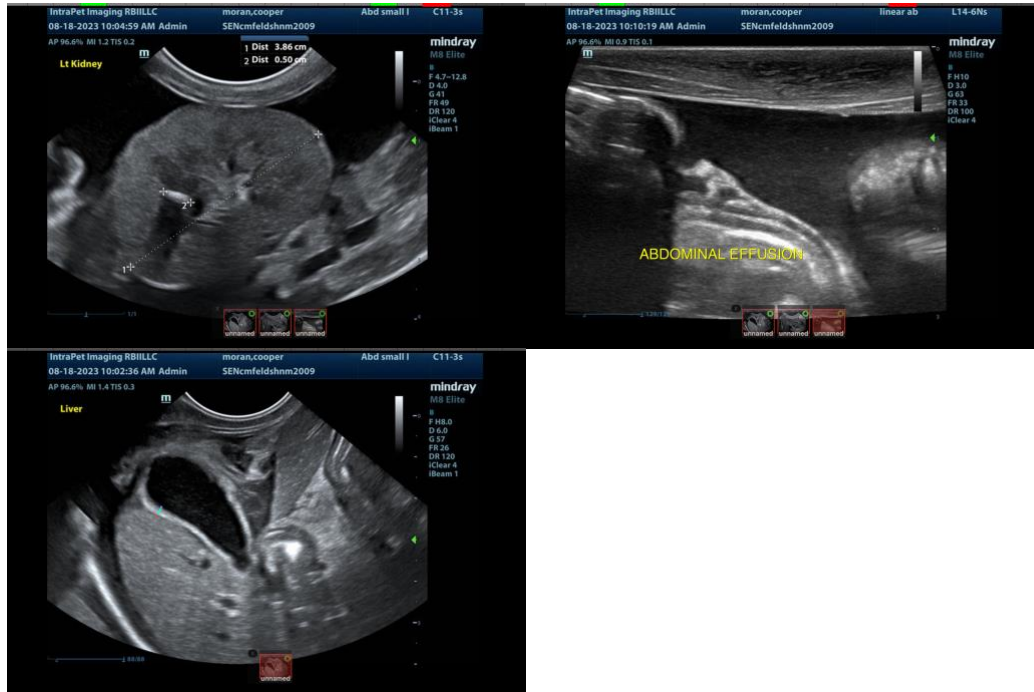
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of free abdominal fluid as well as a significant lymphadenopathy and significantly thickened small bowel. These findings suggest that this patient is not in remission.

The liver vasculature appears somewhat prominent. This, combined with the slightly irregular-appearing heart could indicate an underlying cardiac issue. Recommend cardiac evaluation.

Recommend consultation with a veterinarian oncologist regarding the patient's current status, and to evaluate if treatment adjustments need to be considered.





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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