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Clinical Sonography & Telecytology
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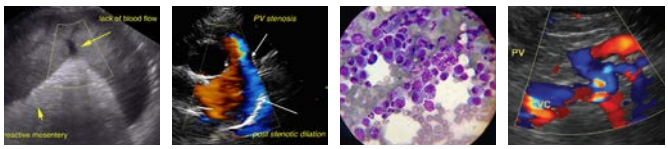


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Theo Everett

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
1 Year

WEIGHT
9 Pounds

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

IMAGING PERFORMED BY
Dr. Elaina Petrone

HOSPITAL NAME
Long Branch AH

REFERRING VET
Dr. Elaina Petrone

INVOICE
40711

DATE
8/24/22

PRESENTING CLINICAL SIGNS

2 yo MN DSH abdominal mass felt on palpation, hypercalcemia

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 (4.21 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. There is a partially cystic, rounded structure associated with the cortex measuring 1.43 cm x 1.35 cm, most consistent with a renal cyst but could be a cystic mass lesion.

The right kidney has a normal shape and size (4.41 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 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 (0.76 cm). The spleen echotexture is heterogenous and severely mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal lesions are visualized, but the severe mottling is consistent with a reticulated pattern.

Liver

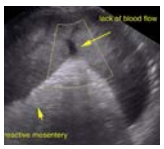
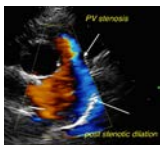
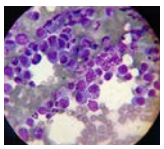
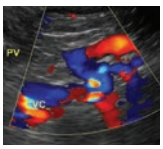
The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. 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.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. In these regions, wall thickness is normal. Bowel loops follow a curvilinear path

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with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. In these regions, the jejunum measures approximately 0.21 cm. The duodenum is normal, measuring between 0.13-0.38 cm. In other areas of the abdomen, the jejunum becomes very irregular and severely thickened with a complete loss of typical layering. In these regions, the jejunal wall measures at 0.41 cm. Additionally, there is a large, mixed echogenic, irregular caudal abdominal mass measuring approximately 3.22 cm x 5.72 cm, which appears to be arising from the bowel. The bowel loop associated with the mass lesion measures 1.77 cm in diameter. Wall thickness is 0.7 cm with a complete loss of layering. There is a large amount of inflammation and scant free fluid around the mass effect.

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 a significant lymphadenopathy present with large, hypoechoic, rounded splenic lymph nodes measuring 0.94 and 0.69 cm in diameter. Additionally, there is a large gastric lymph node measuring 0.75 cm in diameter, and a sublumbar lymph node measuring 0.68 cm. The omentum is generally increased in echogenicity, particularly around the abdominal mass.

ULTRASONOGRAPHIC FINDINGS

- Large, mixed echogenic abdominal mass – This mass appears to be associated with the small bowel and is most consistent with a neoplastic process. Consider round cell neoplasia, carcinoma, FIP, granulomatous disease, etc.
- Focal area of jejunum with complete loss of layering and thickened bowel – most consistent with a focal bowel mass.
- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most 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.
- Large, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Reticulated spleen – The reticulated pattern is often seen associated with round cell neoplasia. Recommend a fine needle aspirate.
- Cystic lesion associated with the left kidney – Most consistent with a benign renal cyst or a cystic nodule.

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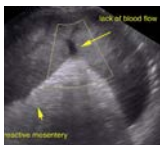
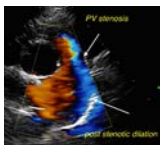
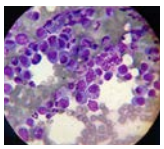
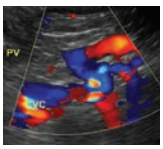

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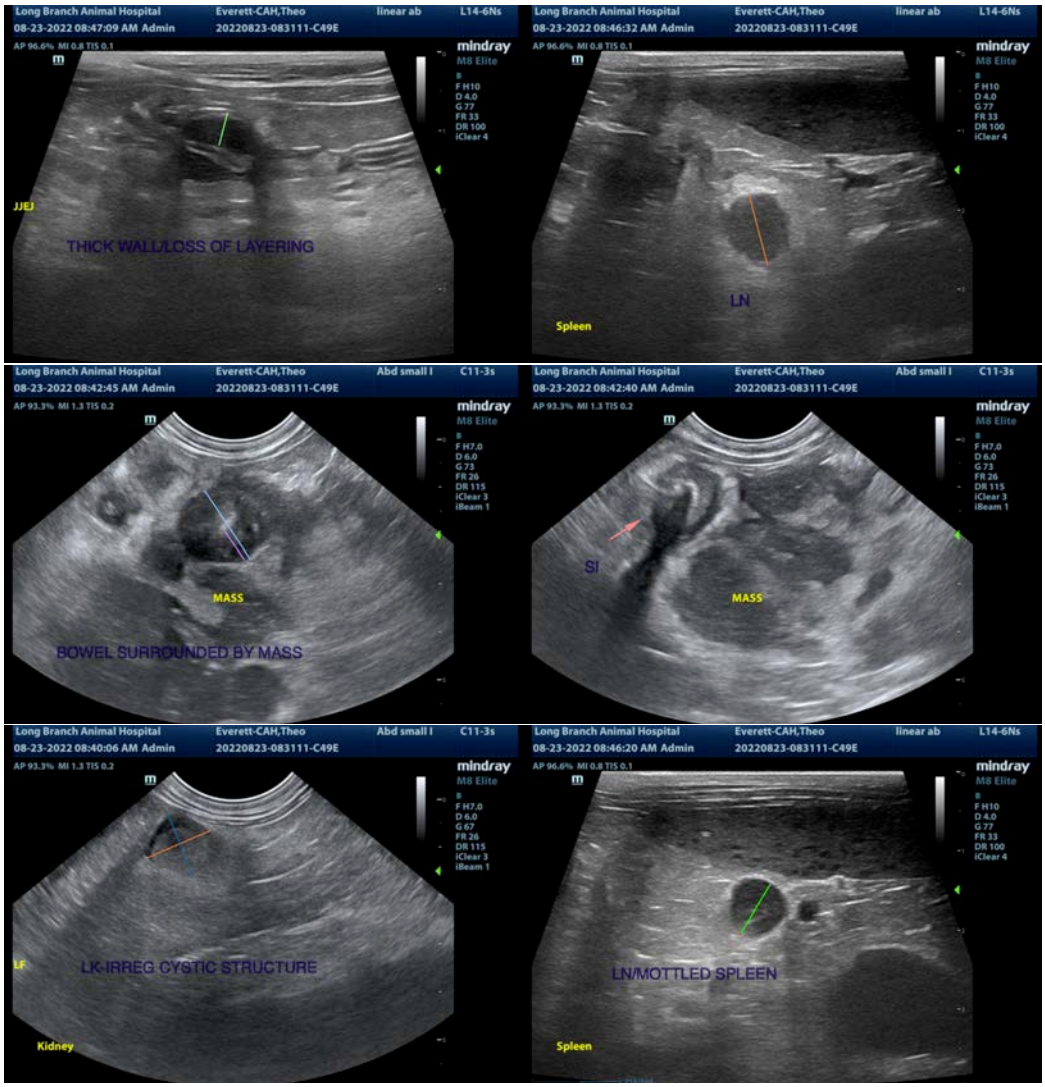
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings on today's scan are concerning for metastatic neoplasia, as there is a severe lymphadenopathy and a primary bowel mass visualized in addition to a secondary bowel mass. Recommend a fine needle aspirate of the large abdominal mass.

Additionally, the spleen and liver appear abnormal, and there is concern for metastasis to these areas. Recommend a fine needle aspirate of the spleen and an abdominal lymph node. Once a cytologic diagnosis can be obtained, consider consultation with a veterinary oncologist regarding treatment options and prognosis.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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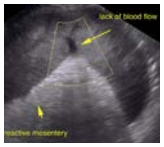
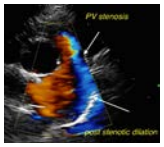
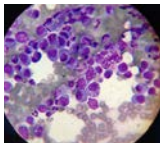
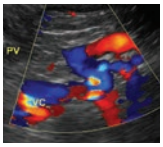

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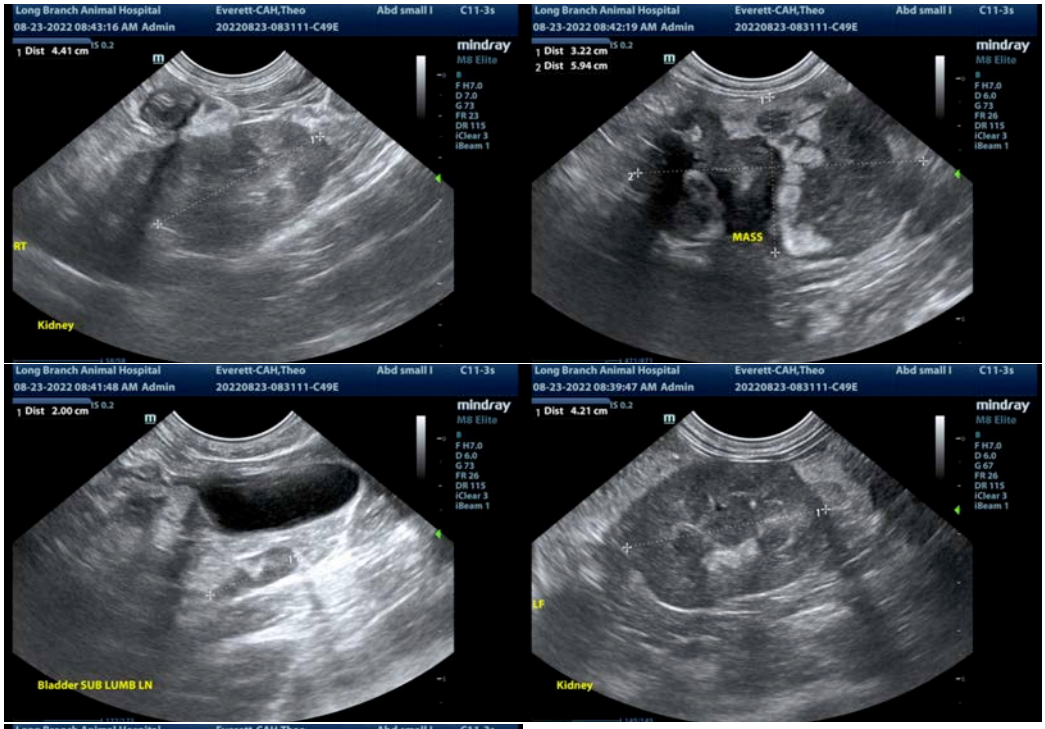

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com