

PATIENT

Tom Macintosh

PRESENTING CLINICAL SIGNS

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

7.3 Pounds

History: Weight loss, eating much less than normal, sleeping all day and very lethargic Littermate is doing well Unsure about vaccines or FeLV/FIV status Owner dewormed 2 weeks ago, no improvement weight, lethargic Physical exam findings: Thin, palpable mid abdominal mass, palpable thyroid nodule HR 240bpm, no murmur Abnormal CBC values: Not back yet Abnormal Chemistry Values: Not back yet Abnormal UA Values: Not back yet Radiograph Findings(email radiographs if available): Radiographic FindingsAbdominal detail is limited as the patient is very thin and there is little intra-abdominal fat. The stomach is empty and contracted. Some small bowel segments contain minimal gas with small diameter. There is ill-defined small mass-effect in the mid ventral abdomen. The colon contains a relatively large volume of formed feces, especially in the more distal portion. Renal margins are suboptimally evaluated due to obscuring colon. The urinary bladder is apparently empty. ConclusionThin patient character. Empty gastric and small bowel character with a convincing small mid abdominal mass-effect. There is evidence of likely a significant degree of constipation. The patient represents a poor subject for radiographic evaluation of the abdomen due to the limited fat. Recommend abdominal ultrasound to more optimally characterize. Steve Harnagel, DVM, DACVR | 916-554-0599 | VMI@RemedyView.com 08/25/2021 10:12:20am Reason for Ultrasound: mid abdominal mass, is this operable, where is it arising from?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic 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.

INTERPRETED BY

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

The left kidney has a normal shape and size (3.61 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The right kidney has a normal shape and size (3.83 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.

HOSPITAL NAME

Brighton Greens VH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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.

REFERRING VET

Dr. Robin Janeway

The right adrenal gland is normal in size measuring 0.34 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

INVOICE

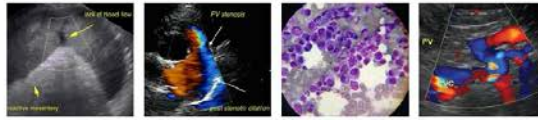
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Spleen

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.

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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.

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. Jejunum wall measures 0.2-0.35 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 prominent 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severe lymphadenomegaly present. There is a mid abdominal hypoechoic, rounded mass effect measuring 3.9 cm x 2.9 cm, most consistent with a large effaced lymph node or freestanding mass. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of generally of normal echogenicity.

PRIMARY FINDINGS

- Large mid abdominal mass – suspect effaced lymph node, cannot rule out bowel origin. High suspicion for round cell neoplasia.
- Subjectively thickened small intestine with increased muscularis – The mild 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).
- Hypoechoic pancreas with prominent hyperechoic mesentery surrounding – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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SECONDARY FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large mid abdominal mass is visualized. It is a solid, hypoechoic, rounded structure that does not appear intimately associated with any other structures, increasing suspicion for a possible effaced lymph node. Recommend fine needle aspirate of the mass lesion and 3-view thoracic radiographs. If cytology is not diagnostic, recommend referral to a boarded veterinary surgeon for surgical removal and biopsy of the mass as well as biopsies of the small intestine.

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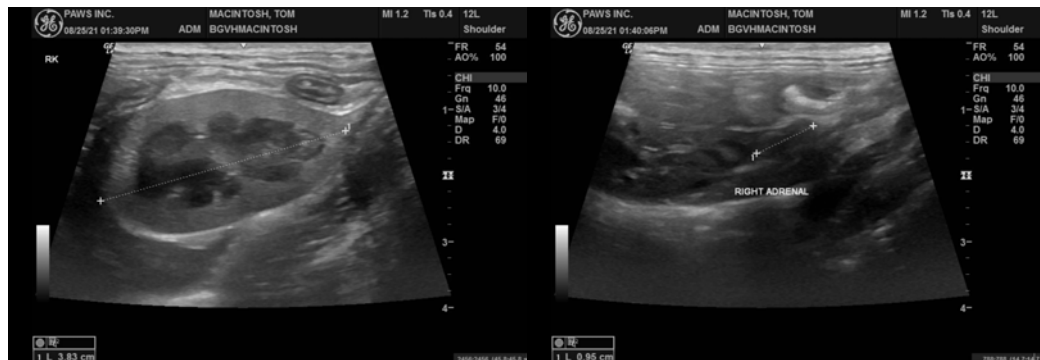


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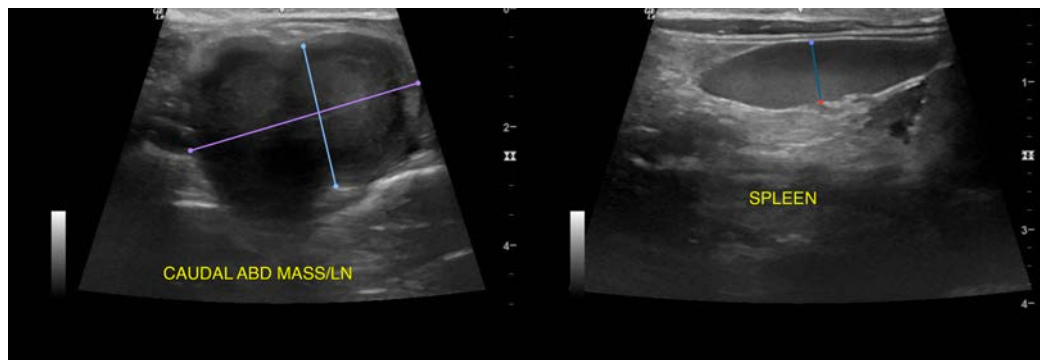


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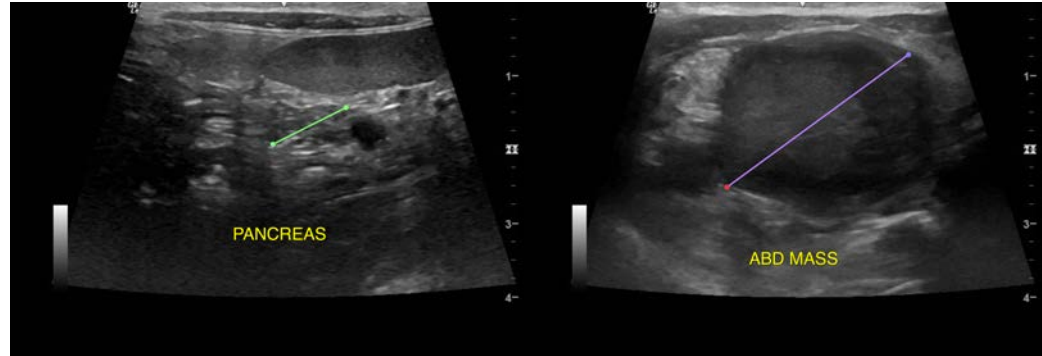
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com

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