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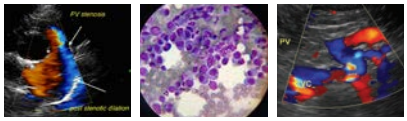

SonoPath

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DATE

8/4/22

PATIENT

Squeaky Koryta

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/5/06

WEIGHT

11.88 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Kerr

INVOICE

40177

PRESENTING CLINICAL SIGNS

Squeaky presented to EVH for lethargy, weight loss, and slight decrease in appetite along with intermittent hiding at home. Historically, he has always been a picky eater. There has been no evidence of coughing, sneezing, vomiting, or diarrhea. Physical exam reveals a mid abdominal mass effect that palpates around 3-4 cm in diameter.

Current Medications: None.
Lab Results: Na/K 43 (32-41), WBC 3.1 (3.5-16), HCT 25 (29-48), Neutrophils 2387 (2500-8500), Lymphocytes 589 (1200-8000)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.

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, or masses. There is a moderate amount of shadowing material visualized within the dependent portion of the urinary bladder. This is most consistent with numerous small stones. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions. Recommend correlation with abdominal radiographs, urinalysis and culture.

The left kidney has a normal shape and size (4.04 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.

The right kidney has a normal shape and size (4.2 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 left adrenal gland is normal in size measuring 0.37 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 right adrenal gland is normal in size measuring 0.35 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.

Spleen

The spleen is large in size. The spleen echotexture is heterogenous and mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hypoechoic mass effects visualized within the spleen, which deviate the splenic capsule. The largest mass lesion measured 1.93 cm x 1.06 cm. Additional nodules measure at 1.1 cm and 1.13 cm.

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. There is a small hypoechoic lesion visualized near the hilus measuring 1.4 cm, most consistent with a hepatic cyst.

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 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. 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severe mesenteric lymphadenopathy with a large lobulated, solid mass effect visualized mid abdomen near the root of the mesentery with additional large, hypoechoic lymph nodes in the region measuring 1.2 and 1.6 cm in diameter. The primary mass effect/lymph node measures 3.8 cm x 4.94 cm and is surrounded by hyperechoic mesentery.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, mottled spleen with numerous hypoechoic nodules – Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The appearance of the spleen is highly concerning for metastatic neoplasia.

- Large, irregular, nodular mid abdominal mass – most consistent with an effaced lymph node. Recommend fine needle aspirate.

- 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.

- Hypoechoic, prominent pancreas surrounded by hyperechoic mesentery – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

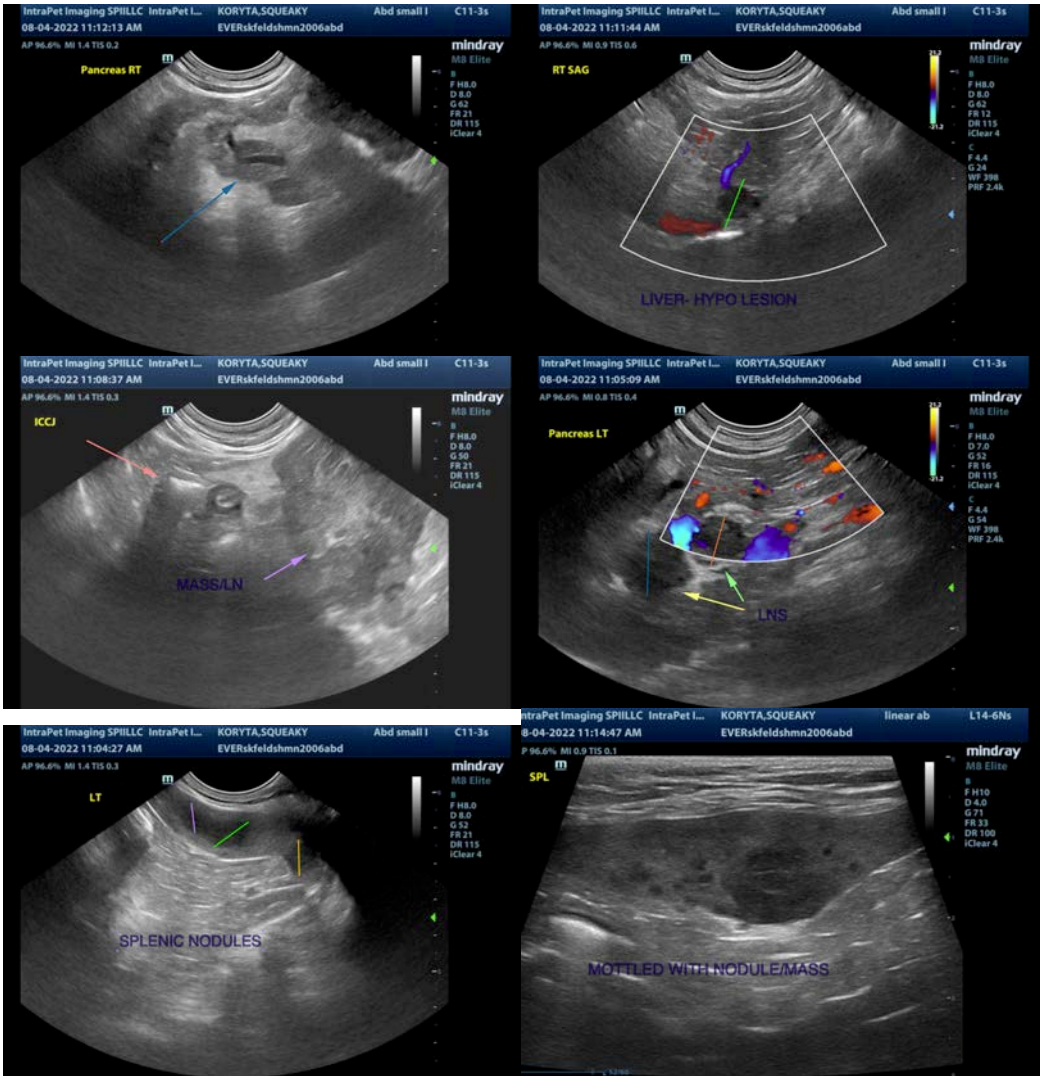
- Hyperechoic shadowing material within the dependent portion of the urinary bladder – most consistent with bladder stones. Correlate with abdominal radiographs, urinalysis and culture.

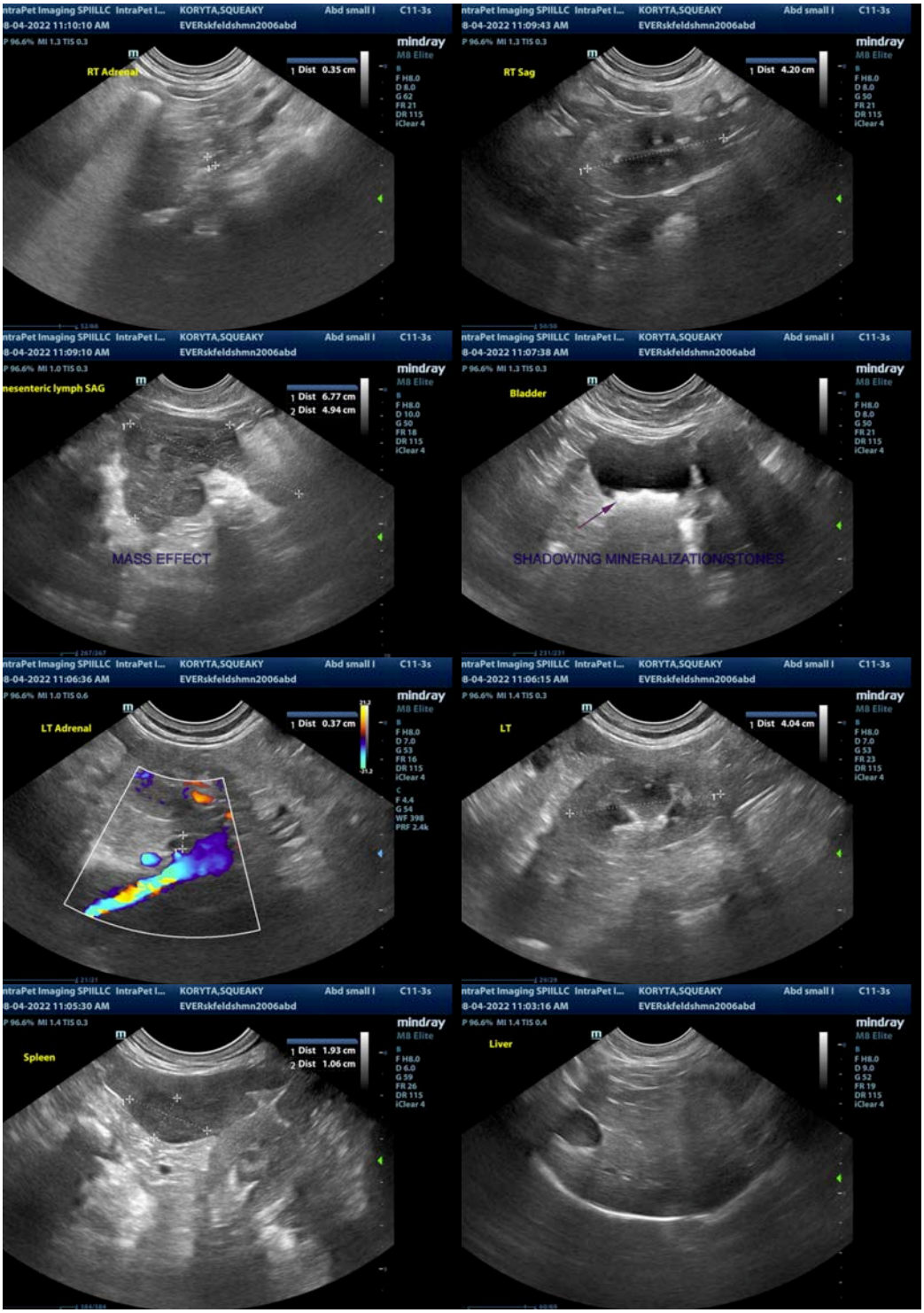
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings on today's scan are highly concerning for a diffuse metastatic process. There is a very large mid abdominal mass that I suspect is an effaced lymph node that is surrounded by similar appearing, irregular, large lymph nodes. Additionally, the spleen is nodular with numerous hypoechoic lesions.

Recommend a fine needle aspirate of the mesenteric lymph node/abdominal mass and splenic nodules.

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





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.

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