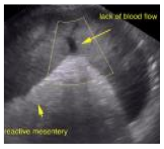
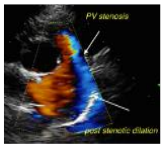
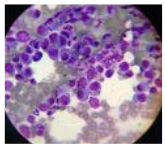
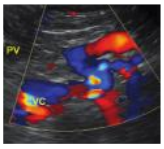
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Jolene Battle

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

7.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenny Parrish

HOSPITAL NAME

Local Mobile Vet

REFERRING VET

Jenny Parrish

INVOICE

12925

DATE

9/3/21

PRESENTING CLINICAL SIGNS

History: Weight loss, hx of FLUTD

Abnormal PE/Chem/CBC/UA Results: mid abdomen soft (almost viscous) mass mid to cranial abdomen. Abdomen feels generally doughy, but no fluid wave Alb 2.4, total bili 0.6, CPK 1038, WBC 26.1, RBC 5.6, Monos 1305

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears mildly diffusely thickened and irregular. The ureteral papilla and visible urethra to a depth of 2.0 cm appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. Findings most consistent with cystitis or lack of fluid distention of the urinary bladder. I recommend urinalysis and culture.

The left kidney has a normal shape and size (3.81 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 (3.97 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 0.36 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 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.

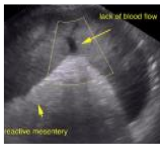
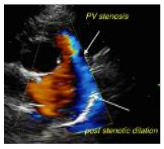
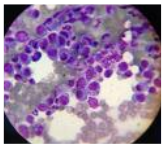
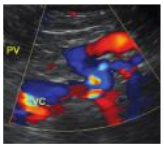
Spleen

The spleen is subjectively large in size The spleen echotexture is hypoechoic and mottled, 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 large in size, and 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 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.

Gastrointestinal

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

PATIENT

Jolene Battle

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

7.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenny Parrish

HOSPITAL NAME

Local Mobile Vet

REFERRING VET

Jenny Parrish

INVOICE

12925

DATE

9/3/21

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 0.3 mm in diameter. Visualized peristalsis appears appropriate. There is a large cranial abdominal mass, measuring 3.5 cm x 4.78 cm. It is generally hypoechoic, but has a hypoechoic center with an apparent wall thickness of approximately 0.8 cm. This mass lesion is most consistent with a bowel mass or with a large abdominal mass with a necrotic center.

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

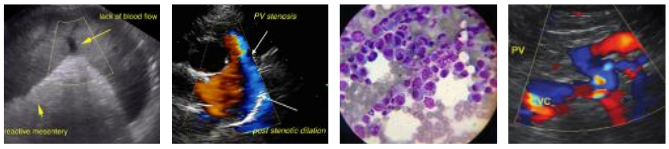
Scant anechoic free fluid noted. There is a severe lymphadenomegally present in the mid abdomen with a hypoechoic lymph node/mass, measuring 2.9 cm x 3.9 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. Additionally, there is a second mass effect described under small intestine, measuring 3.5 cm x 4.78 cm and numerous smaller lymph nodes throughout the abdomen. The omentum is generally of increased echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large hypoechoic mottled spleen- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis
- Large heterogeneous liver- Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy
- Large mid abdominal mass, suspect consistent with enlarged lymph node- The moderate/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
- Second mid abdominal mass, bowel mass versus second lymph node with necrotic center- Very concerning for primary neoplasia

Secondary Findings



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

PATIENT

Jolene Battle

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

7.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenny Parrish

HOSPITAL NAME

Local Mobile Vet

REFERRING VET

Jenny Parrish

INVOICE

12925

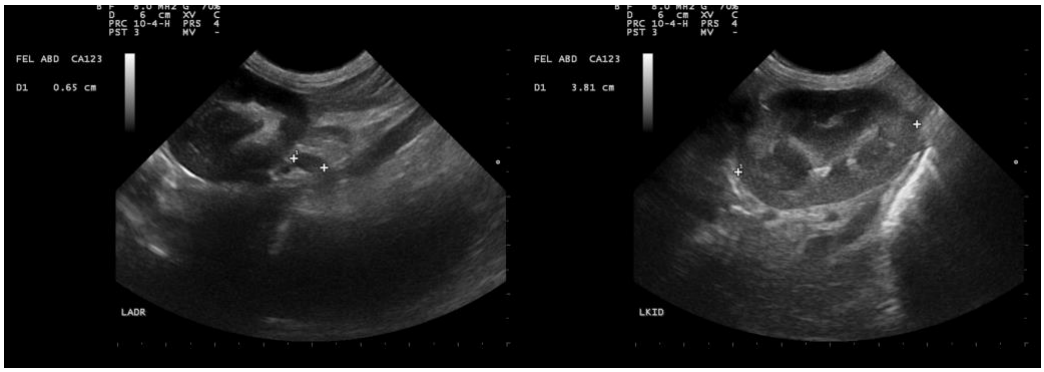
DATE

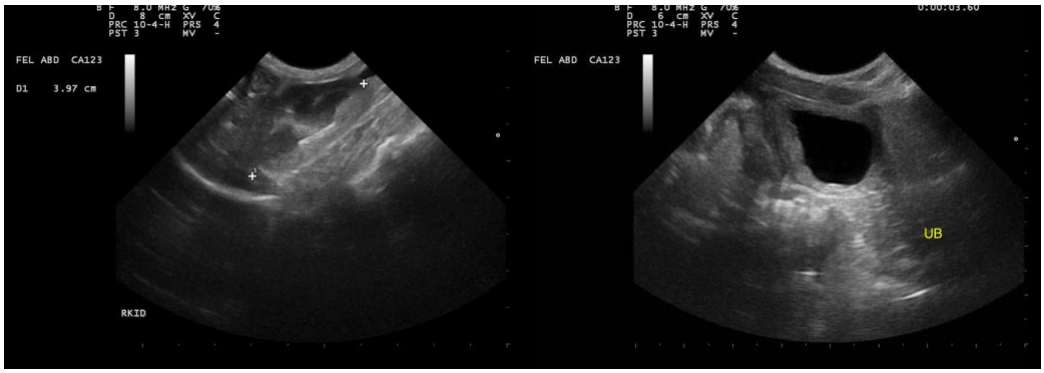
9/3/21

- Generalized small intestinal thickening- 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)
- Mildly thickened and irregular bladder wall- The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient

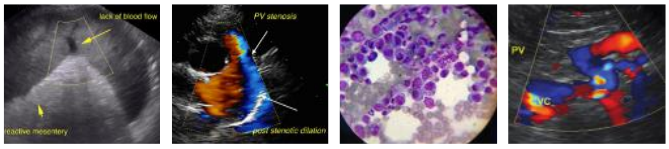
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mid abdominal mass which is most consistent with a large lymph node. There is a second mid abdominal mass which has the appearance of a bowel mass, but I cannot directly connect it with a loop of bowel. Alternately, it could be a lymph node with a hypoechoic necrotic center. I recommend fine needle aspirate of mid abdominal mass to obtain a diagnosis. The changes in the liver and spleen are likely due to infiltrative disease, but aspirates of these areas could be considered as well. I recommend 3 view thoracic radiographs and referral to a veterinary oncologist, if diagnosis is confirmed and long-term treatment is desired.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jolene Battle

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

7.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenny Parrish

HOSPITAL NAME

Local Mobile Vet

REFERRING VET

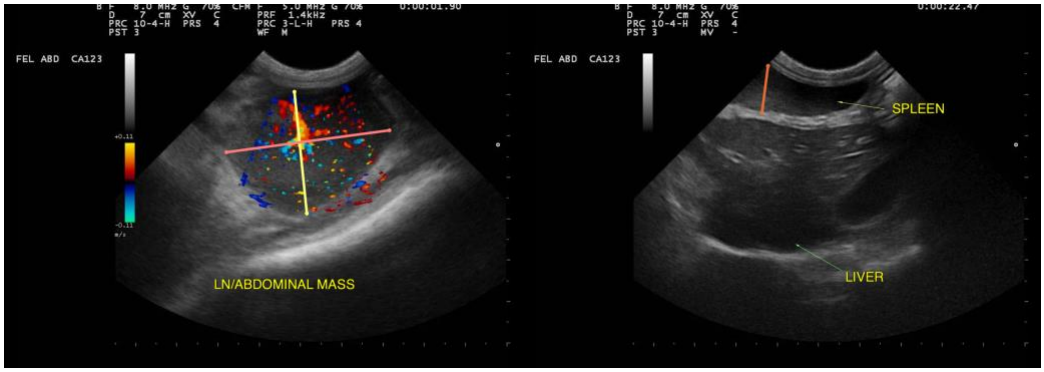
Jenny Parrish

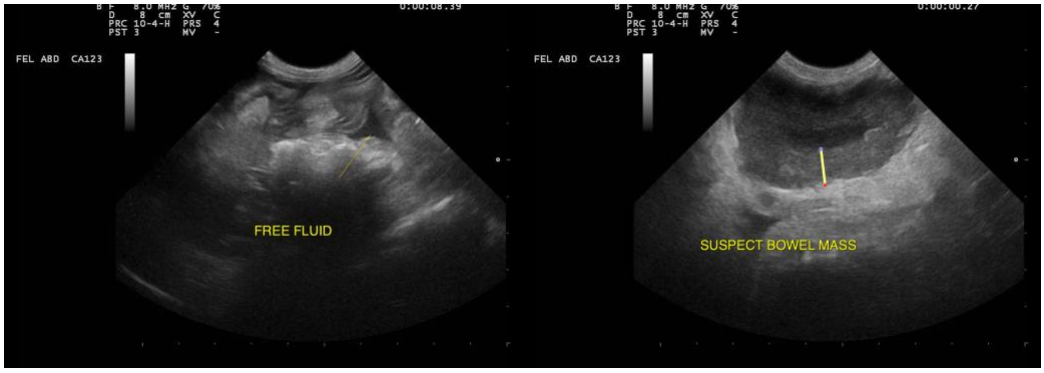
INVOICE

12925

DATE

9/3/21





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