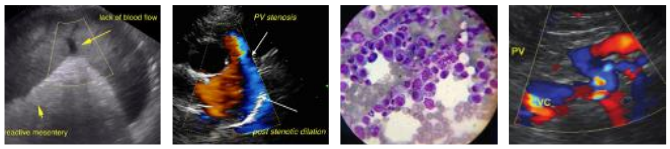


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Payton Farinaro

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

13 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Eisenberg

INVOICE

14562

DATE

4/4/22

PRESENTING CLINICAL SIGNS

History: lethargic

Abnormal PE/Chem/CBC/UA Results: low albumin low protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass.

The left kidney measures 3.49 cm (decreased in size). Although the capsule is smooth, the kidney is rounded, and the cortex is markedly hyperechoic. A marked loss of the normal architecture is observed. There are no signs of nephroliths or pyelectasia.

The right kidney measures 3.90 cm (within normal limits). Findings are similar to the left kidney, however, the surrounding mesentery is severely hyperechoic.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

Only a small portion of the spleen is visualized. The visualized spleen is within normal limits in architecture, echotexture, and echogenicity, and the capsule is smooth. The vasculature is not evaluated.

Liver

There are no obvious signs of hepatomegaly, and its borders are smooth and sharp. The liver's echotexture is diffusely granular, but is within normal limits in echogenicity. The portal vessels are very mildly hyperechoic. Overt signs of an inflammatory, infiltrative or regenerative process are not evident.

The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic bile duct is not dilated or tortuous. The common bile duct is not visualized.

Gastrointestinal

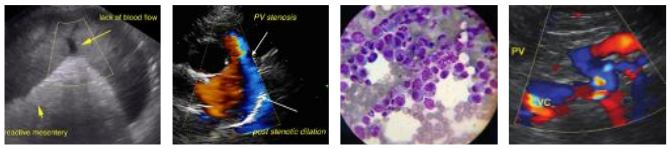
The individual wall layers of the stomach are thickened and a loss of detail is observed. A marked thickening and hyperechogenicity of the mucosa is present. The muscularis is also thickened in certain regions.

Certain segments of small intestine are mildly dilated and filled with fluid. These same segments have an echogenic/hyperechoic mucosa. Loss of definition of the individual layers of multiple loops of bowel is also observed. A loop of small intestine is markedly abnormal; it is markedly thickened at 2.3 cm, and hypoechoic, with a complete loss of definition of the wall layers. The surrounding mesentery is severely hyperechoic. At least two, if not three intestinal masses, with a similar description, are observed.

Gas is present within the colon. The colonic wall is not thickened, and mural detail is considered normal.

Pancreas

Not visualized (see free abdomen for details).



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Free Abdomen

The mesentery surrounding the gastrointestinal tract is markedly and diffusely hyperechoic throughout the entire abdomen. The mesentery cranial to the left kidney is markedly hyperechoic, but in a very "patchy" and "nodular" haphazard pattern.

A mass effect of mixed heterogeneity is observed cranially and medially to the left kidney, it measures 3.0 cm in diameter x approximately 2.7 cm in length. Two anechoic to hypoechoic regions are present in the center, giving it a cystic appearance. The mesentery surrounding this structure is also markedly hyperechoic. This cystic structure is viewed in another angle and measures approximately 3.64 cm in diameter.

A mass effect is present in the region of the left pancreas, where it appears to be a cohesion of omentum, lymph nodes, pancreas and loops of bowel.

In another view, the intestinal mass, described above, is dorsal to the right kidney and appears to be involving the duodenum and possibly right limb of the pancreas. A second mass, which has a more homogeneous and granular echotexture, is noted distally, however, a lymph node cannot be excluded. The mass measures 3.9 cm in length x 3.8 cm in diameter. The mesentery surrounding the mass is markedly hyperechoic. A third mass is observed distally, just cranial to the urinary bladder. It is approximately 6 cm in length.

A scant amount of free fluid is visible.

ULTRASONOGRAPHIC FINDINGS

- Based on the above findings, gastrointestinal lymphoma or adenocarcinoma is suspected, in addition to lymphadenomegaly and severe steatitis. The first cystic structure in the left cranial quadrant may actually be the pancreas, therefore acute pancreatitis may also be a secondary complication, however, the pancreas may also be physically incorporated in the mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the different abnormal loops of bowel and lymph nodes are recommended in order to attain a definitive diagnosis and determine treatment options.

Adenocarcinoma and large cell lymphoma carry a poor prognosis as they do not tend to respond very well to chemotherapy; a survival time of anywhere between 2-4 months may be expected. The appearance of the masses is not typical of chronic lymphocytic leukemia but cannot be excluded without performing fine needle aspirates.

If further diagnostics are not pursued, but palliative care is desired, analgesics such as buprenorphine and gabapentin are recommended, in addition to steroids and chlorambucil. The first few doses of steroids should be given as dexamethasone, subcutaneously, for more rapid absorption and onset of action.

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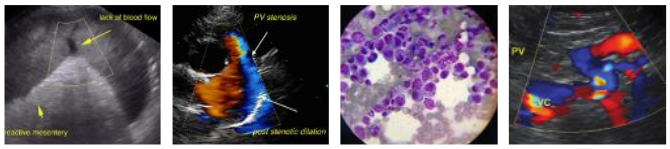

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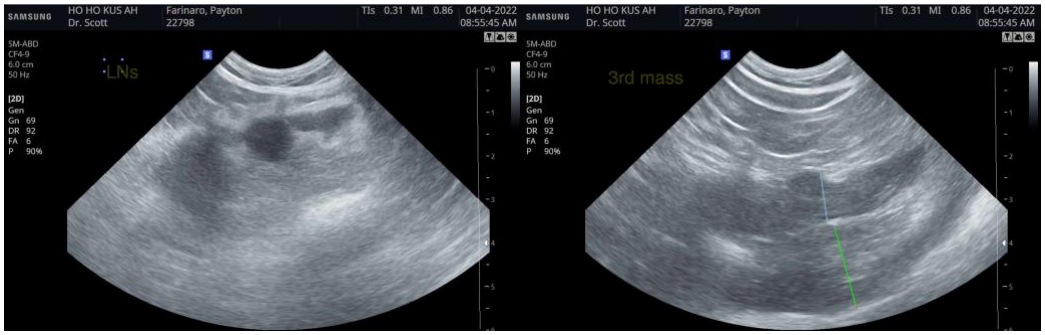

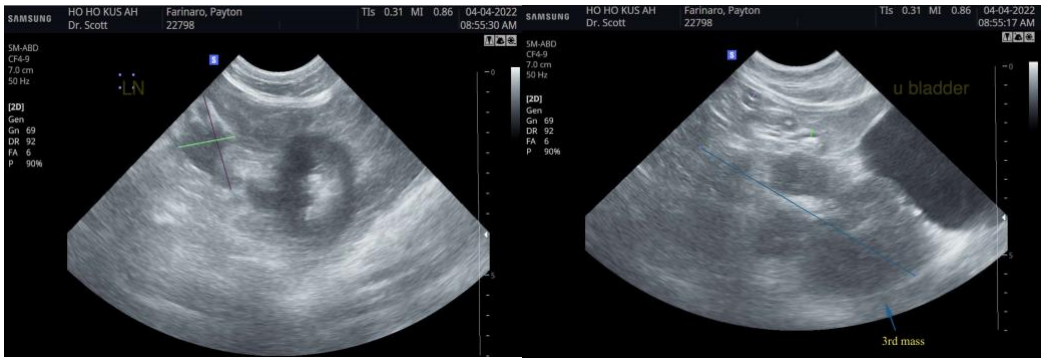

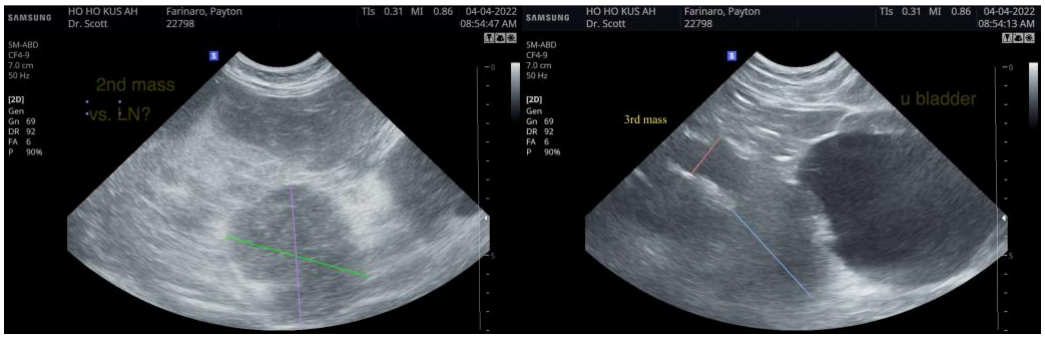

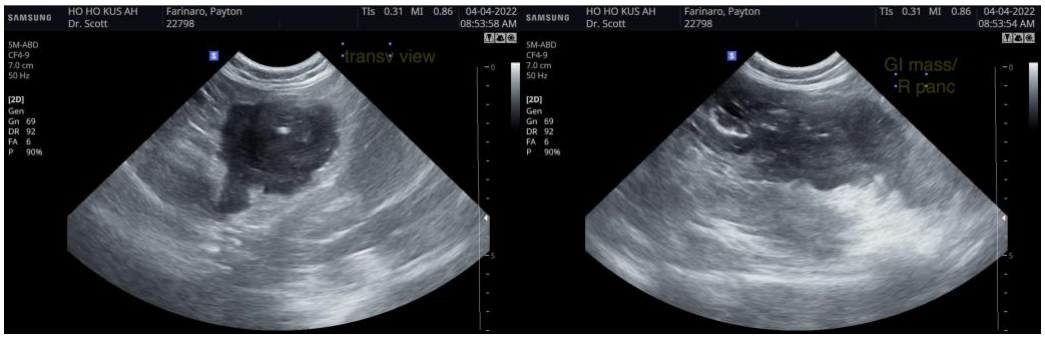

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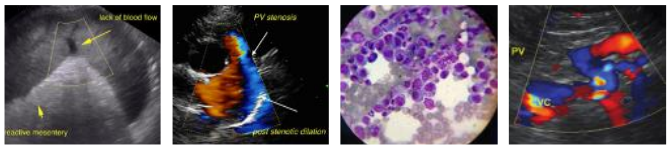

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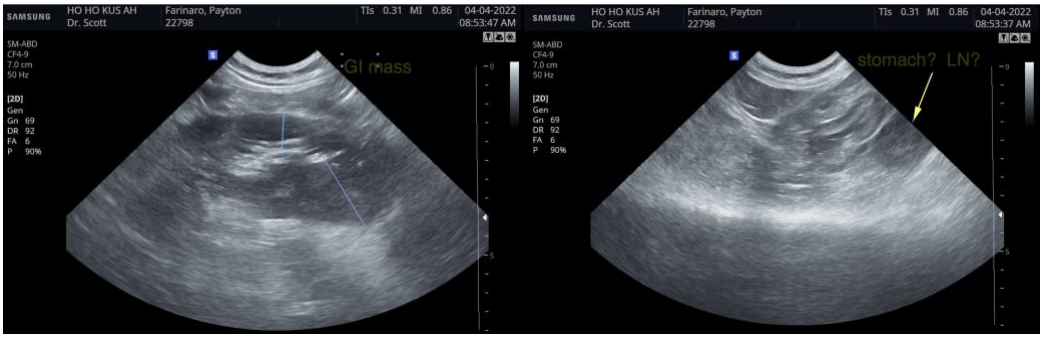

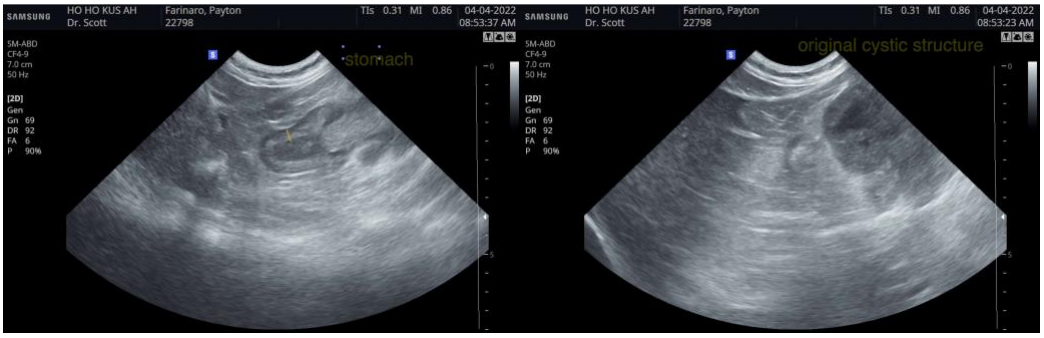

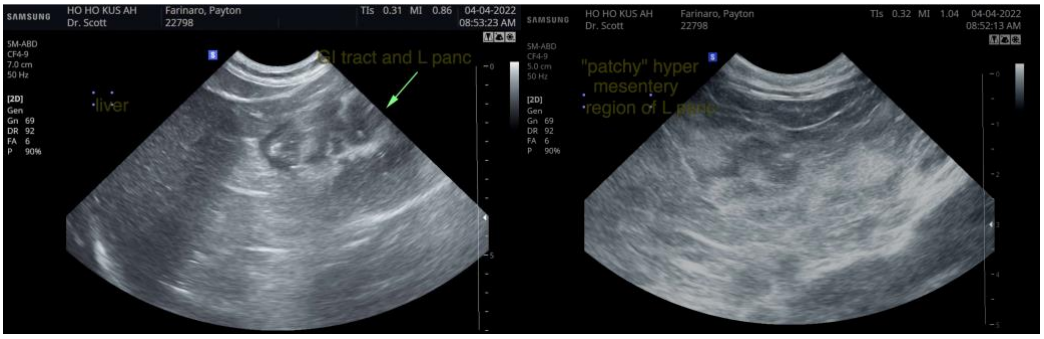

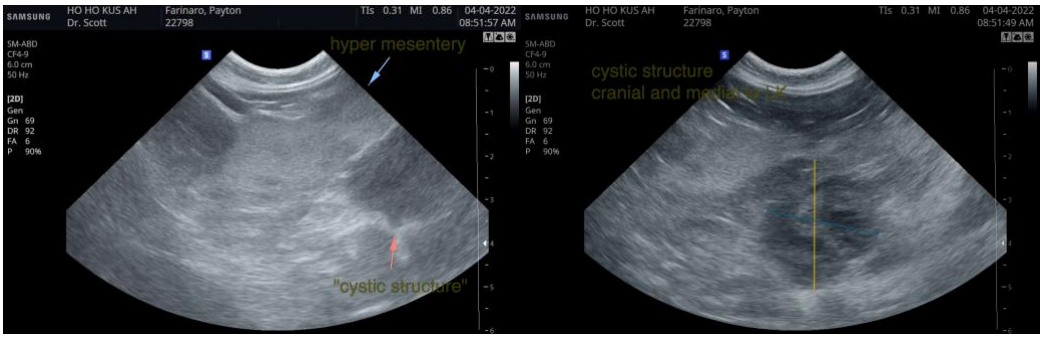

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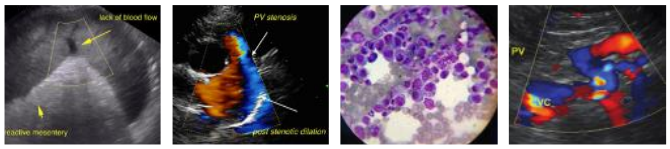

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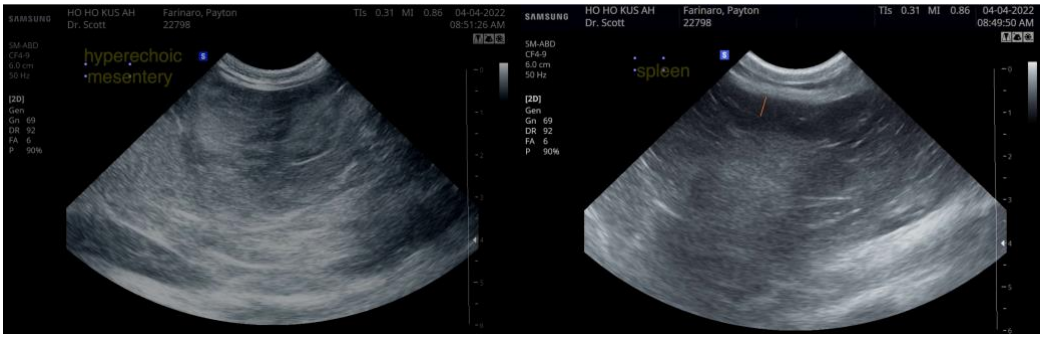

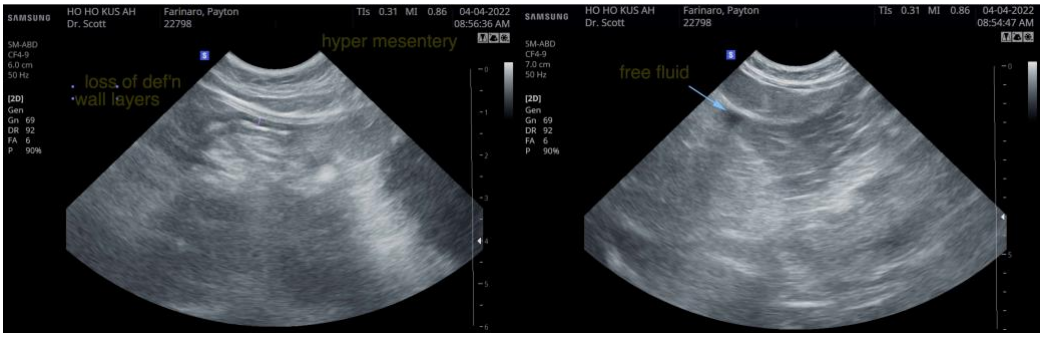

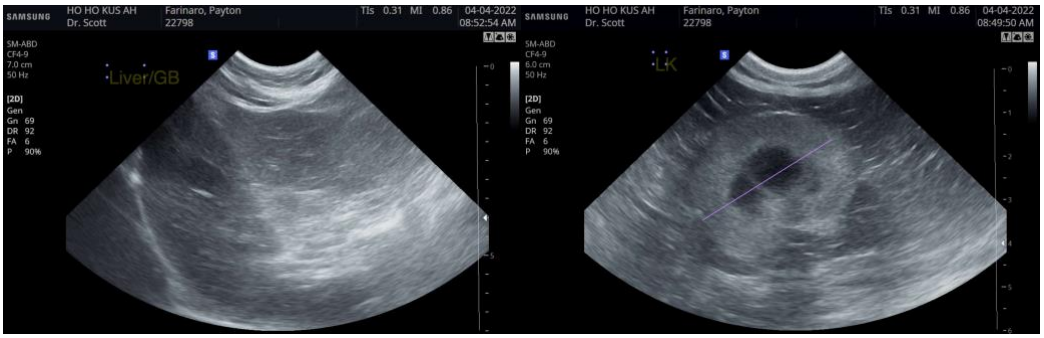

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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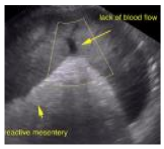

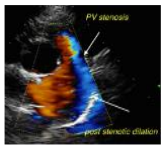

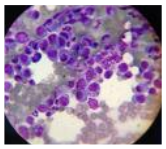
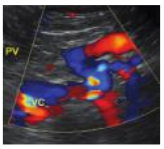

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