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Clinical Sonography & Telecytology
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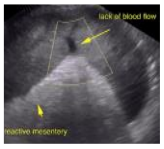

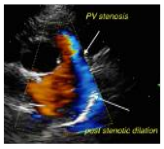

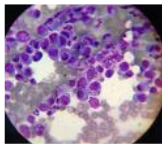
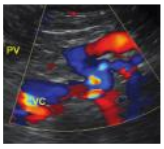

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Molly Jones

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13y 11m

WEIGHT

14 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Budd Lake AH

REFERRING VET

Dr. Horn

INVOICE

15966

DATE

1/26/23

PRESENTING CLINICAL SIGNS

Decreased appetite, weight loss
Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Borderline enlargement was noted in the kidneys with asymmetrical margination. Mild to moderate loss of corticomedullary border demarcation and minor bilateral pyelectasia was present. Subtle evidence of left and right retroperitoneal effusion around the renal periphery. Potential for discrete hypoechoic halo signs is noted bilaterally. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

Spleen

The spleen was normal to mildly subnormal in size with a symmetrical contour and finely textured homogeneous parenchyma.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was mildly dilated and tortuous, not consistent with post hepatic obstructive criteria. The common bile duct dilation measured 0.33 cm diameter. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis, especially if previous or current liver enzyme elevations have been noted. No overt signs of post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 cm.

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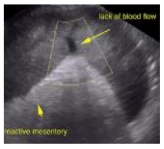

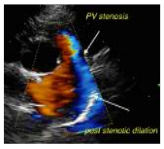

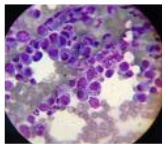
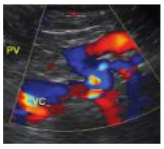

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Mid abdominal intestinal mural mass exhibiting variable hypoechoic mural hypertrophy, loss of intestinal wall layering and associated segmental paralytic ileus was present. The mass measured potentially 6.0 cm in length and 3.5 cm diameter with wall width up to 2.0 cm. Mild regional hyperechoic peri intestinal mesentery was noted. Adjacent intestinal tract exhibited intact wall layering with normal maintained wall layer ratio.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt or significant lymphadenopathy was present. Mild regional hyperechoic peri intestinal mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

- Segmental midabdominal intestinal mural mass with regional hyperechoic peri intestinal mesentery
- Bilateral borderline renomegaly exhibiting loss of corticomedullary border distinction, possible minor retroperitoneal effusion vs. discrete bilateral hypoechoic halo sign
- Nonobstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mural mass is likely consistent with neoplastic criteria with concern for high-grade neoplasia such as lymphoma, mast cell neoplasia, or other. Although the bilateral kidneys were nonspecific with possible nonspecific nephritis, concern for multicentric round-cell neoplasia involving the segmental intestinal tract and bilateral kidneys is warranted. Further assessment may include FNA cytology of the intestinal mass, as well as kidney cortex for further assessment and possible oncology consultation. Three-view chest radiographs are recommended.

Subjectively, the intestinal mural mass may be amendable to surgical resection. However, the determination of left, right, or bilateral renal neoplastic criteria would be necessary prior to any possible surgical considerations.

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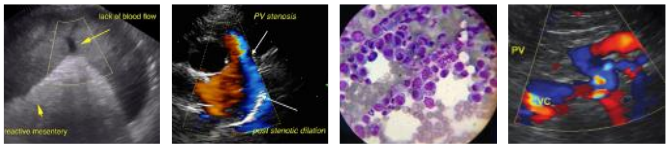

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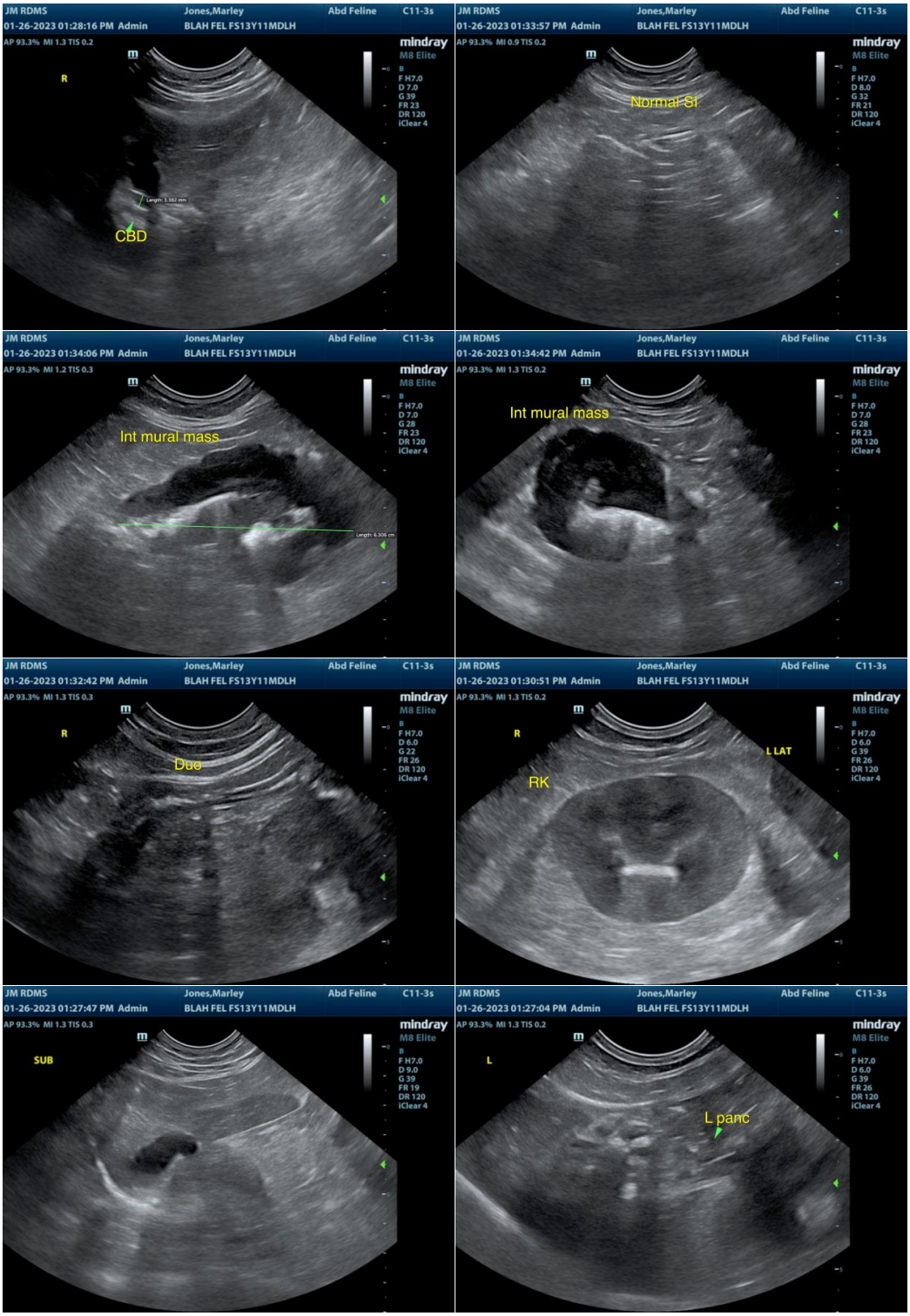

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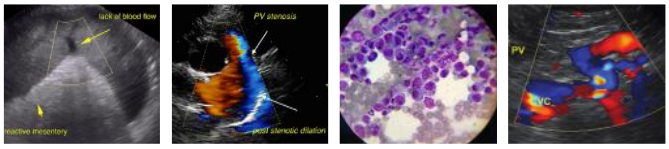

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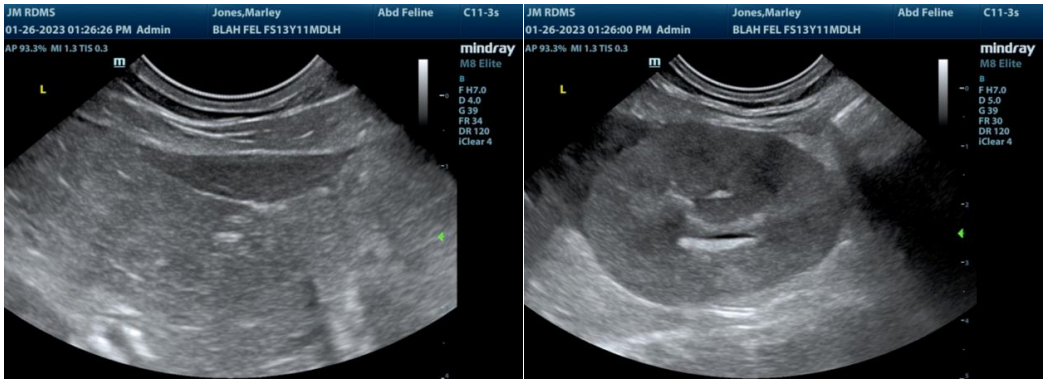

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com