SonoPath
Clinical Sonography & Telecytology
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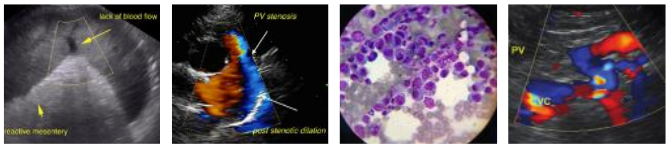


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Isosceles Breuner

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

3 Years 3 Months

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Ark AC

REFERRING VET

Kevin Long, DVM

INVOICE

17831

DATE

10/18/22

PRESENTING CLINICAL SIGNS

History: 10/11/2022: owner reports cat has been lethargic, hiding, and having some trouble eating. Cat is mostly indoor cat, no vomiting or diarrhea noted, caretaker unsure if the cat is eating. Owner reports that the cat has been acting a little off and depressed for a few days, appetite present but has been decreased. Cat is indoor only with no exposure to other cats, there is two dogs in the house. No vomiting or diarrhea, owner reports cat has been passing stool regularly. Patient was poorly compliant for AUS; required dexdomitor/torb/midazolam IV
Abnormal PE/Chem/CBC/UA Results: PE: Thin, ~ 5% dehydrated. -Mid right abdominal mass palpated; there is no pain on palpation and the mass is movable some in the abdomen. Palpation of the cat revealed a mid right abdominal mass about 4 cm in size, mass is not tender. -- Abd. X-rays shows mass in right mid ventral abdomen, intestines appear on x-ray to be going around the mass, no loss of abdominal detail present. Food present in the stomach and stool in the colon present, some gas in part of the small intestines but no signs of distention noted. -- Blood work shows mild anemia with no regeneration, SDMA elevated with normal BUN and Creatinine, no changes in the liver values, glucose elevated (stress?).

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. Primarily anechoic urine was present in the lumen with mild nondependent particulate sediment, which may indicate minor cellular debris/protein, crystalline debris, mucus or lipid. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 4.2 cm in length. A solitary small cranial thinly walled cyst containing anechoic fluid was noted in the left kidney.

Adrenal Glands

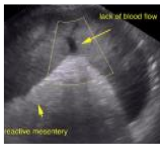
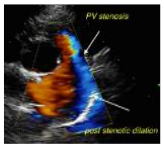
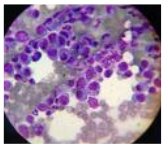
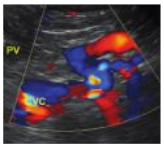
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.6 cm in width at the level of the hilus. The spleen did not appear to be involved in the unspecified cranial abdominal mass.

Liver

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The visualized segments of discernable liver exhibited overall normal hepatic size and contour with normal hepatic parenchyma echogenicity, exhibiting mild coarse echotexture. Normal hepatic vascular volume was noted.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent muscularis layer yet without evidence of generalized intestinal mural hypertrophy, which may indicate potential for normal patient variant. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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 was evident.

Free Abdomen

A moderately sized to large irregular primarily hypoechoic to non-homogenous mass was noted in the cranial abdomen, which appeared to directly efface the cranial aspect of the medial spleen, as well as the caudal aspect of the left liver. Regional intestinal segments appeared to be possibly entering the mass with potential for mass infiltration of intestinal segments, although no evidence of obstructive intestinal criteria was present. The mass measured approximately 8.0 cm to possibly 9.0 cm in diameter.

Regional mild nonuniform hyperechoic mesentery was noted around the mass with concurrent primarily mild yet hypoechoic mesenteric lymphadenopathy.

Intermittent small pocket of scant peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

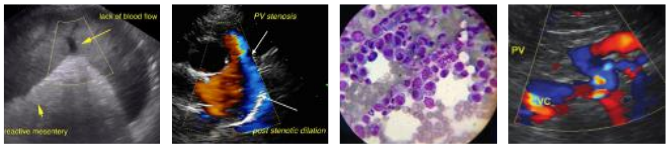
- Moderately sized to large irregular hypoechoic cranial abdominal mass with regional surrounding mild nonuniform hyperechoic mesentery and associated lymphadenopathy
- Intermittent small pocket of scant peritoneal free fluid

Secondary Findings

- Small left kidney cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, the cranial abdominal mass is suspected to be of intestinal origin given the sonographic appearance of regional intestinal segments which appeared to be possibly involved with the mass, although possible non-intestinal origin (i.e., hepatic, pancreatic, lymphatic) of the mass is



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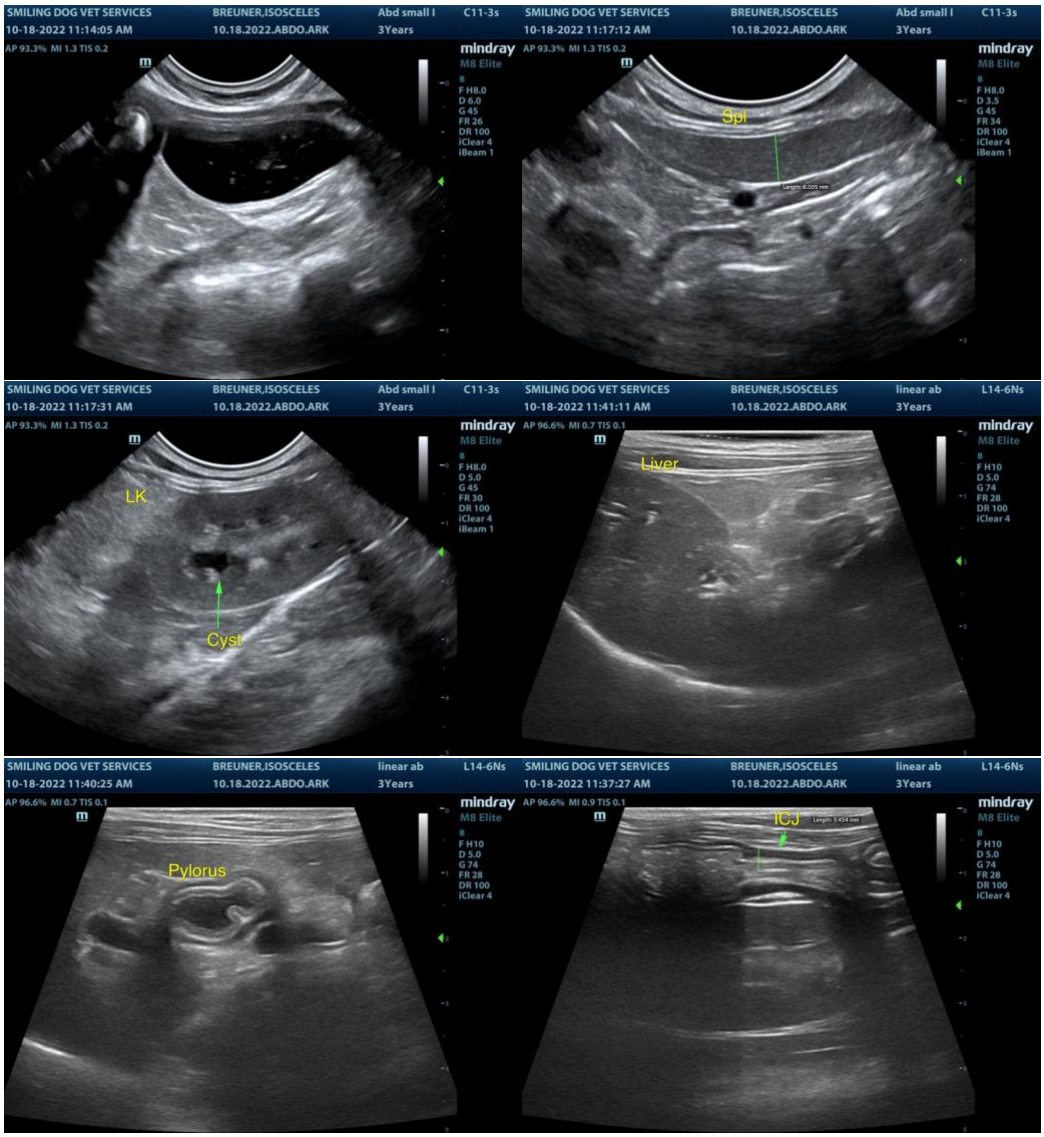
possible. Neoplastic criteria for the mass is suspected, although nonneoplastic disease (i.e., inflammation, granulomatous (dry FIP), fibroplasia) is a potential. Further assessment would include initial FNA cytology and/or biopsy for further clarification and potential for oncology consult. Given this presentation, abdominal CT is likely ideal to assess for evidence of regional omental metastasis or invasion, as well as surgical planning if surgical options are a possibility. Three view chest radiographs are recommended. Guarded to very guarded prognosis.



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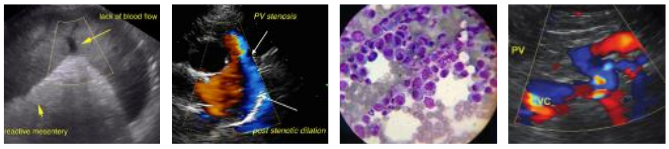

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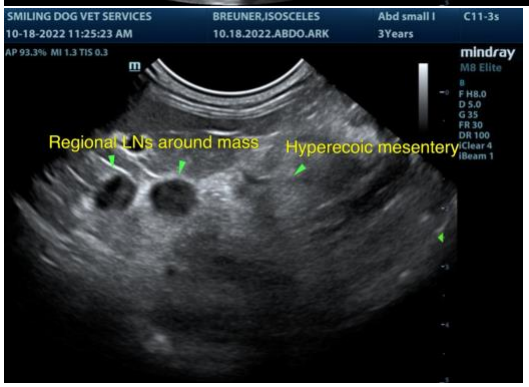

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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