



PATIENT PRESENTING CLINICAL SIGNS

Sadie Sirianni
SPECIES Presented for extreme lethargy for 24-36 hours. She has increased vomiting for the last 2 months - about 1 episode/day. A caudal abdominal mass was noted on palpation. Current Medications 0.5mg Dexamethasone (11/15/21) Primary Question/Differential to Be Answered in This Exam -Location of mass: Intestinal, lymph node, other -Is surgery an option?

Feline Abnormal PE/Chem/CBC/UA Results: CBC - HCT=28% (29-48), Neutrophils=9545 (2500-8500), Lymphocytes=1035 (1200-8000) Chem - Total bilirubin=1.1 (0.1-0.4) UA - USG=1.052, pH=6.5, 2+ Protein, 2+ occult blood, 11-20 RBC/hpf

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

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 were noted.

AGE

13 Years

Normal size and margination were 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.

WEIGHT

8.5 Pounds

Adrenal Glands

INTERPRETED BY

No overt pathology in the area of the left and right adrenal glands.

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

Spleen

IMAGING PERFORMED BY

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.94 cm in width. The capsule was smooth and regular without apparent expansion. No distinct splenic masses or nodules noted. 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.

Jenna Walst, CVT

Liver

HOSPITAL NAME

The liver exhibited potential for mild generalized enlargement with rounded, symmetrical contour. Parenchyma was uniform, exhibiting normal echogenicity. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was normal in size with potential for scant gallbladder wall edema. Anechoic content. The common bile duct was normal.

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Gastrointestinal

Dr. Sirianni

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. Gastric body wall measured 0.25 cm.

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The small intestine exhibited segmental marked mural hypertrophy owing to markedly prominent muscularis layer along with segmental mural hypertrophy to mural mass. The segment of intestine exhibiting marked mural hypertrophy to mural mass measured approximately 5.0 cm x 3.0 cm. Potential for adhered loops of small bowel secondary to the mural hypertrophy or mass is possible, yet no overt evidence of mechanical obstruction. Thickened segments of small intestine measured up to 0.52 cm in

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wall width. By comparison, small intestine exhibiting relatively normal wall layering with maintained 1:3 muscularis/mucosa ratio measured 0.27 cm wall width. Duodenum wall measured 0.33 cm.

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

SPECIES

Feline

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

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Free Abdomen

Generalized reactive mesentery and mild to moderate free fluid noted.

SEX

Spayed Female

Intermittent, mildly prominent mesenteric lymph nodes were present. Example measured 1.4 cm x 0.7 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

AGE

13 Years

PRIMARY FINDINGS

- Segmental infiltrative enteropathy exhibited by segmental marked mural hypertrophy, mural proliferation to mural mass
- Concurrent chronic active pancreatitis
- Diffuse reactive mesentery
- Subjective mild mesenteric lymphadenopathy and peritoneal free fluid

WEIGHT

8.5 Pounds

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SECONDARY FINDINGS

- Bilateral chronic renal changes with cortical infarcts

IMAGING PERFORMED BY

Jenna Walst, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although cytologic or histopathologic assessment is needed for definitive diagnosis, primary concern for neoplastic infiltrative enteropathy (i.e., large cell lymphoma) is warranted. Significant inflammatory disease/IBD or dry form FIP considered a less likely differential diagnosis. Fine needle aspirate or intestinal biopsies could be considered to confirm. Coagulation panel would be ideal prior to sampling considerations.

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Concern for potential diffuse lymphomatosis (given the echogenic omentum, concurrent mild mesenteric lymphadenopathy and peritoneal free fluid) is warranted. 3-view chest radiographs to assess for concurrent thoracic pathology recommended. Pending sampling (if elected), consultation with an oncologist, or potentially preceding with appropriate medical management for suspected neoplasia (lymphoma) could both be considered.

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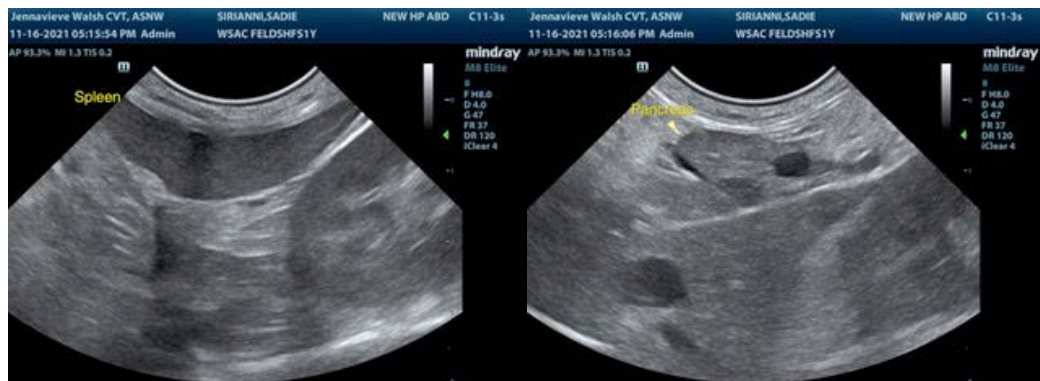
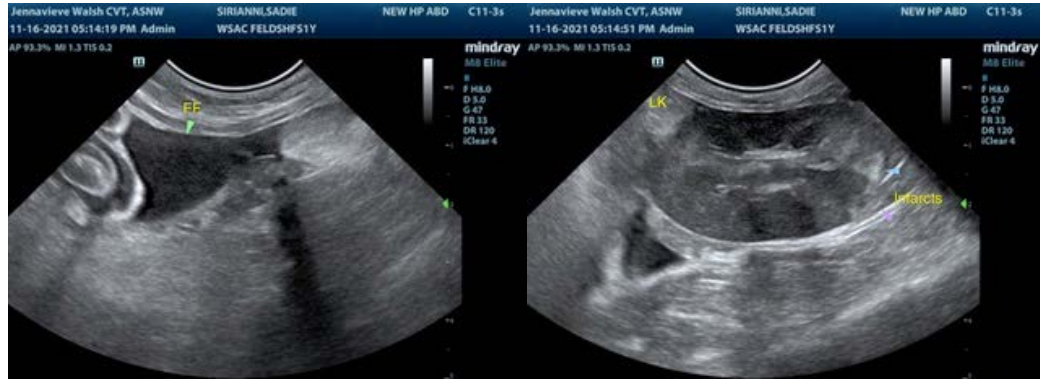
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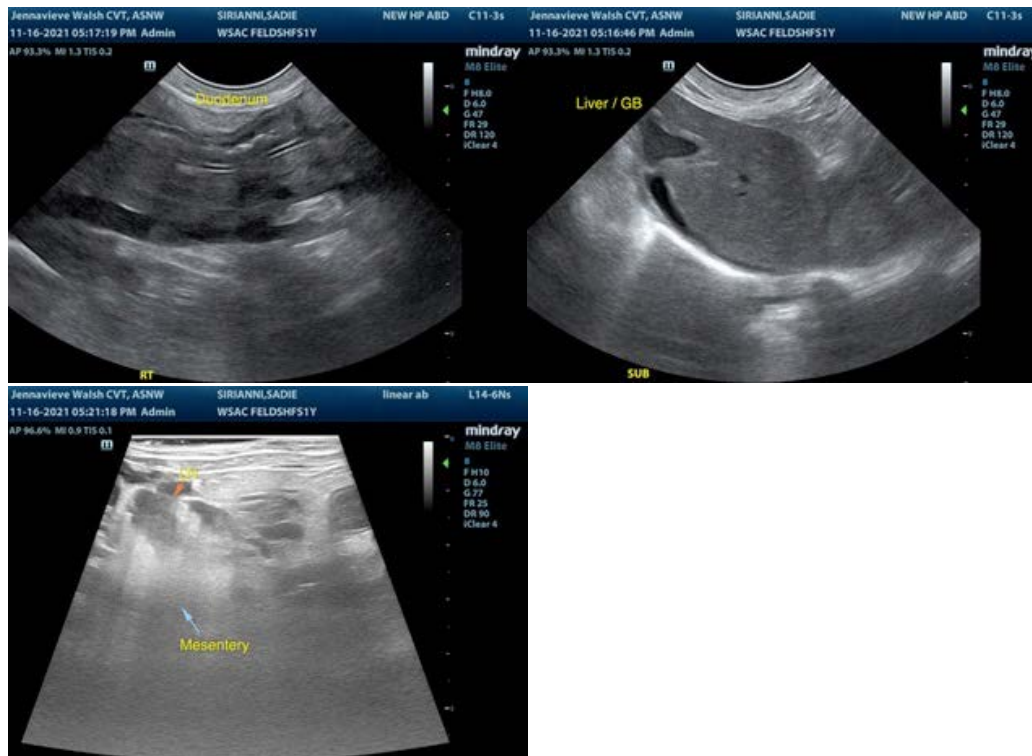
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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