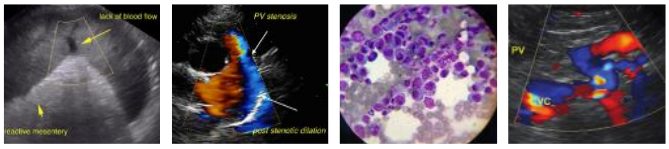
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Isabella Walsh

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Barron

INVOICE

17956

DATE

11/4/22

PRESENTING CLINICAL SIGNS

History: Abdominal mass effect on rads. Hx of string ingestion.
Abnormal PE/Chem/CBC/UA Results: increased glucose, neutrophilia, thrombocytopenia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present, which may indicate cellular/protein, crystalline debris, lipid or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 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 0.40 cm.

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

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 1.0 cm in width.

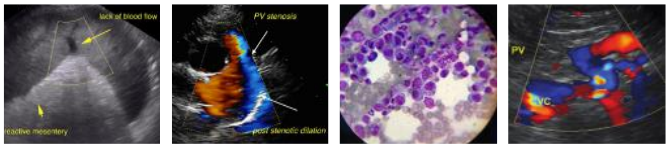
Liver

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 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 exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio. Minor duodenal corrugation was noted and segmental mild jejunal ileus was noted to the level of the ileum. Mild prominent yet intact ileal walls were noted, extending to the level of the ileocolic junction. A moderately sized irregular mixed echogenic mass was noted at the level of the ileocolic junction, measuring approximately 3.6 cm x 3.2 cm. The mass exhibited focal hyperechoic parenchyma foci, which



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may indicate areas of fibrosis or possible emerging mineralization. Peripheral mild nonuniform hyperechoic mesentery and intermittent small pockets of scant peritoneal free fluid were noted. The mass did not overtly appear to be obstructive. The duodenum wall measured 0.23 cm. Normal appearing jejunum wall measured 0.20 cm. Discernable ileocolic wall measured 0.31 cm.

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

Mild nonuniform hyperechoic mesentery and intermittent small pockets of scant peritoneal free fluid were noted. No overt lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

- Irregular to mixed echogenic ileocolic mass with peripheral nonuniform hyperechoic mesentery and scant free fluid- potential for regional peritonitis with potential for possible omental seeding.
- Segmental duodenojejunitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ileocolic mass may indicate benign versus neoplastic etiologies with considerations including adenocarcinoma, lymphoma, fibroplasia, granulomatous disease (dry form FIP), necrosis, possible consolidated abscess or other. Screening FNA cytology +/- culture and sensitivity if clinically indicated is warranted for further assessment. Three view chest radiographs are recommended if not done. No overt evidence of GI linear foreign body. Pending cytology, abdominal CT is likely ideal for further clarification and assessment of possible seeding or regional metastasis and surgical planning if surgical options are a possibility. Neoplastic criteria is favored, although not definitive. Very guarded to possible unfavorable prognosis is indicated.

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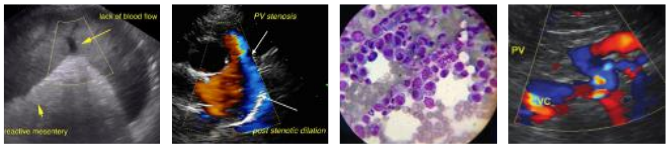

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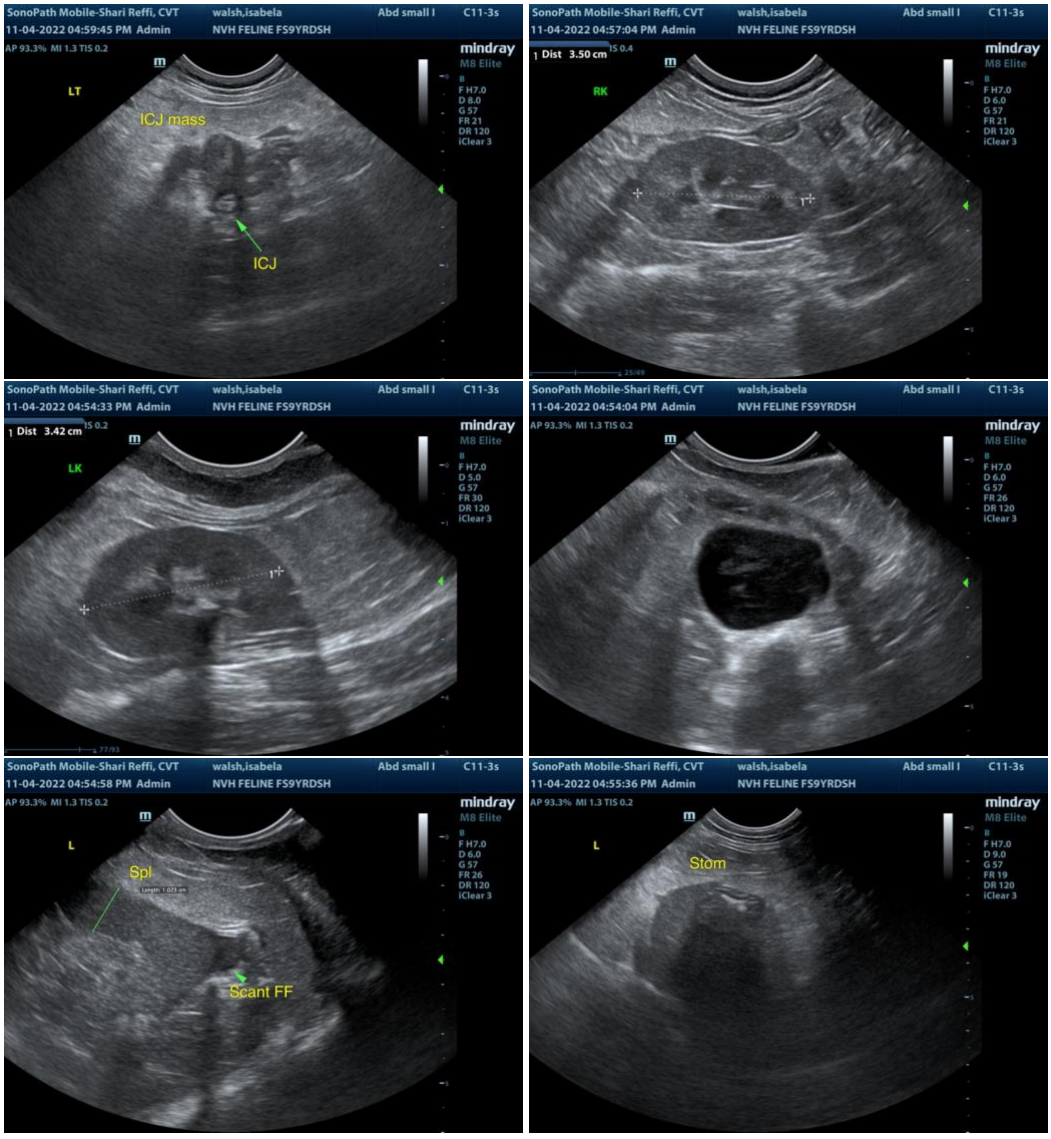

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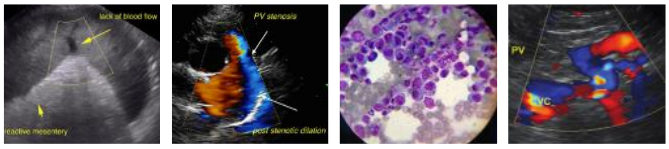

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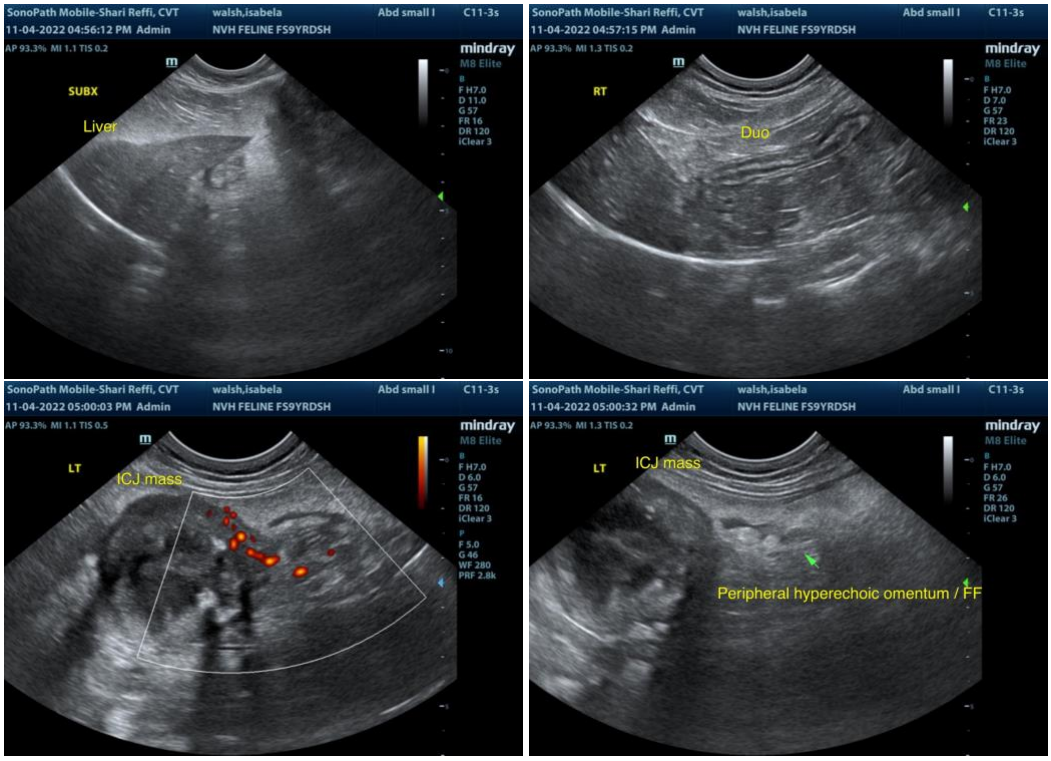

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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