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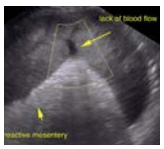
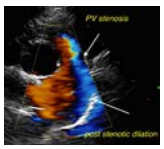
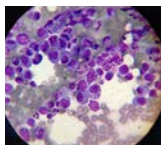
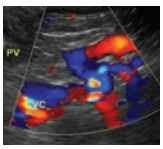
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Mika Choh

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
11 Years

WEIGHT
Not Given

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
ACC Flanders

REFERRING VET
Dr. Casulli

INVOICE
33608

DATE
12/20/21

PRESENTING CLINICAL SIGNS

Possible intestinal mass. Current meds: Mirtaz.
Abnormal PE/Chem/CBC/UA Results: ALT high

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT		260	0.48	1.5	0.44	42.6	77.4
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**LA/AO HEART BASE** (Sisson)	**LA** 2D 4-chamber long axis AS to FW (Sisson) (cm)		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.34	1.3	1.25		1.1	0.9	NM

Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

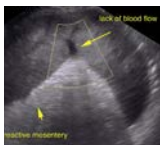
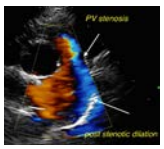
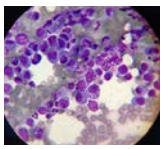
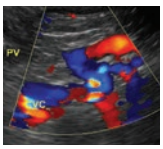
Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No dilation due to cor pulmonale, stenosis, or pulmonic hypertension was noted. Moderate free pleural fluid was present without overt evidence of concurrent pericardial effusion. Overt evidence of masses in the mediastinum or pericardial regions was not definitively evident.

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 were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and

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loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm. The right kidney measured 3.8 cm.

Adrenal Glands

The right adrenal gland uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm in width. No overt pathology in the area of the left adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.51 cm in width. 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained ingesta exhibiting progressive distal acoustic shadowing.

The small intestine revealed a large, expansive to complex mass primarily in the area of the ileocolic junction, measuring approximately 6.4 cm x 3.8 cm. The ileocolic junction was visualized and appeared to exhibit intact wall layering extending into the proximal colon. Associated omental lymphadenopathy around the complex mass was present long with regional inflamed mesentery and mild peritoneal free fluid. The mass exhibited decreased to hypoechoic echogenicity. The rest of the visualized small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio.

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

Pancreas

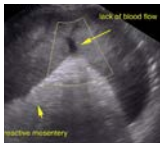
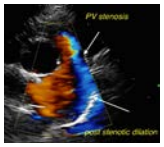
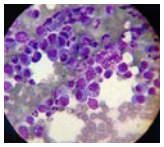
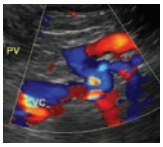
The pancreas was indistinctly visualized given the presence of the complex abdominal mass. Potential for pancreatic pathology cannot be definitively excluded.

ULTRASONOGRAPHIC FINDINGS

- Complex, expansive mass in the area of the ileocolic junction
- Associated regional peritonitis and multifocal hypoechoic to swollen omental lymphadenopathy with mild peritoneal free fluid
- Concurrent non-cardiogenic pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification (FNA of the complex mass obtained during the ultrasound), the complex mass is most consistent with probable high grade neoplasia such as lymphoma, carcinoma, mast cell neoplasia, or other. Potential for FIP or gastrointestinal eosinophilic sclerosing fibroplasia or other neoplasia may be considered less likely differential diagnoses. Strong concern for potential non-obvious thoracic involvement given the presence of non-cardiogenic pleural effusion,

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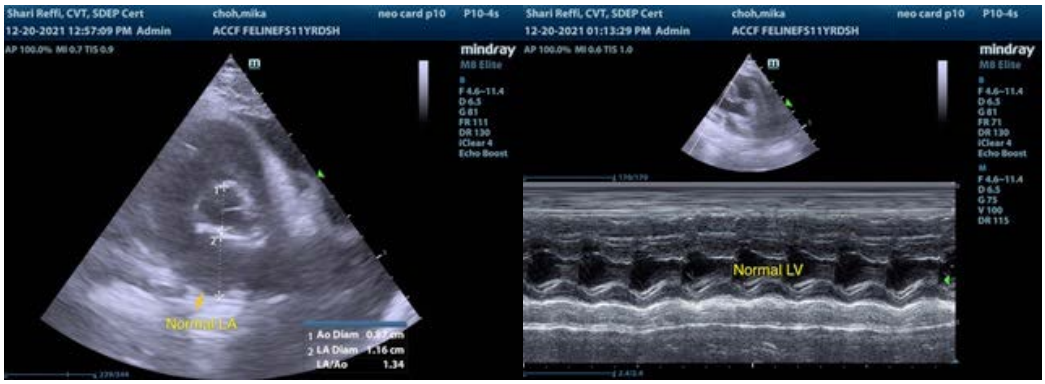
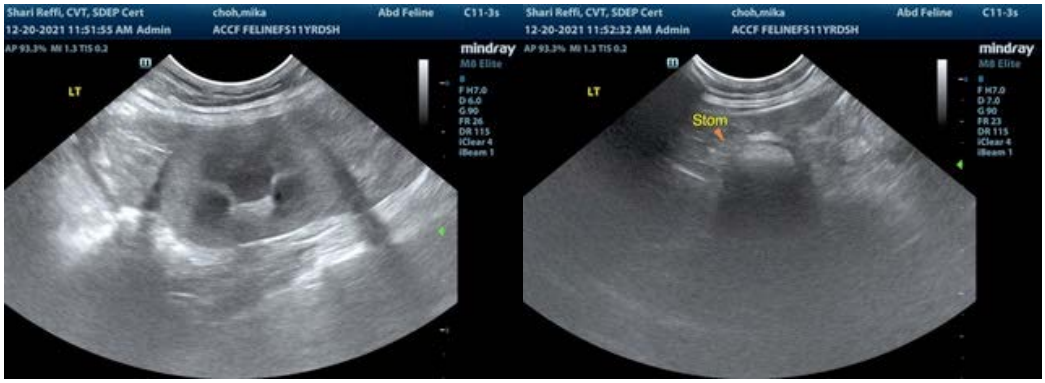
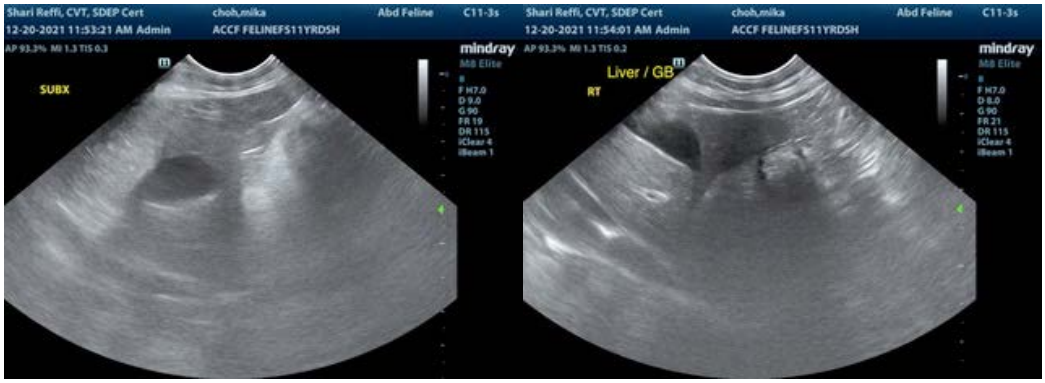
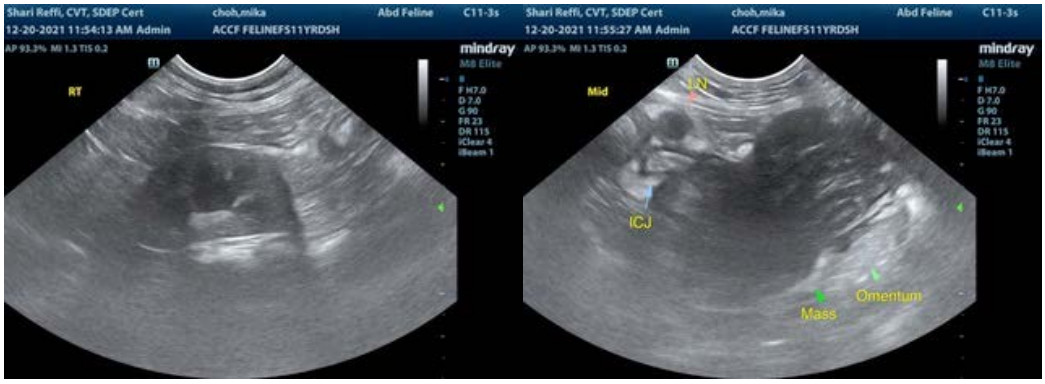
which may be secondary to lymphatic obstruction. An unfavorable prognosis is likely indicated, as this case does not appear to be surgical. Pending cytology, oncology consult could be considered.









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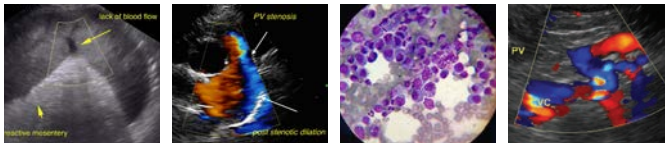

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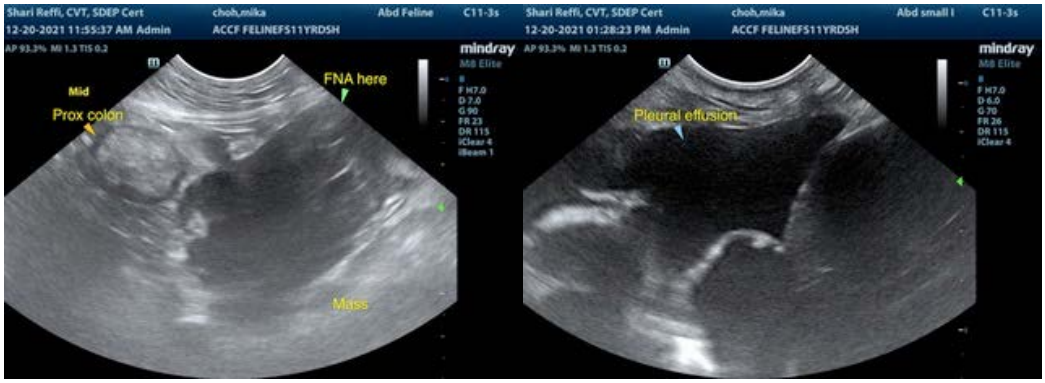

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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