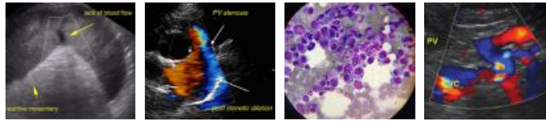


PATIENT

Cathy Nelson

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

5.57lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Corvallis Veterinary Hospital

REFERRING VET

Dr. Gross

INVOICE

12376ag

DATE

12/5/2022

PRESENTING CLINICAL SIGNS

Pet initially presented 11-30-22 for potential weight loss and a ravenous appetite. Pet had never been seen before. An initial exam revealed an incipient cataract OS, some alopecia on the ventral abdomen, a scab on the right temple and some possible chin acne. Pet had a palpable thyroid (r/o thyroid nodule) and a roughly 5 cm x 8 cm x 5cm abdominal mass (r/o splenic neoplasia). Radiographs confirmed the mid abdominal mass but the origin of the mass was unclear. We advised an US to see if it can be removed via a splenectomy

Current Medications methimazole 2.5 mg po tid

Radiographic Findings Mid abdominal mass; consult sent Primary Question/Differential to Be Answered in This Exam Is this a splenic mass. If this is neoplastic has it spread. Are there other concerns.

Abnormal PE/Chem/CBC/UA Results: Pet potassium level is 3.3 (low normal), BUN and creatinine were wnl Pet has a leukocytosis at 19200, a 27% hematocrit with a neutrophilic lymphopenia, a slight eosinophilia. T4 was elevated at 7.2.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with variable thickened ventral to ventral trigone bladder wall exhibiting mild asymmetrical luminal contour with potential sessile based polyploid component. The ventral trigone wall measured 0.60 cm in width. Potential mild thickening in the area of the dorsal and ventral bladder neck extending into the proximal urethra which exhibited normal tone to a depth of 2 cm. 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.

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.7 cm in length

The area of the aortic trifurcation was free of pathology.

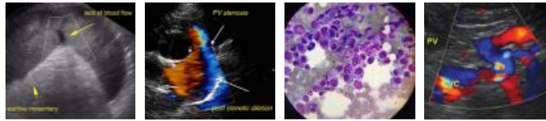
The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width.

Spleen

A large irregular non-homogeneously hypoechoic cavitated mass was present in the mid to cranial abdomen in the area of the spleen measuring ~ 5-6 cm in diameter. Indistinctly visualized spleen was noted directly adjacent to the mass exhibiting subjective similar echogenicity.



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Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 1:3 muscularis/mucosa ratio. 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Mild to moderate volume anechoic peritoneal free fluid was present. Generalized hyperechoic mesentery primarily around the mass was noted. No overt or visualized lymphadenopathy.

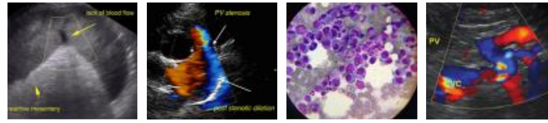
ULTRASONOGRAPHIC FINDINGS

- Probable large non-homogeneous to cavitated splenic mass
- Subjective mild hepatomegaly
- Variably thickened ventral urinary bladder with subjective sessile based polyploid component
- Mild to moderate peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The probable splenic mass is most consistent with neoplastic criteria i.e. sarcoma, round cell neoplasia or other. Given the size of the mass and location in the area of the caudal liver, potential for non-splenic origin of the mass cannot be definitively excluded. The variably thickened urinary bladder walls are non-specific and potentially indicative of variable cystitis and are concerning for potential metastatic criteria, the potential for regional omental seeding is possible. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment. Effusion cytology +/- C/S is recommended if clinically indicated. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Given this presentation, abdominal CT for further assessment of the mass as well as for evidence of non-sonographically evident metastasis is recommended if possible.



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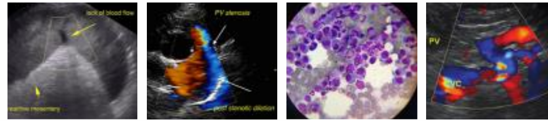

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AnimalSoundsNW.com 541-357-9423

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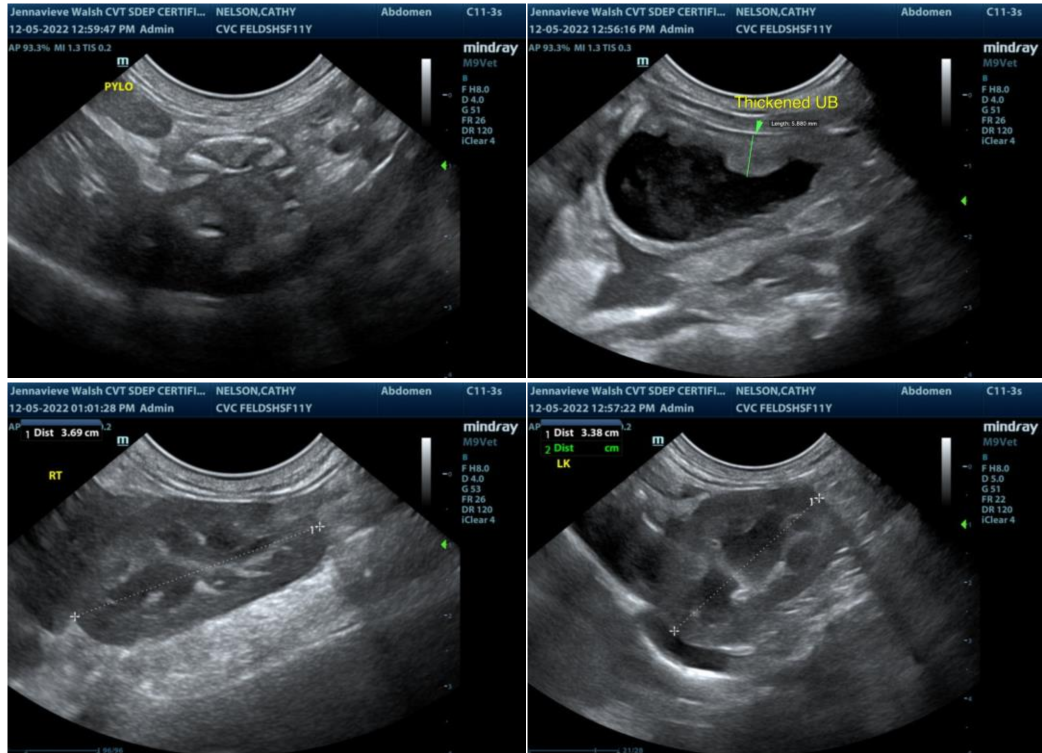

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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