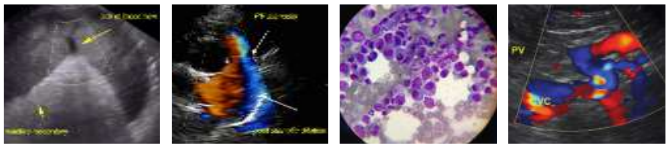
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Anton Ennis

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

8.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Care Centers of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

13217

DATE

2/1/22

PRESENTING CLINICAL SIGNS

lethargy, vomiting bile a few times in the past week, possible mass effect cranial abdomen
Abnormal PE/Chem/CBC/UA Results: wnl

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. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The sediment is suggestive of minor cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm length. The right kidney measured 4.3 cm length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

Spleen

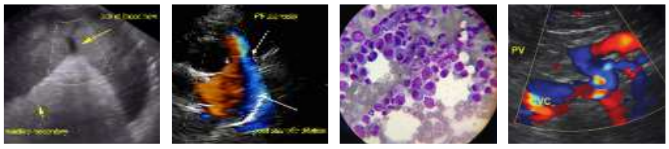
The spleen was normal in size and contour exhibiting mild uniform decreased parenchyma echogenicity yet maintained normal parenchyma echotexture. The spleen measured 0.65 cm in width. No overt splenic masses or nodules were present.

Liver/ Gallbladder

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 minor retained anechoic fluid. The gastric body wall width measured 0.27 cm.



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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. The duodenum wall width measured 0.27 cm. The jejunum wall width measured 0.2 cm.

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

Pancreas

A moderately sized nonhomogeneous mass was present primarily in the area of the left pancreatic limb, pancreas base, and potential right pancreatic limb, measuring approximately 4.0 cm in diameter but potentially mildly larger, as the mass was viewed in both left cranial lateral and right cranial lateral views.

Free Abdomen

Associated regional reactive to inflamed mesentery and small pockets of scant peritoneal free fluid were present. No evidence of significant lymphadenopathy was noted, although potential for minor cranial abdominal mesenteric lymphadenopathy is possible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cranial abdominal mass with regional reactive to inflamed mesentery - suggestive of neoplastic criteria of pancreatic origin, potential for non-neoplastic or nonpancreatic origin cannot be definitively excluded given the size of the mass directly adjacent to subjective caudate liver lobe, the mass did not appear to originate for the gastrointestinal tract or spleen
- Nonspecific bilateral renal medullary rim sign
- Mild gastritis / gastroduodenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided FNA of the mass using a 25-gauge needle Is warranted for screening cytology and further clarification. Ideally, CT for further assessment and potential surgical planning, if surgical options are a possibility in this case, as well as assessment for non-visualized metastasis is recommended if possible. Three view chest radiographs are suggested if not done.

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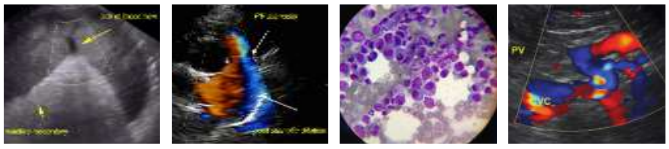

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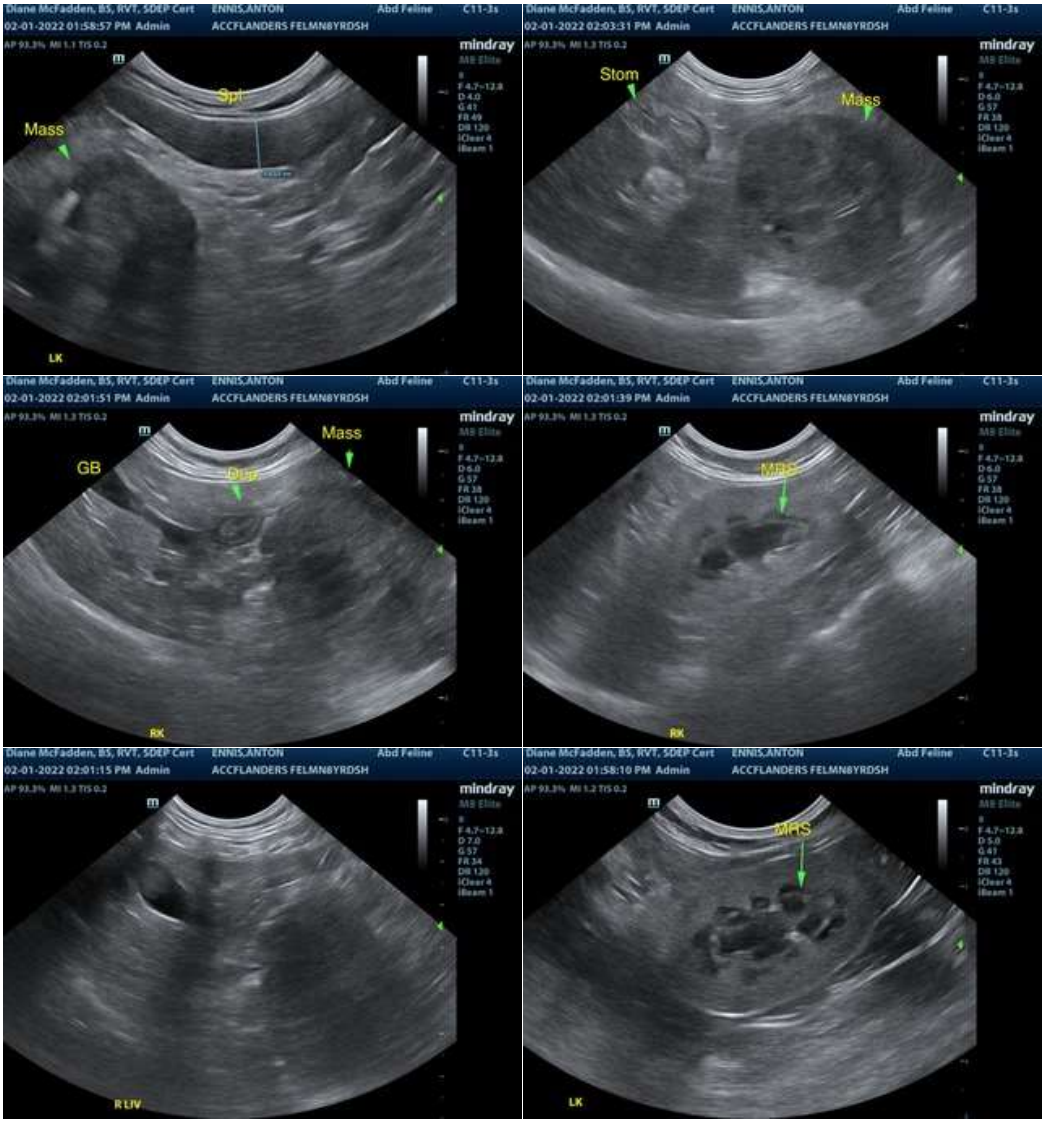

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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