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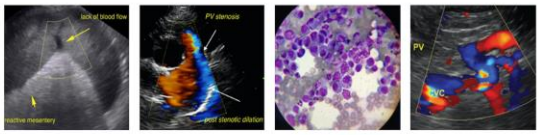

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Charlie Schell

SPECIES

Feline

BREED

SLH

SEX

MN

AGE

2015

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Blue Ridge VC

REFERRING VET

Dr. Filchner

INVOICE

16271

DATE

2/22/23

PRESENTING CLINICAL SIGNS

Several month duration of hiding, decreased appetite, painful mouth, intermittent good/bad days.

Medication: Mirtazipine

HCT 20

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. 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 was 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 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. Mild left kidney pyelectasia was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

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

Spleen

The spleen was normal in size with minor medial capsule asymmetry exhibiting a finely textured homogenous parenchyma with subjective subtle splenic parenchyma hypoechogenicity. No distinct splenic masses or nodules were noted.

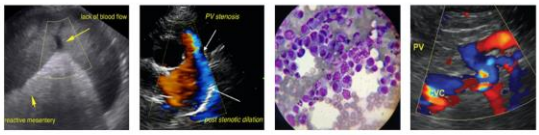
Liver/ Gallbladder

The liver presented mild to moderate generalized enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. 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 exhibited primarily intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio. Intact small intestinal wall width measured 0.21 cm. Focal to segmental intestinal mural mass was present in the mid to cranial abdomen potentially at the level of the



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ileocolic junction exhibiting mural hypertrophy, decreased mural echogenicity, and loss of discernible wall layering measuring 3.1 cm x 1.9 cm.

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

Pancreas

The left pancreatic limb was normal in size with minor capsule asymmetry exhibiting homogeneous hypoechoic parenchyma compared to the adjacent omentum. Minor pancreatic duct dilation was noted.

Free Abdomen

Generalized hyperechoic omentum and scant or minor peritoneal free fluid were present. Ill-defined, nonuniform to mixed echogenic nodular ventrocaudal subcutaneous tissue was present.

Transdiaphragmatic view of the caudal thorax revealed evidence of subjective mild volume pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Unspecified ventral subcutaneous edema / inflammation / mass
- Generalized peritonitis pattern with scant to mild volume peritoneal effusion
- Intestinal mural mass potentially at level of ileocolic junction
- Hepatomegaly exhibiting mild parenchyma hypoechogenicity, normal splenic size exhibiting concurrent subjective parenchyma hypoechogenicity
- Mildly hypoechoic left pancreas - normal patient variant given the hyperechoic omentum, potential for low-grade pancreatic inflammation
- Transdiaphragmatic evidence of concurrent pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, primary concern for unspecified multicentric neoplasia involving the potential ventrocaudal subcutaneous space, segmental intestinal tract, and liver +/- thoracic cavity, given evidence of concurrent pleural effusion, is warranted. Unspecified multicentric to systemic inflammatory process is considered a possible yet less likely differential diagnosis.

Further assessment may include FNA cytology of an ill-defined yet abnormal ventrocaudal subcutaneous tissue, screening hepatic FNA cytology, +/- effusion analysis, cytology, and C/S if clinically indicated.

Atypical FIP is technically an additional differential diagnosis, yet thought less likely given the age of the patient. Three-view chest radiographs, CBC pathology review, and ideally, full echocardiogram to assess for cardiogenic disease as a contributing factor to the patient's bicavitary effusion, is all warranted. An extremely guarded prognosis is indicated.

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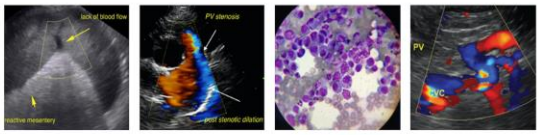

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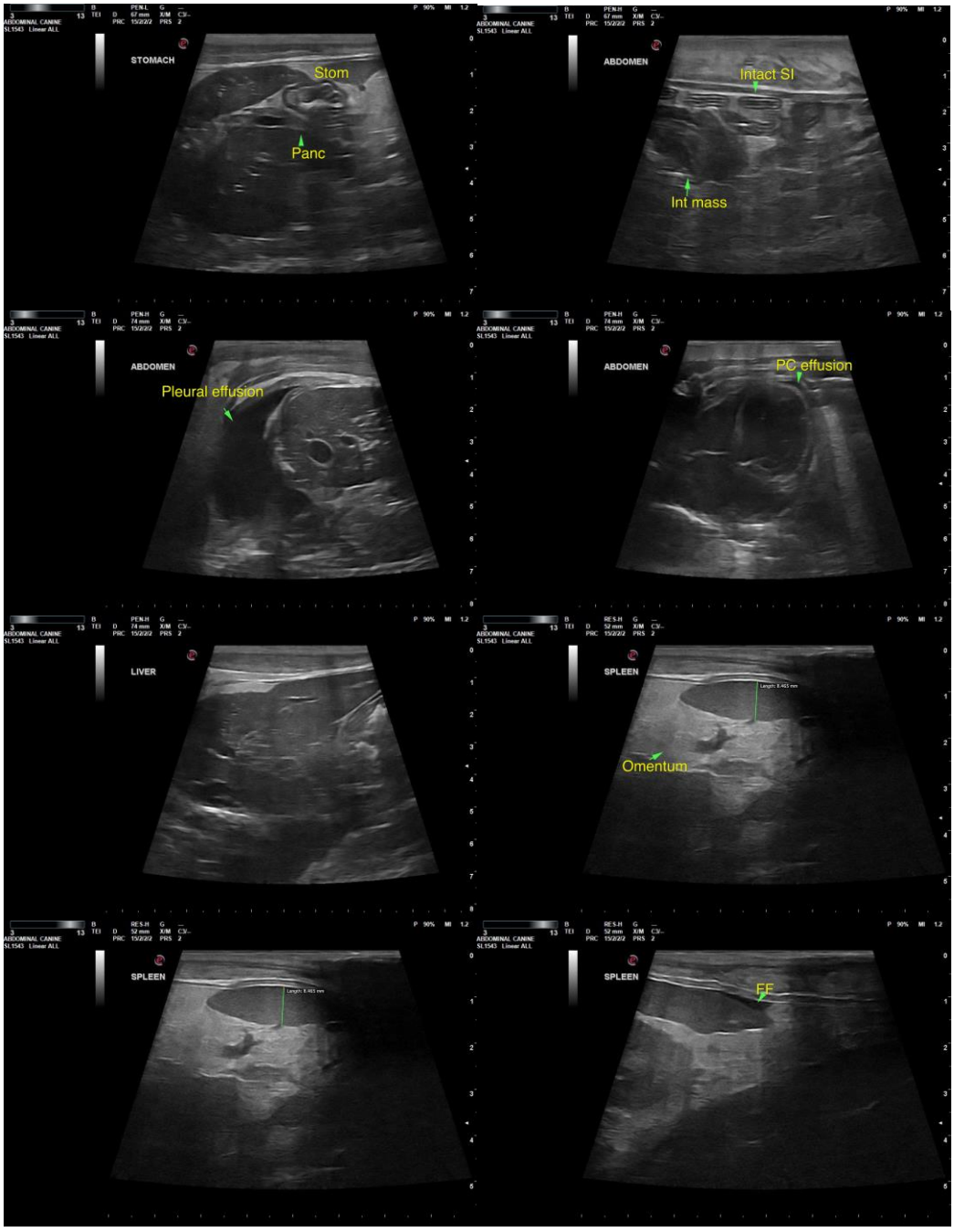

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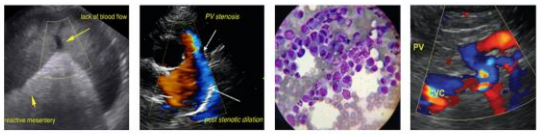

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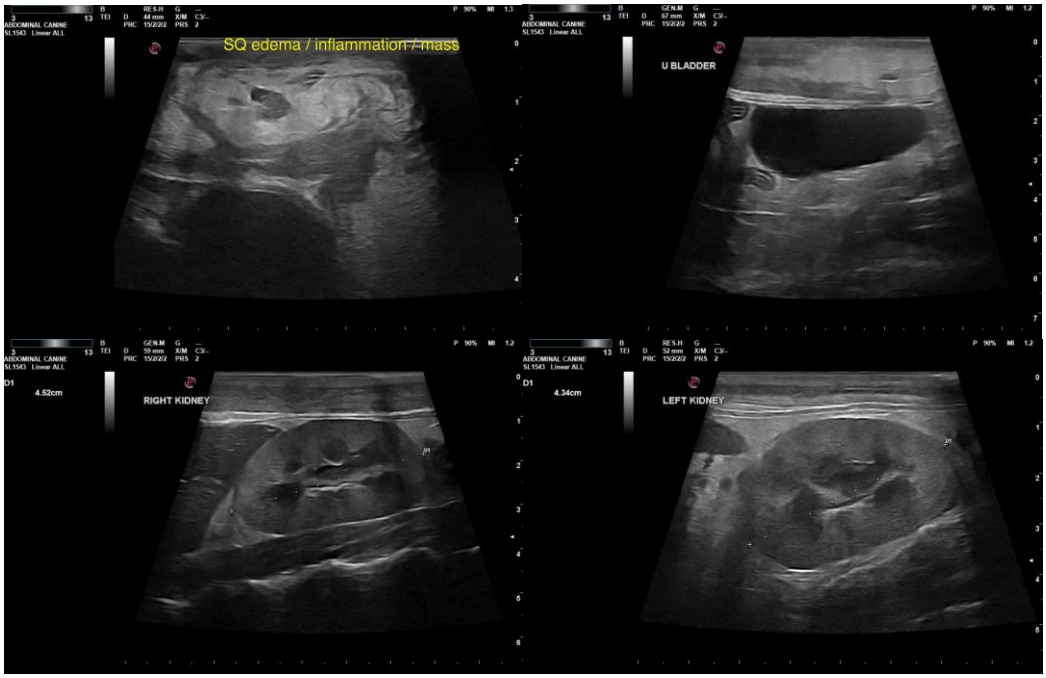

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com