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Clinical Sonography & Telecytology
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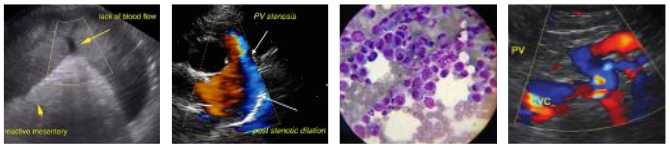

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jazzy Hong

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8Y

WEIGHT

8.21 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. Yablonovich

INVOICE

16379

DATE

3/15/23

PRESENTING CLINICAL SIGNS

Large abdominal mass
Abnormal PE/Chem/CBC/UA Results: Pending

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. Minor non-dependent particulate sediment was present without evidence of calculus formation. 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.

The bilateral kidneys were borderline to mildly enlarged in size with mild asymmetrical contour exhibiting mild nonuniform cortex echogenicity and mild cortical hypertrophy. Indistinct corticomedullary border demarcation was noted. Mild left kidney pyelectasia was present. Subtle evidence of left and right increased retroperitoneal echogenicity was noted. Possible, although not definitive, very scant peripheral hypoechoic halo signs was noted around both kidneys. The left kidney measured 4.2 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 0.49 cm width at the level of the hilus.

Liver/ Gallbladder

The liver presented subjectively mild enlarged 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 overtly normal visualized wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, subtly shadowing ingesta without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.30 cm.

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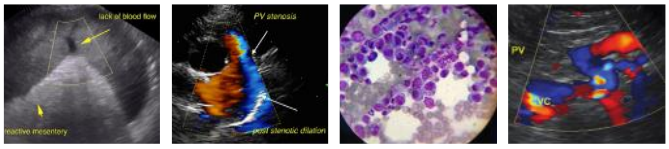

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A large, midabdominal intestinal mural mass exhibiting marked mural hypertrophy, decreased mural echogenicity, and loss of discernable wall layering was present. The intestinal mural mass potentially measured 7.0-8.0 cm in diameter with wall width up to 3.0 cm. The intestinal mural mass did not appear to be obstructive. By comparison, normal intact adjacent small intestine measured 0.21 cm wall width. No obstructive pattern was evident.

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 were evident.

Free Abdomen

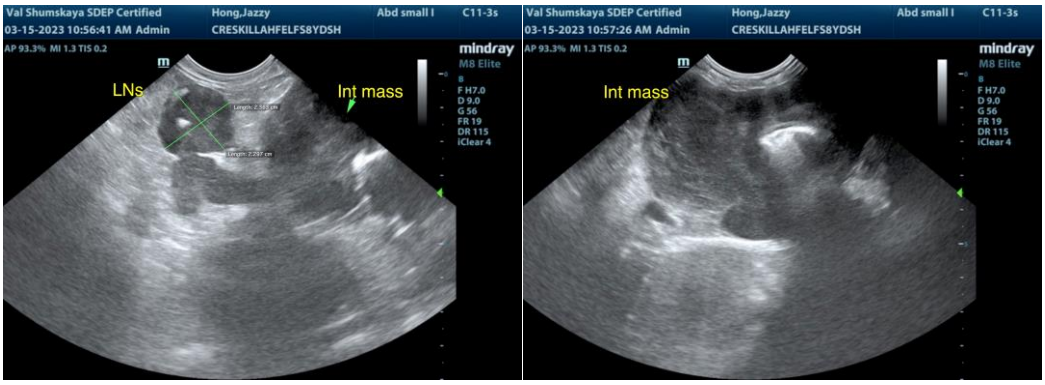
Regional mild nonuniform hyperechoic omentum around the intestinal mural mass was present. Multiple, variably sized, hypoechoic to swollen mesenteric lymph nodes were present with an example measuring 2.4 cm x 2.3 cm. The mesenteric lymph nodes exhibited abnormal width: length ratio (>0.8). Intermittent scant pocket of peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Large intestinal mural mass with associated peri intestinal nonuniform omentum and hypoechoic to swollen multifocal mesenteric lymphadenopathy
- Borderline / mild bilateral renomegaly
- Subjective mild hepatomegaly
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although pending sampling is required for further assessment, the intestinal mural mass is consistent with neoplastic criteria with primary concern for high-grade round cell neoplasia, i.e., lymphoma, mast cell neoplasia, or other. Strong concern for regional lymphatic neoplastic criteria with potential for regional peri intestinal omental seeding and/or multicentric neoplasia with potential early involvement of the bilateral kidneys and liver. An oncology consult is suggested pending intestinal mass cytology.



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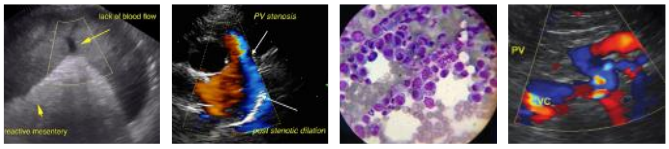

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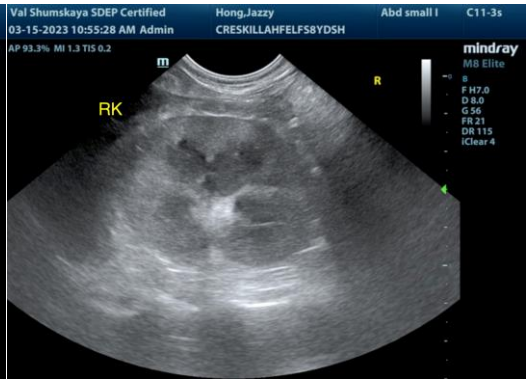

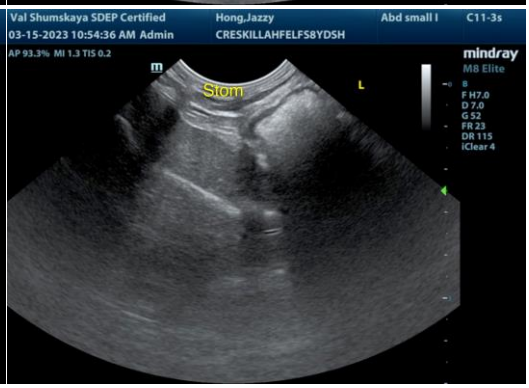

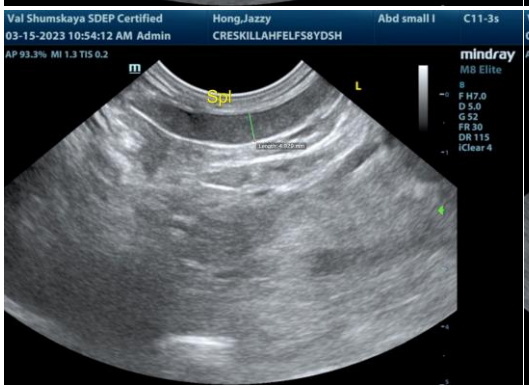

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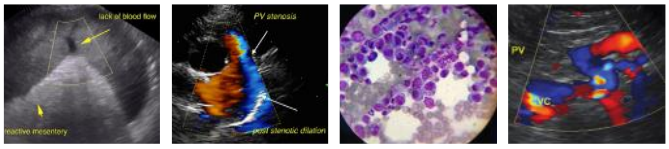

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com