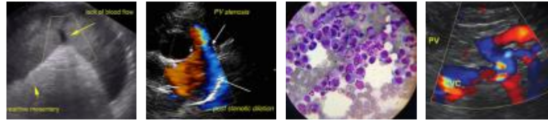


PATIENT
Caboose
Fuller/Conlon

SPECIES
Feline

BREED
DLH

SEX
MN

AGE
13 years

WEIGHT
10.04 lbs

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

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Cottage Grove VC

REFERRING VET
Dr. Damewood

INVOICE
16625

DATE
4/18/23

PRESENTING CLINICAL SIGNS

Significant weight loss per owner (we have never seen pet before). BCS 2.5-3/9. Raised ulcerated mass L side of chin. FNA suggestive of malignancy. In-house U/S suggests abdominal fluid.

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, nondependent, particulate sediment, which may indicate mild cellular debris / protein, crystalline debris, lipid, or mucus, 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.

No evidence of medial Iliac or sublumbar lymphadenopathy was noted.

Asymmetrical margination was present in both kidneys. Mild right renomegaly was noted. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Left kidney mild to moderate hydronephrosis was present without overt visualized concurrent left hydroureter. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

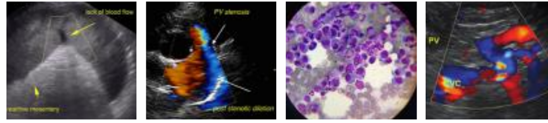
The bilateral adrenal glands exhibited normal size, position, and shape. The left adrenal gland measured 0.34 cm width. The right adrenal gland measured 0.40 cm width.

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 or neoplastic criteria, or benign parenchyma changes were not noted.

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. Normal vascular volume was noted without evidence of congestive criteria. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal without evidence of post hepatic obstruction.



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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 gastric body wall width measured 0.25 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall width measured 0.32 cm.

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

Pancreas

The left pancreatic limb exhibited variably enlargement with asymmetrical capsule contour and nonhomogeneous to nonuniform hypoechoic parenchyma. Subjective enlargement of the distal left pancreatic limb was noted with potential for ill-defined distal left pancreatic limb mass lesion. The distal pancreatic limb measured 1.3 cm in diameter.

Free Abdomen

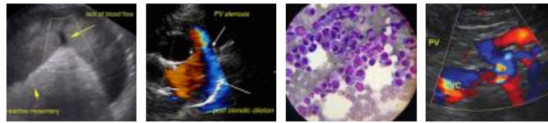
Generalized, nonuniform, variably hyperechoic omentum was noted. Intermittent, primarily mild, nonspecific mesenteric lymphadenopathy was present with an example measuring 0.6-0.7 cm in diameter. Mild to moderate volume primarily anechoic peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Bilateral nonspecific chronic renal changes with mild right kidney renomegaly and mild to moderate left kidney hydronephrosis
- Intact overtly normal generalized gastrointestinal wall layering
- Normal volume liver
- Variably echogenic to enlarged nonhomogeneous left pancreas, possible ill-defined distal left pancreatic mass lesion
- Peritoneal effusion with generalized nonhomogeneous / nonuniform omentum and intermittent, primarily mild, nonspecific mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming no subnormal albumin levels that would diminish oncotic pressure to the point of causing free fluid, as well as no evidence of significant hepatic pathology / passive congestion, or overt evidence of significant intestinal mural disease or masses that would be responsible for an effusion of this nature, pancreatitis with potential for pancreatic neoplastic criteria and/or concurrent lymphatic obstruction owing to carcinomatosis, lymphomatosis, or similar may be primary differentials in this case.



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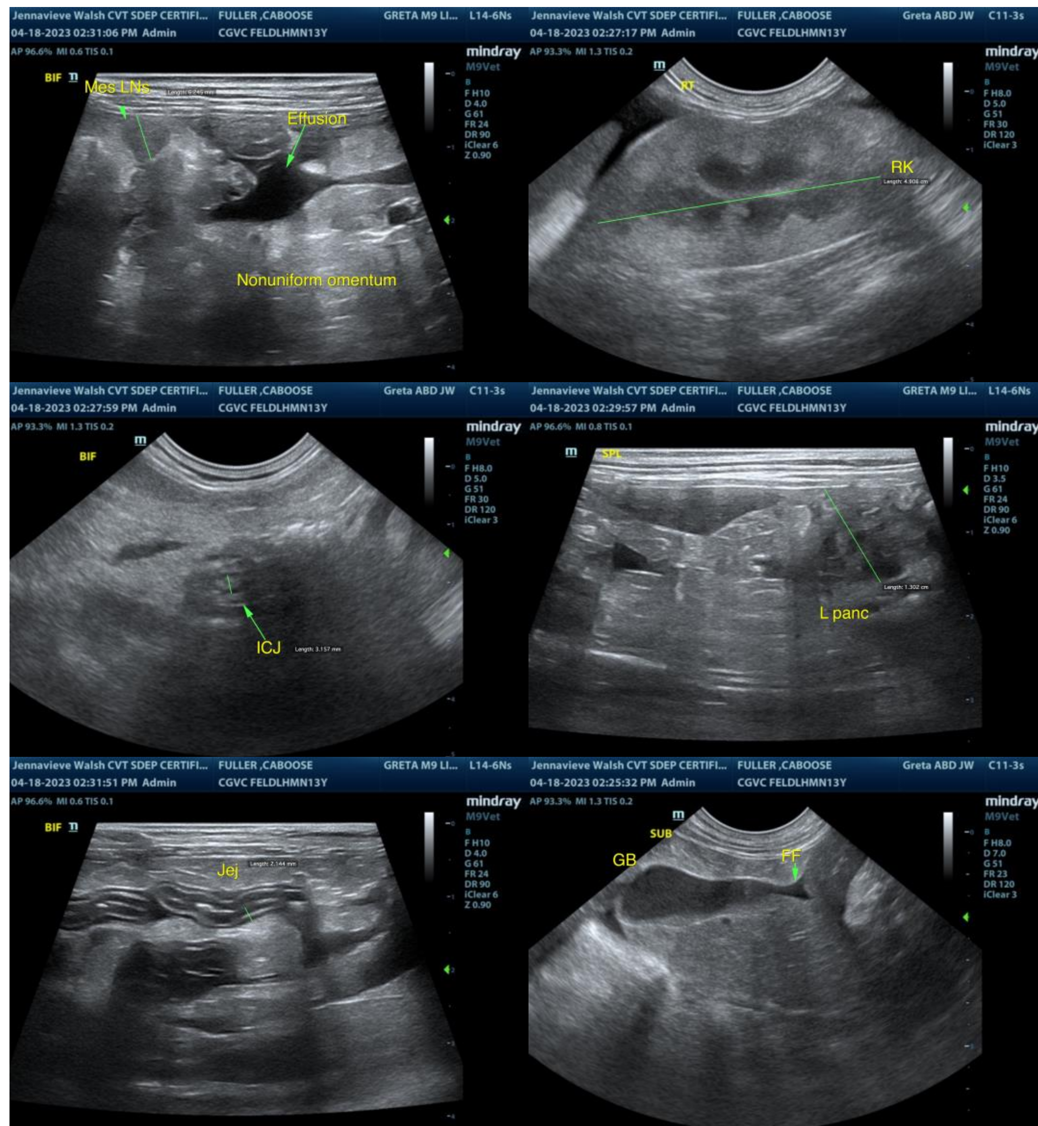
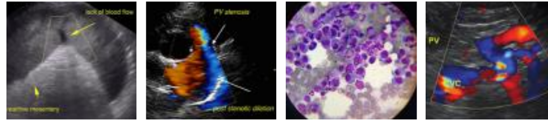
Further assessment may include effusion analysis, cytology, +/- C/S if evidence of inflammatory cells and a GI panel to include PLI/TLI/Cobalamin/Folate. Three-view chest radiographs if not done are suggested to rule out occult thoracic or cardiac pathology as a contributing factor. FNA cytology of the left pancreatic limb, If accessible, could also be considered. An extremely guarded prognosis is indicated.





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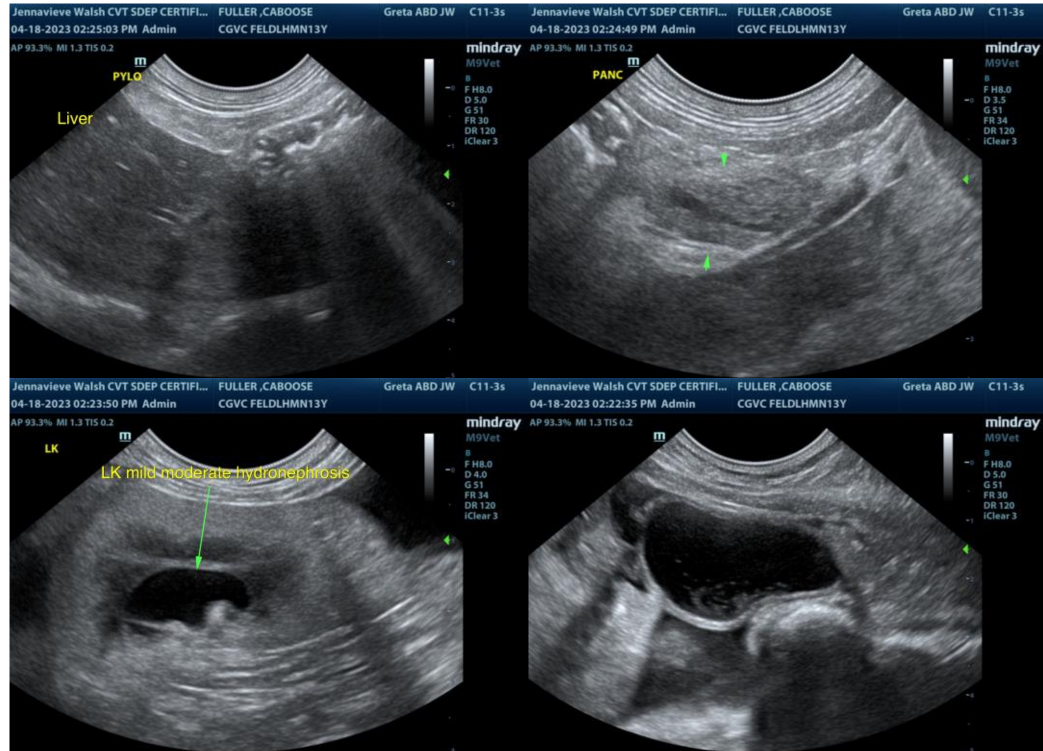

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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