



PATIENT

Penny Abato

PRESENTING CLINICAL SIGNS

elevated BUN/SGOT anorexia weight loss

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

BREED

DSH

The bilateral kidneys were borderline enlarged with asymmetrical capsule contour. An indistinct caudolateral left kidney nodule was present measuring ~ 2.0 cm in diameter. Mild left kidney subcapsular/perinephric free fluid was present. Bilateral indistinct corticomedullary demarcation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length.

SEX

FS

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

AGE

14

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

WEIGHT

8.8

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 0.57 cm in width at the level of the hilus.

INTERPRETED BY

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

Liver/Gallbladder

The liver exhibited lobar enlargement in the left medial to lateral liver with hypoechoic parenchyma and swollen contour. Concurrent intermittent well demarcated expansive hypoechoic hepatic nodules were present, an example measured 1.2 cm in diameter. 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 with mild echogenic debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.30 cm diameter. The dilated common bile duct did not appear to extend to the level of the duodenal papilla.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

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.

INVOICE

13606ag

The small intestine presented generalized intact wall layering with 1:3 muscularis/mucosa ratio. An irregular non-uniform hypoechoic abdominal mass was present in the mid to cranial abdomen directly effacing segments of the intestinal tract measuring ~ 4.0 cm in diameter. Mild peripheral hyperechoic omentum was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

DATE

04/26/2023



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

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Pancreas

SPECIES

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 was evident.

Feline

Free Abdomen

BREED

No peritoneal effusion was present.

DSH

An irregular non-uniform hypoechoic abdominal mass was present in the mid to cranial abdomen directly effacing segments of the intestinal tract measuring ~ 4.0 cm in diameter. Mild peripheral hyperechoic omentum was present.

SEX

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ULTRASONOGRAPHIC FINDINGS

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- Bilateral borderline renomegaly, left kidney indistinct caudolateral nodule with subcapsular to perinephric free fluid.
- Hypoechoic lobar hepatomegaly with concurrent mildly expansive hypoechoic intraparenchymal nodules.
- Mid to cranial abdominal mass-suggestive of intestinal origin, potential solitary large peri intestinal lymph node.
- Non-distended gallbladder with mild luminal debris, proximal non-obstructive common bile duct dilation.

WEIGHT

8.8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Multicentric high grade round cell neoplasia i.e., lymphoma or other affecting the intestinal tract or potential mesenteric lymph nodes, lobar liver and left/bilateral kidney(s) is probable. Concurrent cholangitis is suspected. Assuming normal clotting status an abdominal mass and lobar hepatomegaly FNA for screening cytology is warranted for further assessment and potential oncology consult. An unfavorable prognosis is indicated.

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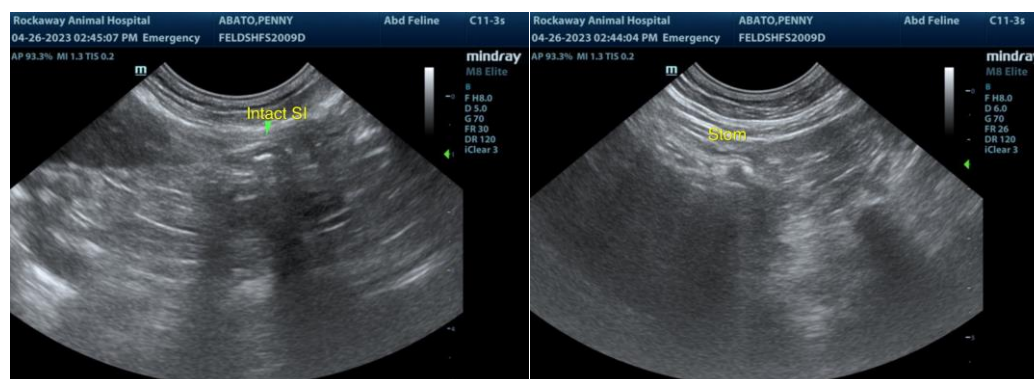
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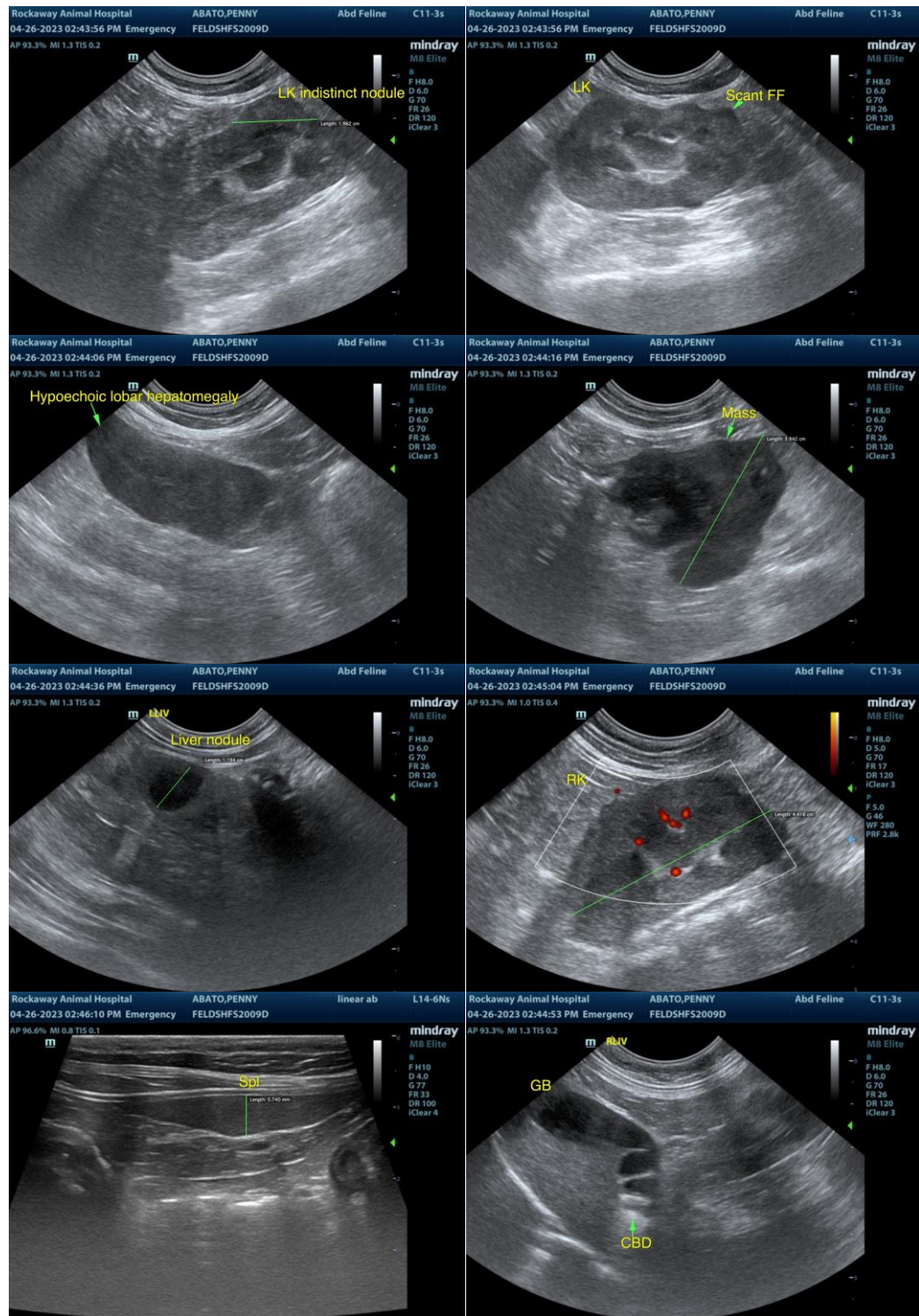
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

Penny Abato

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