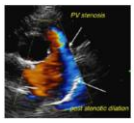
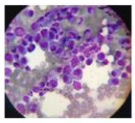
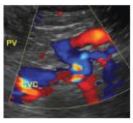

PATIENT

Vegas Atherton

SPECIES

Feline

BREED

DMH

SEX

NM

AGE

7 years

WEIGHT

8.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hook

INVOICE

13852

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PRESENTING CLINICAL SIGNS

Not eating much
Abnormal PE/Chem/CBC/UA Results: Abdominal mass on radiographs

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 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. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

Spleen

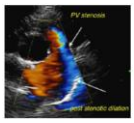
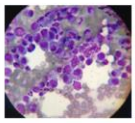
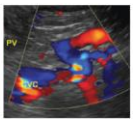
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.57 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement yet maintained symmetrical capsule contour with subtle uniform increased echogenicity and mild coarse echotexture. No masses or nodules were noted. Probable small intraparenchymal cyst was noted in the midventral liver and Is likely incidental. The gallbladder was mildly distended in size containing primarily anechoic content with minor luminal debris. Mild gallbladder distention and luminal debris are suspected to be secondary to anorexia / fasting. 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 gastric body wall width measured 0.25 cm.

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The small intestine exhibited generalized altered muscularis/mucosa ratio owing to generalized propensity for prominent muscularis layer. A large, expansive, hypoechoic intestinal mural mass to potential coalescing intestinal mural masses was present in the mid-abdomen. The mural masses exhibited variable yet marked hypoechoic mural hypertrophy and loss of discernable wall layering. The mass potentially measured 5.0-7.0 cm in length with wall width up to 1.0-2.0 cm width. An example of a thickened yet intact small intestinal wall measured 0.34 cm wall width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Regional to generalized peri Intestinal to peritoneal reactive mesentery, along with scant peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Generalized infiltrative enteropathy with large to expansive intestinal mural mass to possible coalescing multiple intestinal mural masses
- Regional to generalized, primarily peri intestinal reactive mesentery and scant peritoneal free fluid
- Subjective nonspecific hepatomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the large to expansive intestinal mural mass to masses, as well as the generalized thickened small Intestine exhibiting altered wall layering was strongly suggestive of high-grade neoplastic process, such as high-grade lymphoma. Potential for other neoplastic etiologies is possible, while non-neoplastic etiologies such as severe inflammation or granulomatous (Dry FIP), are possible yet thought less likely.

Assuming normal clotting status, ultrasound-guided FNA of the intestinal mural mass could be considered for screening cytology with potential for oncology consultation. Three view chest radiographs are recommended.

Given the size and expansiveness of the intestinal mural mass to masses, as well as likely generalized small intestinal involvement, surgical options unfortunately are likely precluded.

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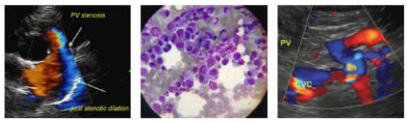

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Clinical Sonography & Telecytology

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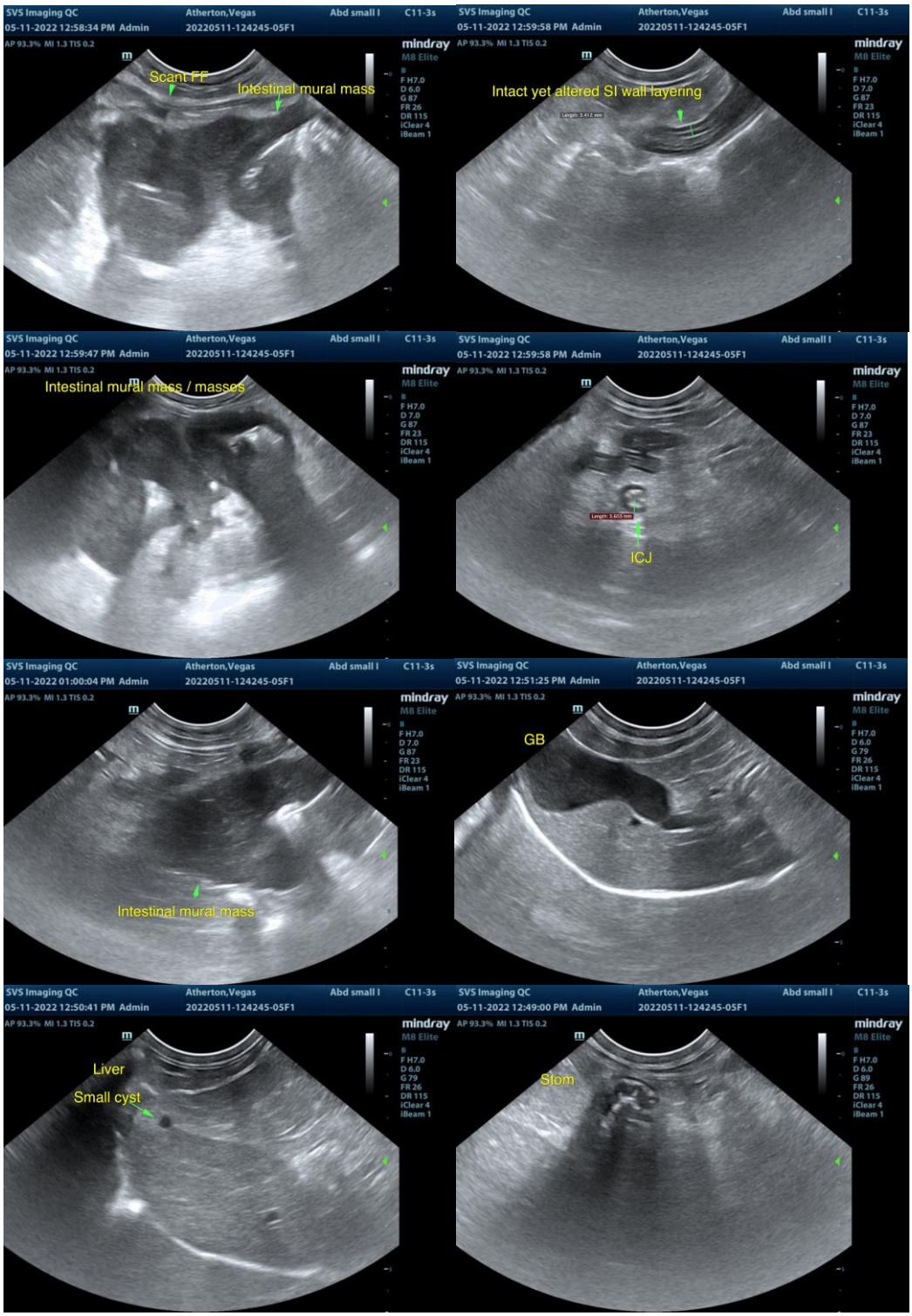

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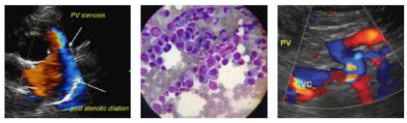

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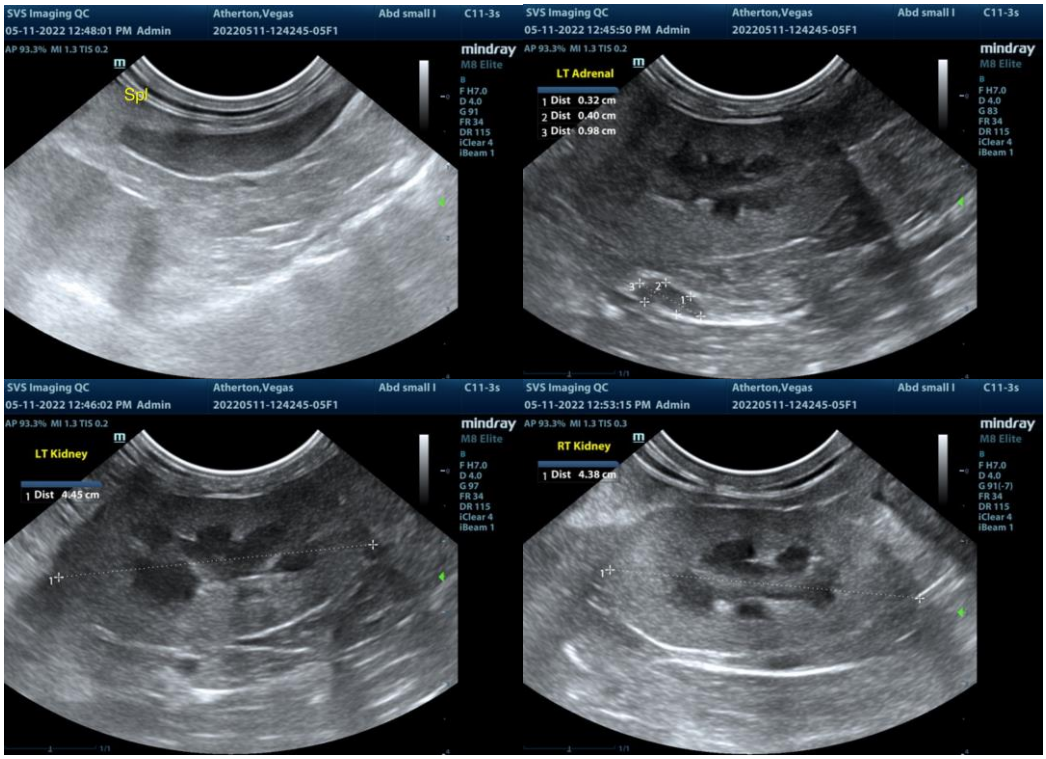

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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