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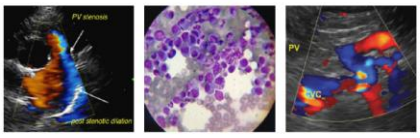

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Sherlock Meeker

SPECIES

Feline

BREED

Abyssinian

SEX

MN

AGE

8 years

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Martin

INVOICE

DATE

5/4/22

PRESENTING CLINICAL SIGNS

Presented for second opinion and u/s of abdominal mass. P was vomiting and losing weight, even on kitten food.
Abnormal PE/Chem/CBC/UA Results: Thin body condition, hydration poor. Large abdominal mass palpated mid abdomen, T- 103.8. RX famotidine, and gave SQ fluids.

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. 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. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 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 0.44 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 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 0.75 cm in width at the level of the hilus.

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild debris likely secondary to 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 contained mild retained anechoic fluid with no signs of ileus, obstruction, or foreign material.

The small intestine exhibited segmental mildly thickened walls with indistinct wall later detail subjectively in the segmental jejunum. A large expansive to lobulated mass appearing to arise from the

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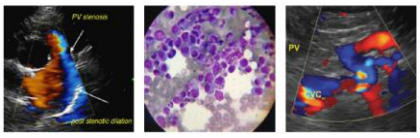

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mid to caudal abdominal intestine measuring approximately 6-7 cm x 3-4 cm was observed. The mass surrounded the segmental intestinal tract with associated intra mass intestinal hypomotility to possible paralytic ileus.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation.

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

Focally enlarged mid to cranial abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2 cm x 1 cm.

Moderate volume peritoneal free fluid and generalized mild hyperechoic mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large expansive to lobulated intestinal mass mid to caudal abdomen
- Segmental mildly thickened intestinal walls exhibiting indistinct wall layering
- Mild volume peritoneal free fluid and intermittent prominent mesenteric lymphadenopathy

Secondary Findings

- Nonspecific chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the size of the intestinal mass the potential for non intestinal origin i.e. lymphatic or omental origin with impingement or invasion on the segmental intestinal tract cannot be excluded. Neoplastic criteria is favored although potential for severe inflammatory or granulomatous etiology i.e. FIP could be possible. Given the size of the mass and the concurrent segmental intestinal mural changes may indicate additional intestinal involvement as well as the possibility of regional omental seeding, early neoplastic lymphadenopathy or peritoneal free fluid secondary to lymphatic obstruction. Surgical options may be limited in this case. An ultrasound guided FNA of the mass is recommended for screening cytology with potential for oncology consult +/- abdominal effusion analysis. Three view chest radiographs suggested if not done. Referral in this case for further assessment may be ideal if additional therapeutic options are required.

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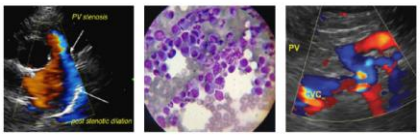

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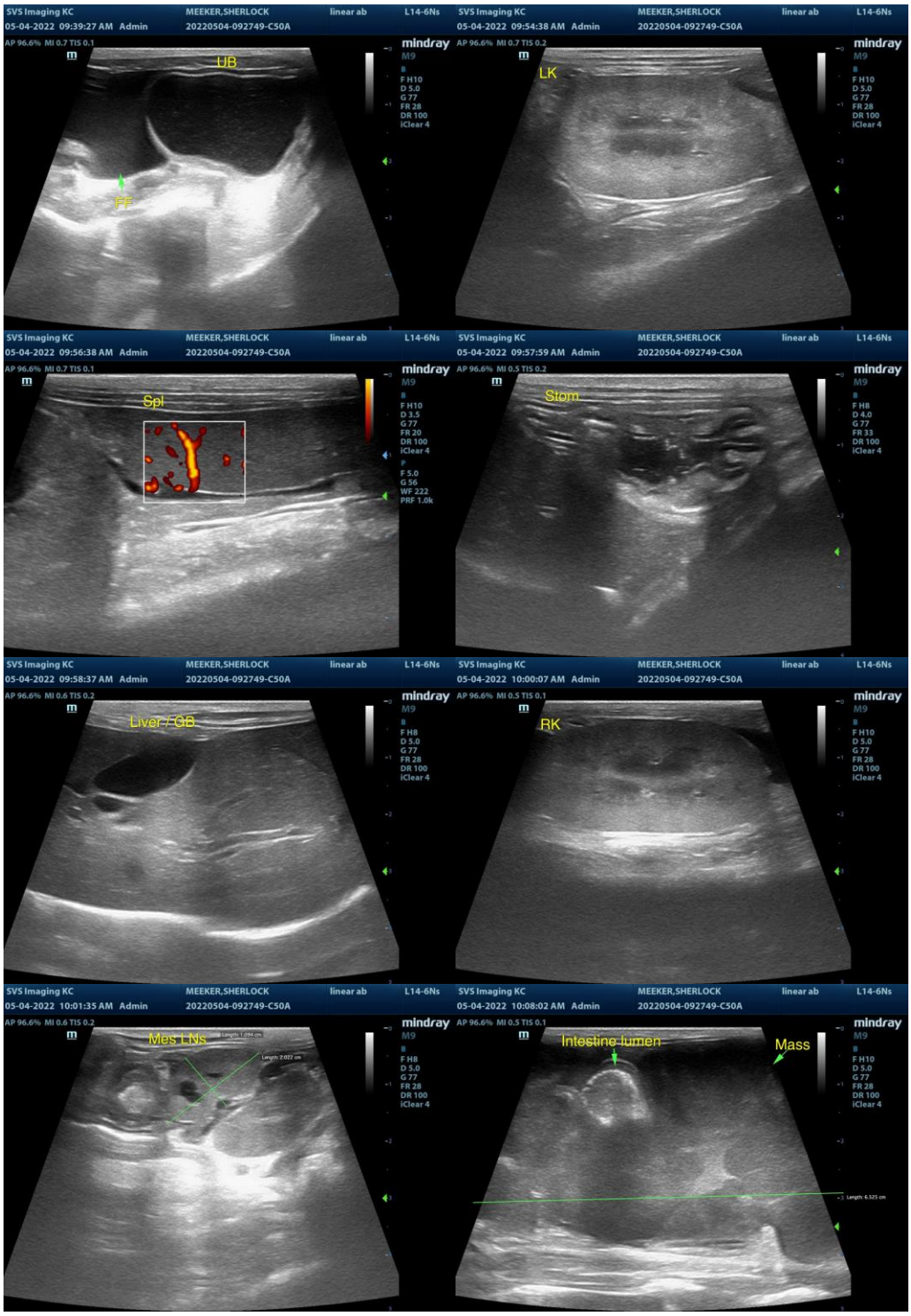

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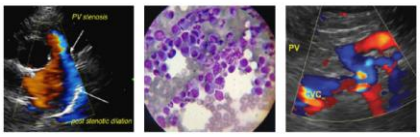

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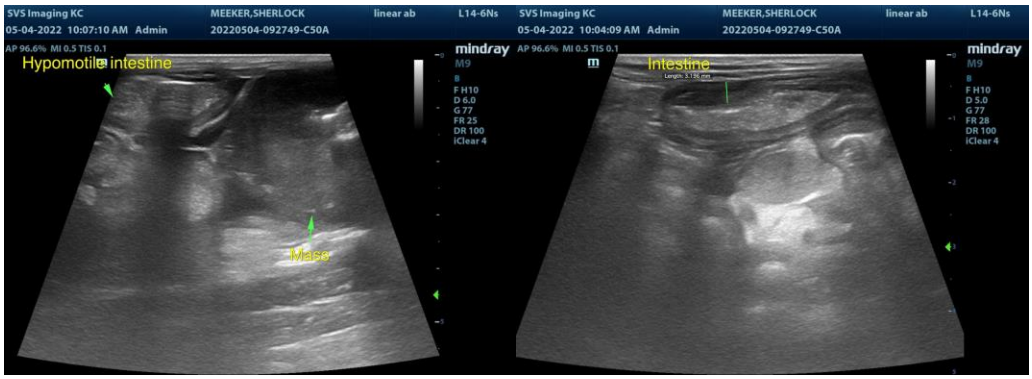

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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