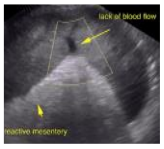
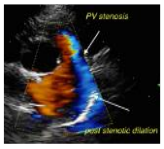
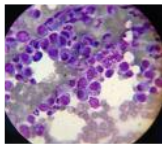
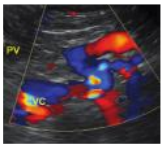
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Susie Salazar

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

8 years

WEIGHT

8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Robert Thomas

INVOICE

17169

DATE

6/28/23

PRESENTING CLINICAL SIGNS

Seen at the family veterinarian for weight loss, abdominal mass was palpated during the exam. Bloodwork 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. Mild 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size was noted in the kidneys. A normal 1:3 cortex / medulla ratio with subtle nonhomogeneous bilateral cortical nodules were present. An example of a nodule measured 0.9 cm in diameter. Minor asymmetrical contour was noted in both kidneys with mildly indistinct cortical medullary border demarcation. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width and the right adrenal gland measured 0.42 cm width.

Spleen

The spleen exhibited normal size and minor capsule asymmetry with mildly heterogeneous, hyperechoic splenic parenchyma. The spleen measured 0.6 cm width at the level of the hilus.

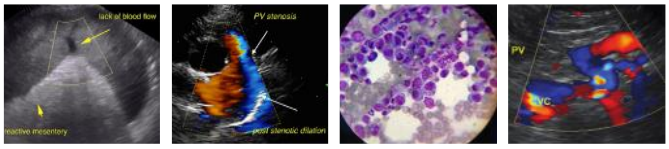
Liver/ Gallbladder

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. 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, nonshadowing ingesta without signs of obstruction or foreign material.

A large intestinal mural mass was present in the mid to cranial abdomen exhibiting marked mural hypertrophy, decreased mural echogenicity, and loss of discernable wall layering. The mural mass potentially measured 6.0-7.0 cm in length with wall width up to 1.3 cm. Concurrent, segmental, potentially adjacent, intact yet thickened small intestine was noted with concurrent sonographically unremarkable intestine exhibiting 1:3 muscularis/mucosa ratio. Thickened intestine measured up to 0.37 cm wall width, while normal-appearing intestine measured 0.25 cm wall width. The ileocecocolic junction appeared to be intact and overtly normal.



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

Pancreas

The pancreas was indistinctly visualized owing to increased peri pancreatic omental artifact, yet no obvious pathology was noted.

Free Abdomen

Intermittent, variably prominent, homogeneous, mesenteric lymph nodes were present with an example measuring 1.9 cm x 1.3 cm. Mild volume peritoneal effusion was noted. Nonuniform, hyperechoic omentum was present primarily surrounding the intestinal mural mass.

ULTRASONOGRAPHIC FINDINGS

- Large intestinal mural mass with surrounding nonuniform hyperechoic omentum
- Concurrent intact segmentally thickened small intestine
- Variable mesenteric lymphadenopathy and mild peritoneal effusion
- Subtly nodular kidneys
- Mildly heterogeneous / hypoechoic spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal mural mass most likely involves the segmental jejunum. Considerations may include likely neoplasia, i.e., lymphoma, carcinoma, or other, with non-neoplastic etiologies, i.e., granulomatous disease (dry FIP), severe inflammation, etc., thought less likely. Strong concern for regional omental seeding and lymphatic involvement with the possibility of bilateral renal metastasis.

Assuming normal clotting status, FNA cytology of the intestinal mural mass could be considered for further clarification and possible oncology consult. Abdominal CT, if possible, would be ideal for further clarification and additional assessment of therapeutic options. Three-view chest radiographs are recommended if not done.

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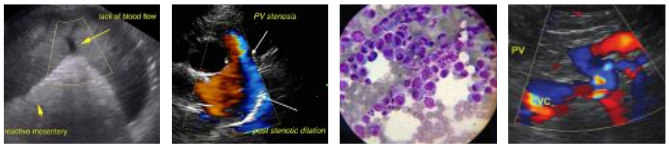

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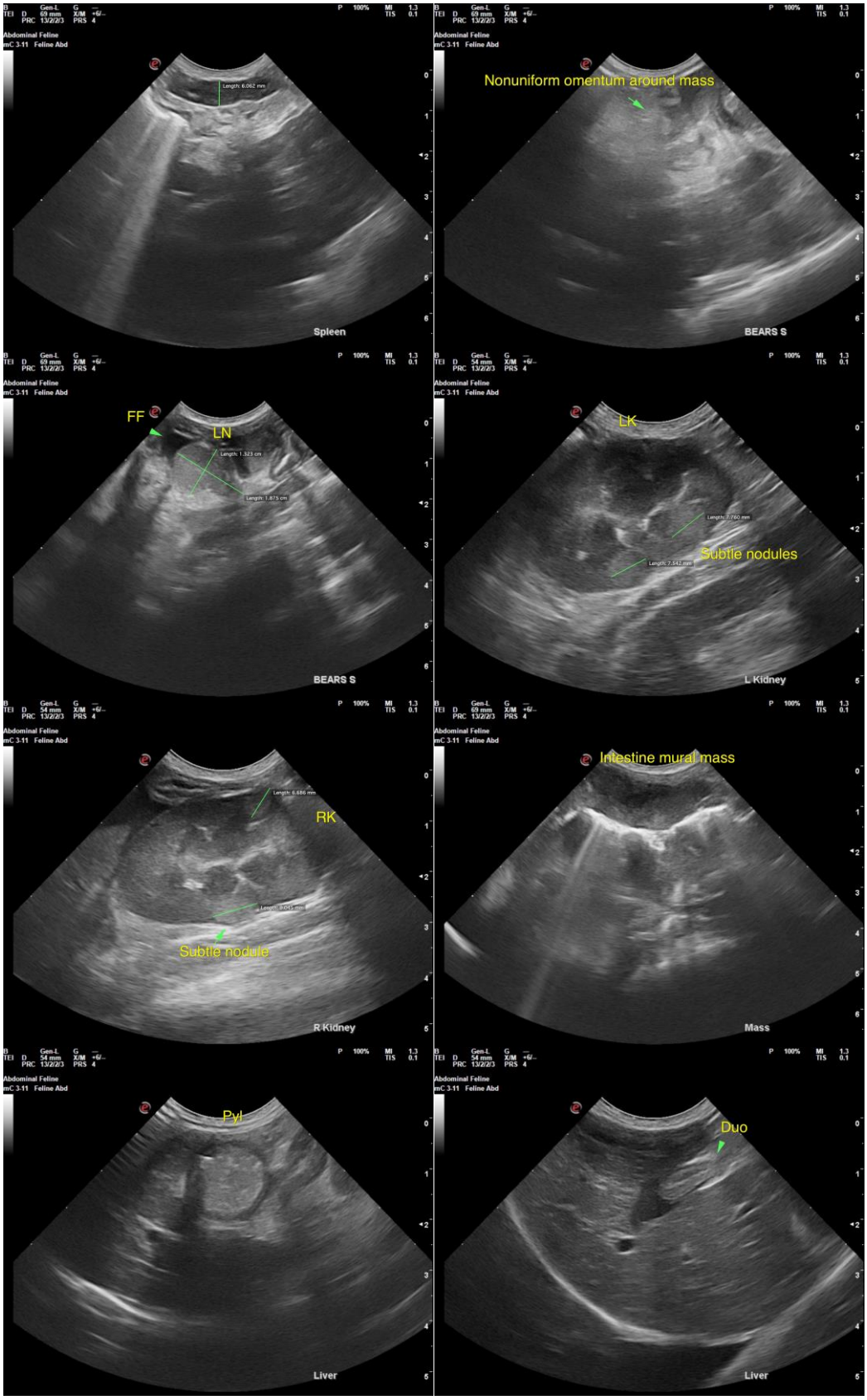

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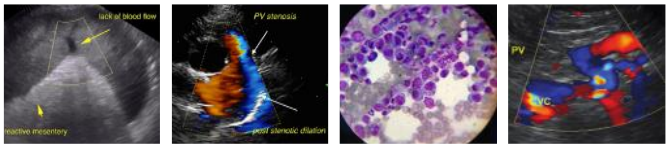

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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