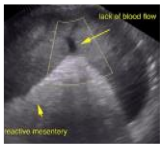
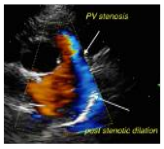
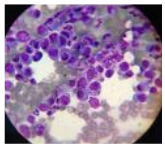
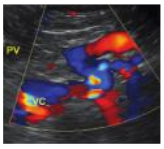
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Dominik Krupsky

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

4.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Roppolo, VMD

HOSPITAL NAME

Audubon Family VC

REFERRING VET

Michael Roppolo, VMD

INVOICE

17283

DATE

7/18/23

PRESENTING CLINICAL SIGNS

1-2 week history of lethargy and progressive hyporexia to anorexia. Multiple month history of weight loss per O(used to be ~6.5kg).

Abnormal PE/Chem/CBC/UA Results: PE reveals large freely-movable mass on mid-abdominal palpation (~6x3cm). Mild monocytosis at 1.5 k/uL but no other significant BW abnormalities.

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.

No overt medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and primarily maintained symmetrical capsule contour were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mildly indistinct corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 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 0.42 cm width. The right adrenal gland was not definitively visualized.

Spleen

The spleen was normal in size and contour exhibiting mild reduced splenic parenchyma echogenicity comparable to the liver with subtle parenchyma heterogeneity. No splenic masses or nodules were visualized. The spleen measured 0.70 cm width at the level of the hilus.

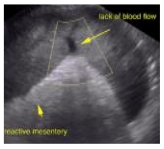
Liver/ Gallbladder

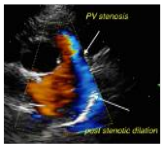
The liver was enlarged in size with normal vascular volume. Uniform mildly decreased hepatic parenchyma echogenicity was present with mildly coarse echotexture. No visualized hepatic masses or nodules were noted. The gallbladder was non-distended in size containing anechoic content with no overt gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

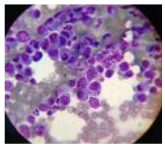
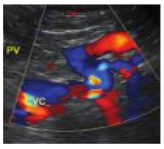
Gastrointestinal

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.

The small intestine exhibited segmental to generalized variable wall thickening exhibiting primarily maintained intact wall layer detail. Segmental indistinct intestinal wall layer detail was present in the





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mid-abdomen, consistent with a probable jejunal location. The small intestinal wall width measured 0.28-0.30 cm.

Normal visible colon wall layers were present with semi-formed to possible soft fecal matter.

Pancreas

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 were evident.

Free Abdomen

A midabdominal hypoechoic to mildly nonhomogeneous mass was present, which appeared to directly efface segments of the small intestine measuring approximately 5.0 cm x 4.0 cm. Generalized primarily peri intestinal to peri lymphatic mild nonuniform hyperechoic omentum and mild volume peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Segmental to generalized thickened small bowel exhibiting segmental indistinct wall layering
- Midabdominal mass - marked midabdominal lymphadenopathy vs. proliferative intestinal mass possible
- Generalized primarily peri intestinal / peri lymphatic nonuniform hyperechoic omentum and mild volume peritoneal effusion
- Hepatomegaly

Secondary Findings

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the sonographic abnormalities are strongly suggestive of multicentric neoplastic criteria involving the segmental to generalized intestinal tract, midabdominal mesenteric lymph nodes, and potentially liver with concern for peri intestinal to peri lymphatic omental seeding, i.e., lymphomatosis, carcinomatosis, or similar. Non-neoplastic etiology such as significant lymphoid hyperplasia, reactive lymphadenitis, inflammatory bowel disease, and non-neoplastic hepatopathy are possible yet thought less likely.

Assuming normal clotting status and using a 25-gauge needle, screening abdominal mass and hepatic FNA cytology are warranted for further assessment and potential for an oncology consult. Surgical options are suspected to be precluded. Three-view chest radiographs are suggested if not done.

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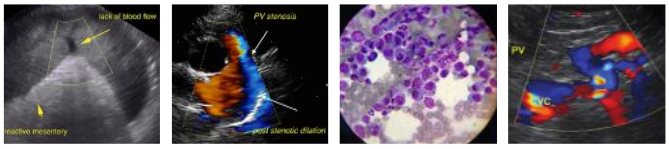

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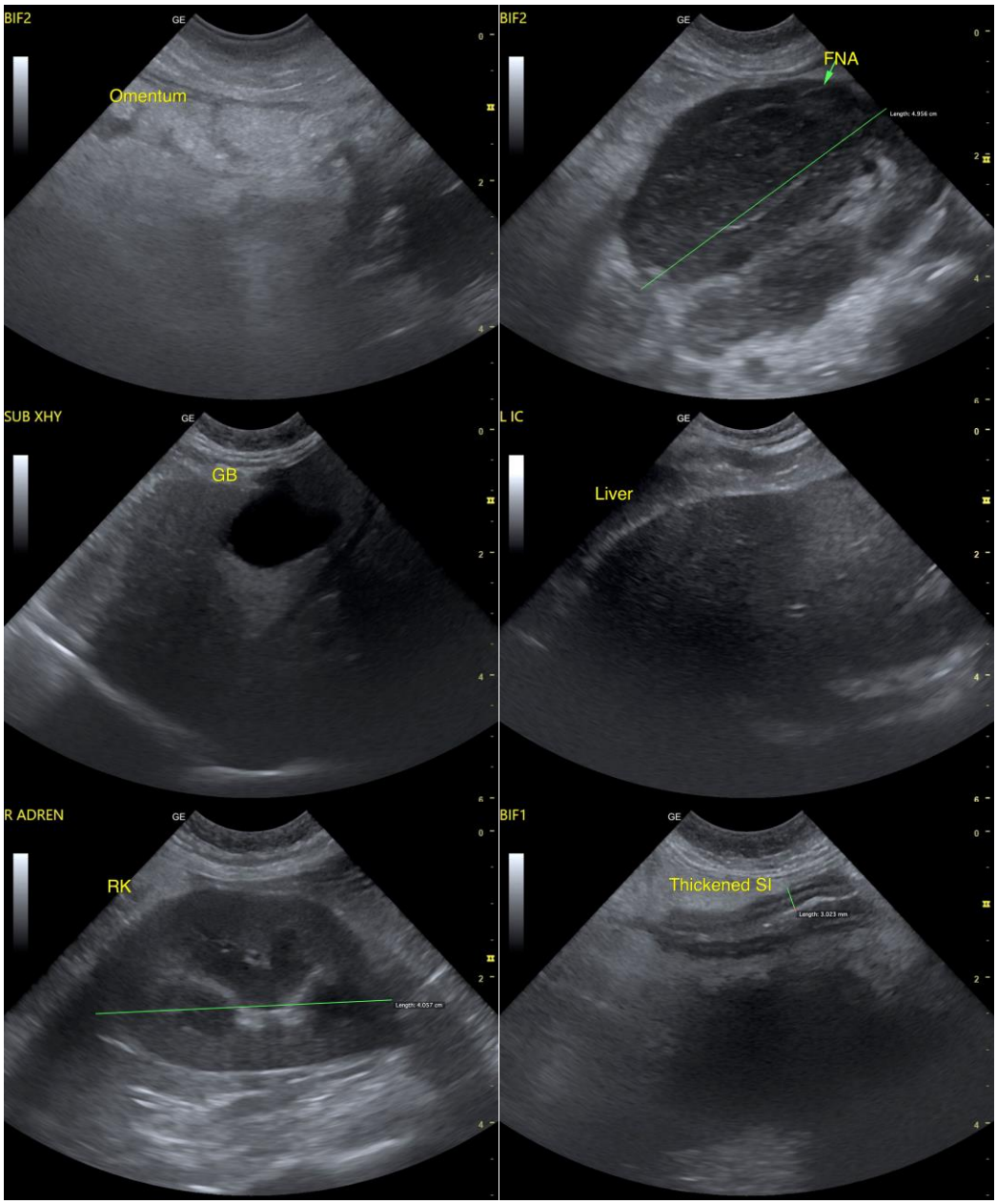

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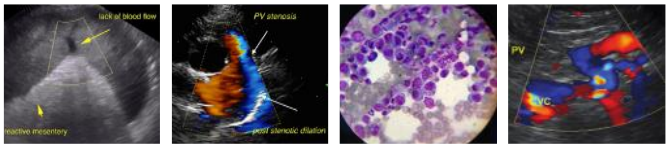

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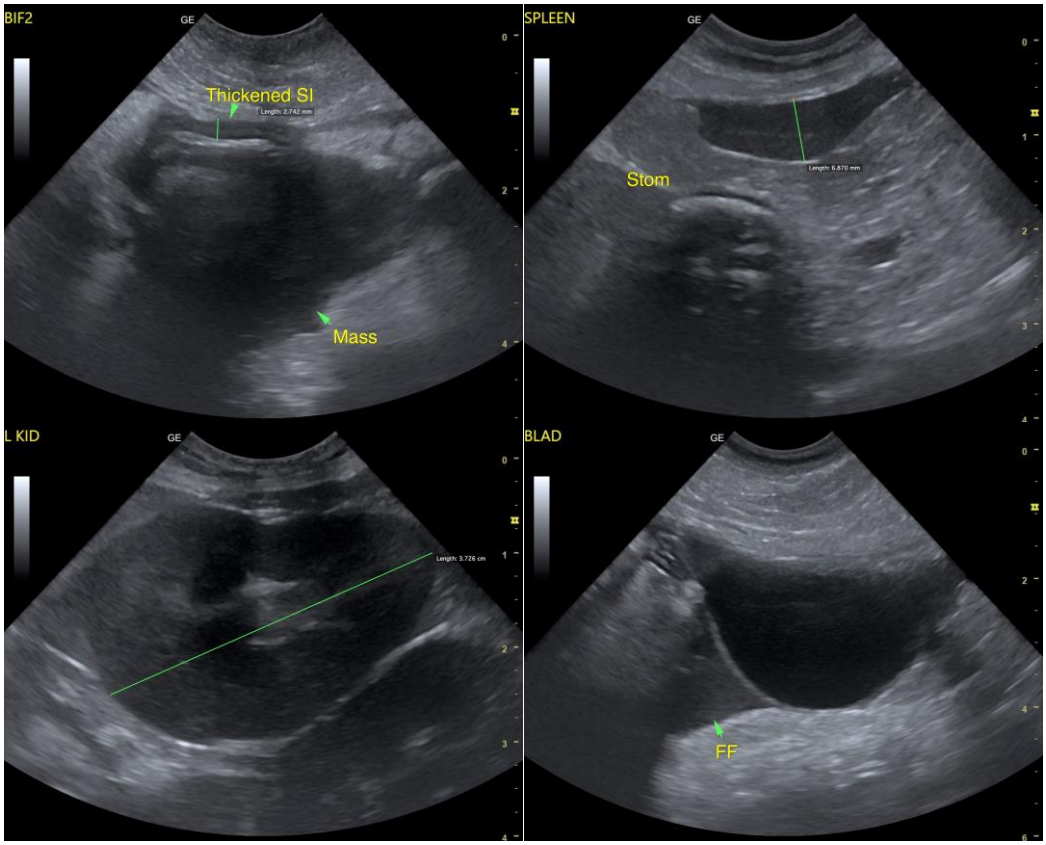

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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