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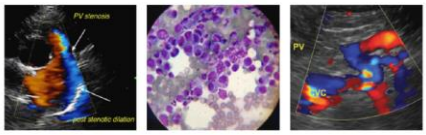

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Wyndham Wilson
51987A

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2yr 11mo

WEIGHT

2.56kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists-Dr. Patton

INVOICE

11148ag

DATE

07/19/2022

PRESENTING CLINICAL SIGNS

History: Wyndham was seen at VCA VES in Janesville on 7/6 for evaluation of vomiting and weight loss. Wyndham is suspected to have an abdominal mass, and crystals were found in his urine at this visit. Wyndham has no longer been vomiting since this visit, but was lethargic all last week. Lethargy got worse over the weekend. Wyndham has also started having diarrhea. The first episode was on Friday, and has been consistent since then. Wyndham has been eating and drinking well. He has been having litterbox problems since November.

Abnormal PE/Chem/CBC/UA Results: Abdomen: Soft, non-painful, palpable cranial abdominal mass. Vocal with abdominal palpation Abdominal Fluid: GLU: 141 (74-159) LAC: 3.68 (0.60-2.50)

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. Primarily anechoic urine was present in the lumen. Primarily nondependent pinpoint hyperechoic 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.

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. Pinpoint areas of medullary mineral in the lateral medulla just inside the corticomedullary border were noted. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 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 0.89 cm in width at the level of the hilus.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 moderate nonmineralized debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal

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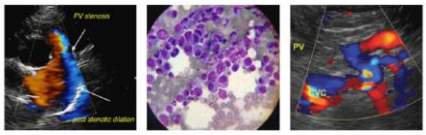

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm in width.

The small intestine presented intact yet generalized prominent to mildly thickened wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No evidence of intestinal masses. The duodenum wall measured 0.29 cm in width. The jejunum wall measured up to 0.28 cm in width. The ileocolic wall measured 0.32 cm in width.

The colon exhibited intact yet mildly prominent wall layering containing semi formed to soft feces. The descending colon wall measured 0.20 cm in width.

Pancreas

The pancreas exhibited generalized enlargement, asymmetrical contour and nonhomogeneous to irregular parenchyma. Potential for hypoechoic striations were noted in the area of the left pancreatic limb. A solitary mixed echogenic to hypoechoic nodule in the area of the distal left pancreatic limb was present exhibiting suspect areas of pinpoint to focal mineralization. The nodule measured approximately 1.0 cm in diameter.

Free Abdomen

An ill-defined non-homogeneous irregular mass lesion was present in the cranial abdomen measuring approximately 3.5-4 cm in diameter, caudal to the stomach. Generalized hyperechoic mesentery and mild to moderate volume primarily anechoic free fluid was present.

Multiple variably sized to echogenic mid abdominal mesenteric lymph nodes were present, an example measuring 3.5 cm x 1.8 cm. Some of the lymph nodes exhibited borderline width: length ratio of approximately 0.5.

Small mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

Primary:

- Enlarged, irregular, nonhomogeneous to possibly edematous pancreas with ill defined nodule exhibiting suspect pinpoint mineral in area of left pancreatic limb - acute / chronic pancreatitis, potential for focal abscess, necrosis vs neoplasia
- Ill defined, irregular mass lesion cranial abdomen in area of pancreas - ill defined pancreatic mass, solitary severely enlarged to conglomerated mesenteric lymphadenopathy, omental mass, granuloma, other
- Thickened yet intact small intestine walls
- Variably enlarged to echogenic mid abdominal mesenteric lymph nodes - hyperplasia, lymphadenitis, granulomatous or neoplastic lymphadenopathy possible
- Mild to moderate volume peritoneal free fluid

Secondary:

- Normal kidney size / margination with pinpoint medullary mineral
- Urinary bladder sediment
- Moderate gallbladder debris with nonobstructive common bile duct dilation - fasting, possible cholestasis

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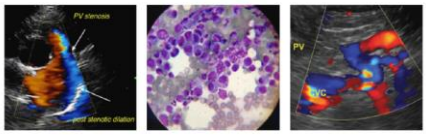

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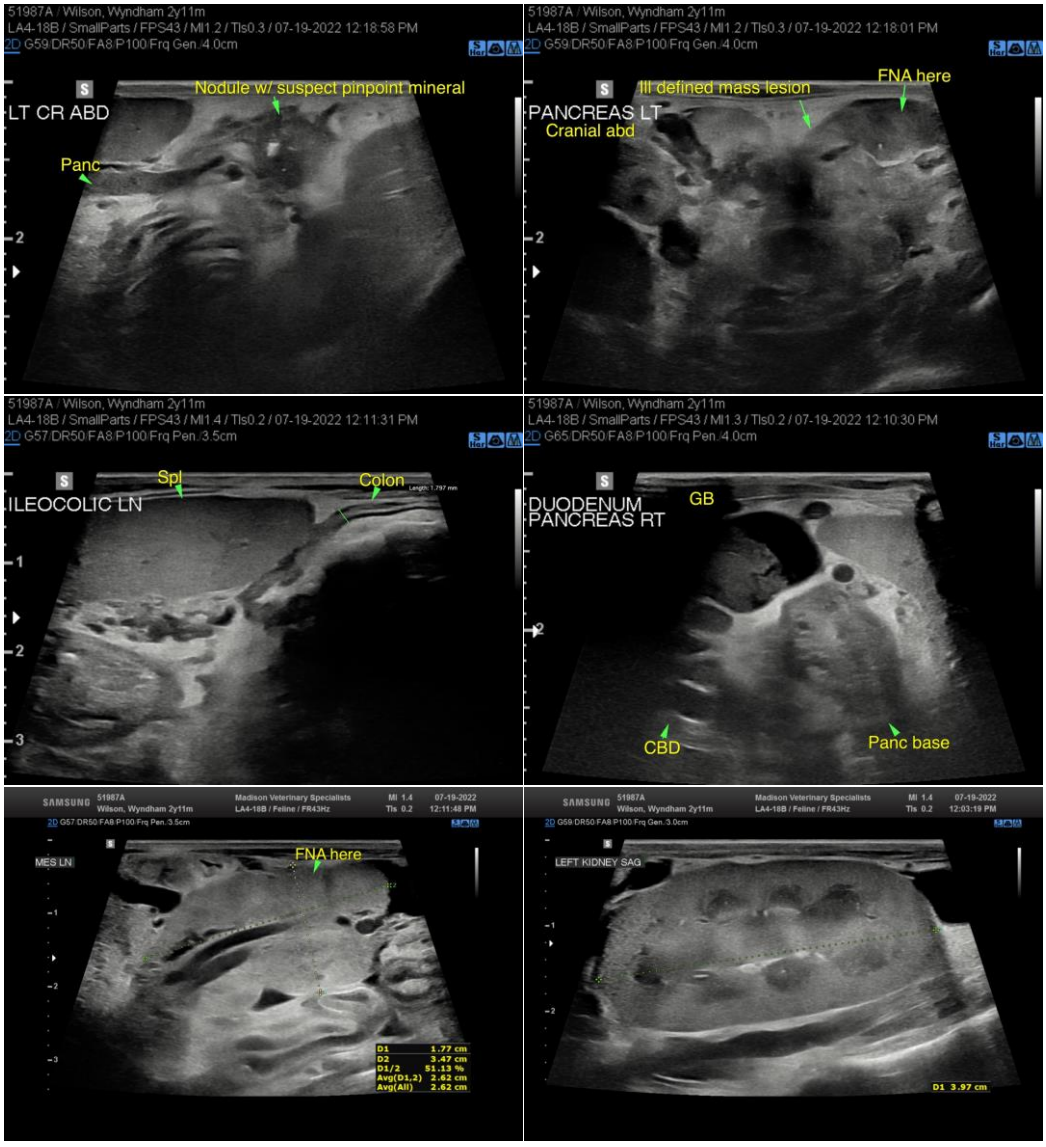
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If normal clotting status, FNA of the ill defined cranial abdominal mass, suspect left pancreas nodule, mid abdominal mesenteric lymph node +/- discernible pancreas for cytology is recommended. Concurrent pathology fluid analysis, cytosine / cytology +/- C/S is suggested. Multicentric inflammatory disease (pancreatitis, IBD / enteritis), neoplasia (carcinomatosis, lymphomatosis, or similar), less likely FIP all potentials. Full lab work and GI panel is recommended. Three view chest radiographs could be considered to rule out concurrent pathology as a contributing factor. Sampling is required for assessment; however a very guarded prognosis is likely warranted.



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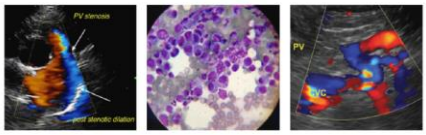

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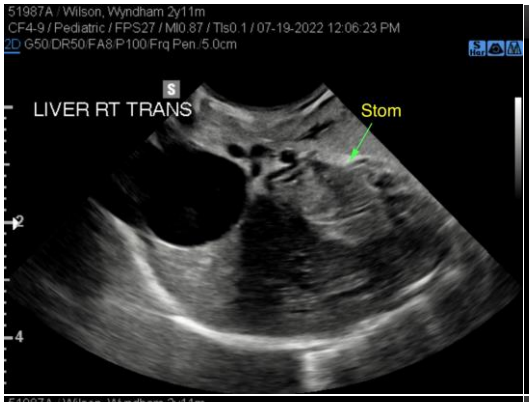

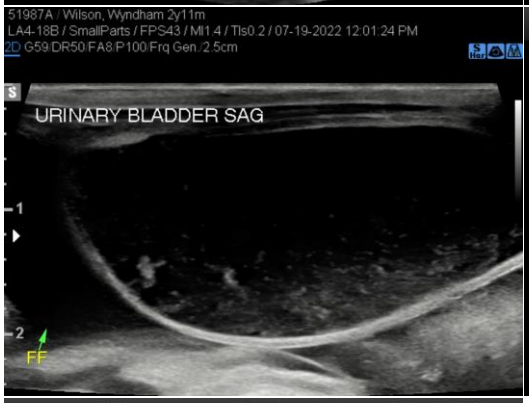

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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