SonoPath
Clinical Sonography & Telecytology
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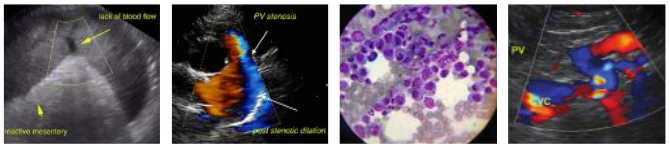

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1-800-838-4268 info@sonopath.com

PATIENT
Leia Lee

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
16 YO

WEIGHT
6 lbs.

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

IMAGING PERFORMED BY
Jose

HOSPITAL NAME
Elmhurst AH Hospital

REFERRING VET
Dr. Sturz

INVOICE
14219

DATE
7/5/22

PRESENTING CLINICAL SIGNS

Leia had hx of a decreased appetite and lethargic, somo vaginal dc and UTI is suspected. she is a previously diagnosed diabetic and also has kidney DZ.
Abnormal PE/Chem/CBC/UA Results: Loss weight, muscle waste, a possible mass in mid abdomen. BW 7/2/22 CHEM: AMY: 1237 (H) 300-1100 BUN: 34 (H) 10-30 GLU: 63 (L) 70-150 She is mildly anemic. UA/ CS: 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. 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.

Subnormal size was noted 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.8 cm in length. The right kidney measured 2.8 cm in length.

Adrenal Glands

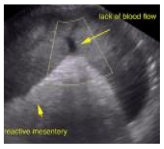
The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.49 width and the right adrenal gland measured 0.47 width.

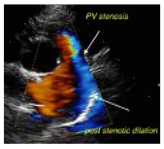
Spleen

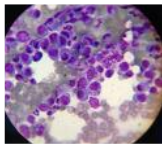
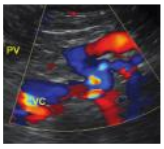
The spleen exhibited mild subnormal size potentially owing to volume contraction with primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.49 cm in width.

Liver/ Gallbladder

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. The cystic and common bile ducts were normal.





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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 small intestine presented intact yet segmentally prominent wall layering to the level of the ileocolic junction. No overt evidence of small intestinal masses or loss of intestinal wall layering was noted. The jejunum wall measured up to 0.21-0.27 cm width. The ileocolic wall measured 0.39cm width.

The proximal colon exhibited mild to moderate thickening including decreased proximal colon mural echogenicity and loss of discernable proximal colon wall layering. The proximal colon wall width measured up to 0.63 cm. Normal-appearing colon was noted distal to the proximal colon thickening to the level of the distal descending colon. By comparison, normal-appearing colon wall width measured 0.18 cm. Subjective semi-formed feces was present in the colon. No evidence of peritoneal free fluid was noted.

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

Intermittent colic to jejunocolic lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a lymph node measured 2.1 cm x 1.5 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Proximal colon mural mass
- Intact yet segmentally prominent small bowel walls
- Hypoechoic to swollen colic / jejunocolic lymphadenopathy
- Moderate chronic renal changes exhibiting bilateral subnormal renal size

Secondary Findings

- Focal adrenal dystrophic mineral - normal age-related finding in cat, not pathological

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the proximal colon mural mass with concurrent hypoechoic to swollen colic to jejunocolic lymphadenopathy is consistent with neoplastic criteria, i.e., lymphoma, or other. Non-neoplastic etiologies such as significant to possible segmental small bowel Inflammation with associated lymphoid hyperplasia or reactive lymphadenitis, dry form FIP, are possible yet considered less likely differential diagnoses.

Assuming normal clotting status, ultrasound guided FNA of an enlarged lymph node +/- proximal colon wall for screening cytology could be considered.

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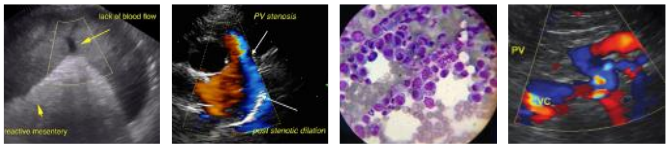

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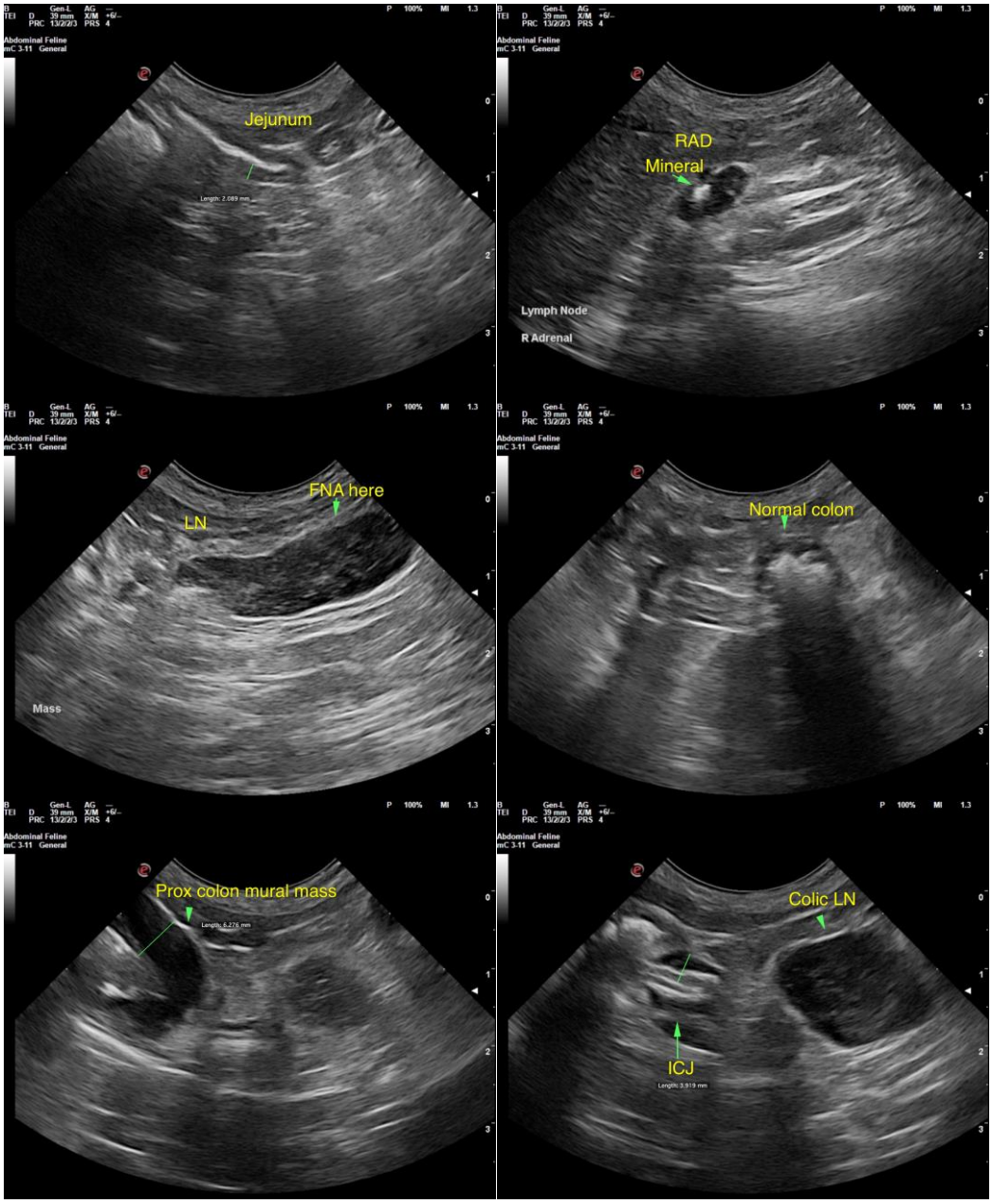
No overt evidence of active pancreatitis or other pancreatic pathology was noted, although potential for concurrent low-grade or chronic pancreatitis could be present yet sonographically normal.

Proximal colon, full-thickness small bowel, and lymphatic biopsies may be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs to rule out occult thoracic pathology as a contributing factor, are recommended if not done.



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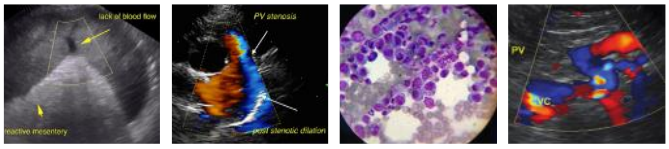

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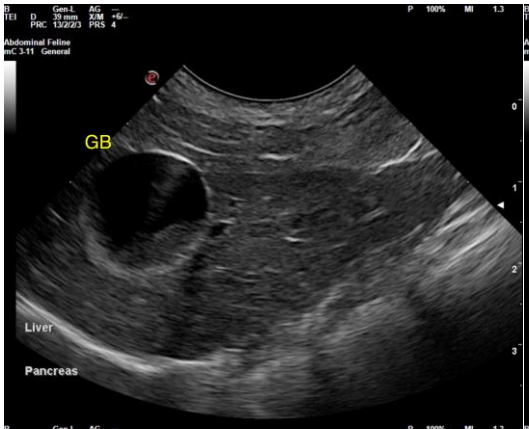

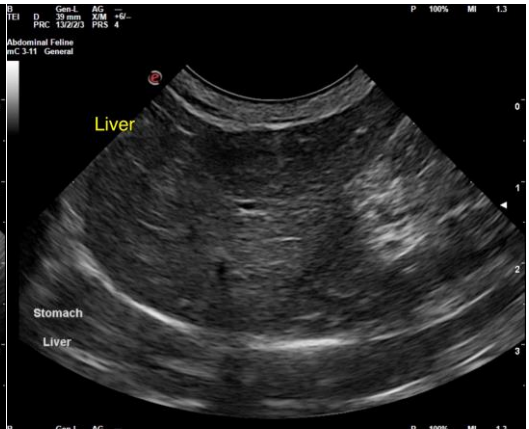

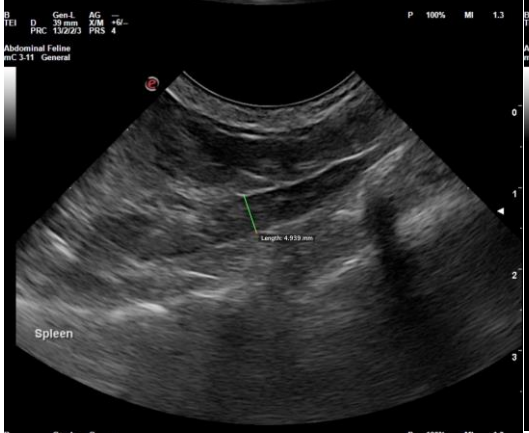

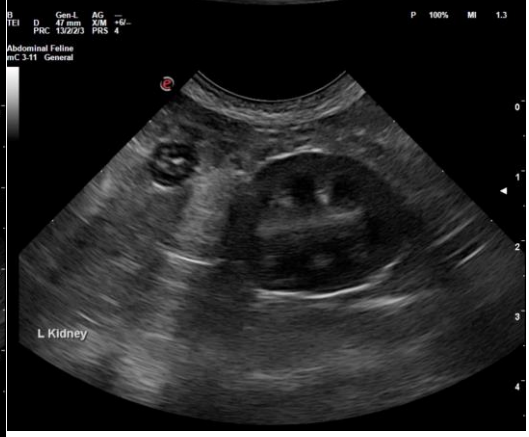

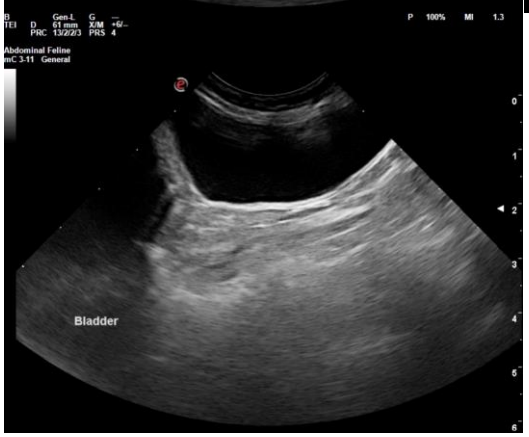

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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