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Clinical Sonography & Telecytology
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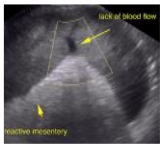

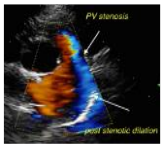

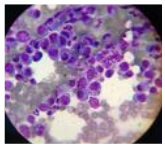
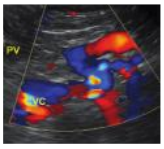

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1-800-838-4268 info@sonopath.com

PATIENT

Cleopatra Zahner

SPECIES

Feline

BREED

Somolie

SEX

Female Spay

AGE

15

WEIGHT

2.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Calgary Holistic AC

REFERRING VET

Dr. Qi

INVOICE

14611

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Lethargic no appetite weight loss. Ab mass palpated
Abnormal PE/Chem/CBC/UA Results: Elevated amylase and non regenerative anemia

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.

Normal size and margination 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 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 3.0 cm in length. The right kidney measured 3.1 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 0.26 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

Spleen

The spleen exhibited 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 criteria. The spleen measured 0.73 cm width at the level of the hilus.

Liver/ Gallbladder

The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 was empty with no signs of ileus, obstruction, or foreign material.

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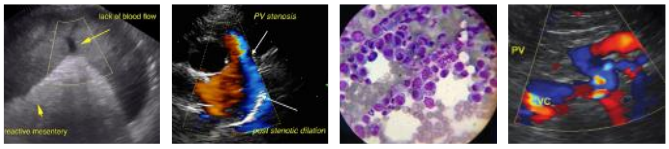

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Mildly expansive, asymmetrical, hypoechoic mass involving the distal ileum, ileocolic junction, and proximal colon was present measuring approximately 3.0 cm x 2.0 cm. A separate mass involving the distal descending colon wall, measuring approximately 3.6 cm x 1.2 cm was also present. Intact yet subjective mildly prominent small intestinal wall layering was present in the jejunum.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Associated regional peri ileocolic nonuniform to nodular mesentery and colic lymphadenopathy was present. Small pockets of scant peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Ileocolic, proximal and descending colon mural masses
- Peri ileocolic nonuniform to nodular mesentery and associated colic lymphadenopathy
- Subjective hepatomegaly
- Concurrent pancreatitis
- Scant peritoneal free fluid

Secondary Findings

- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further prognosis, the ileocolic, proximal colon, and descending colon mural masses are most consistent with neoplastic criteria with primary concern for high grade round cell neoplasia such as lymphoma. Suspected regional peri ileocolic omental seeding to emerging mesenteric infiltrative mass and concurrent early neoplastic lymphadenopathy suspected. Additional considerations, given this presentation, may include adenocarcinoma, dry form FIP, or less likely fibroplasia. Potential for multicentric neoplasia, given the hepatomegaly, is of concern.

Further assessment may include, ultrasound-guided FNA of the ileocolic or colonic mural masses, as well as screening hepatic FNA, assuming normal clotting status.

Unfortunately, this case does not appear to be surgical. Oncology consult could be considered pending sampling. Unfortunately, an unfavorable prognosis is likely indicated.

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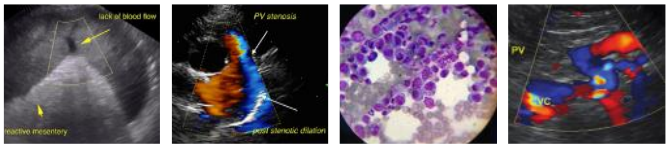

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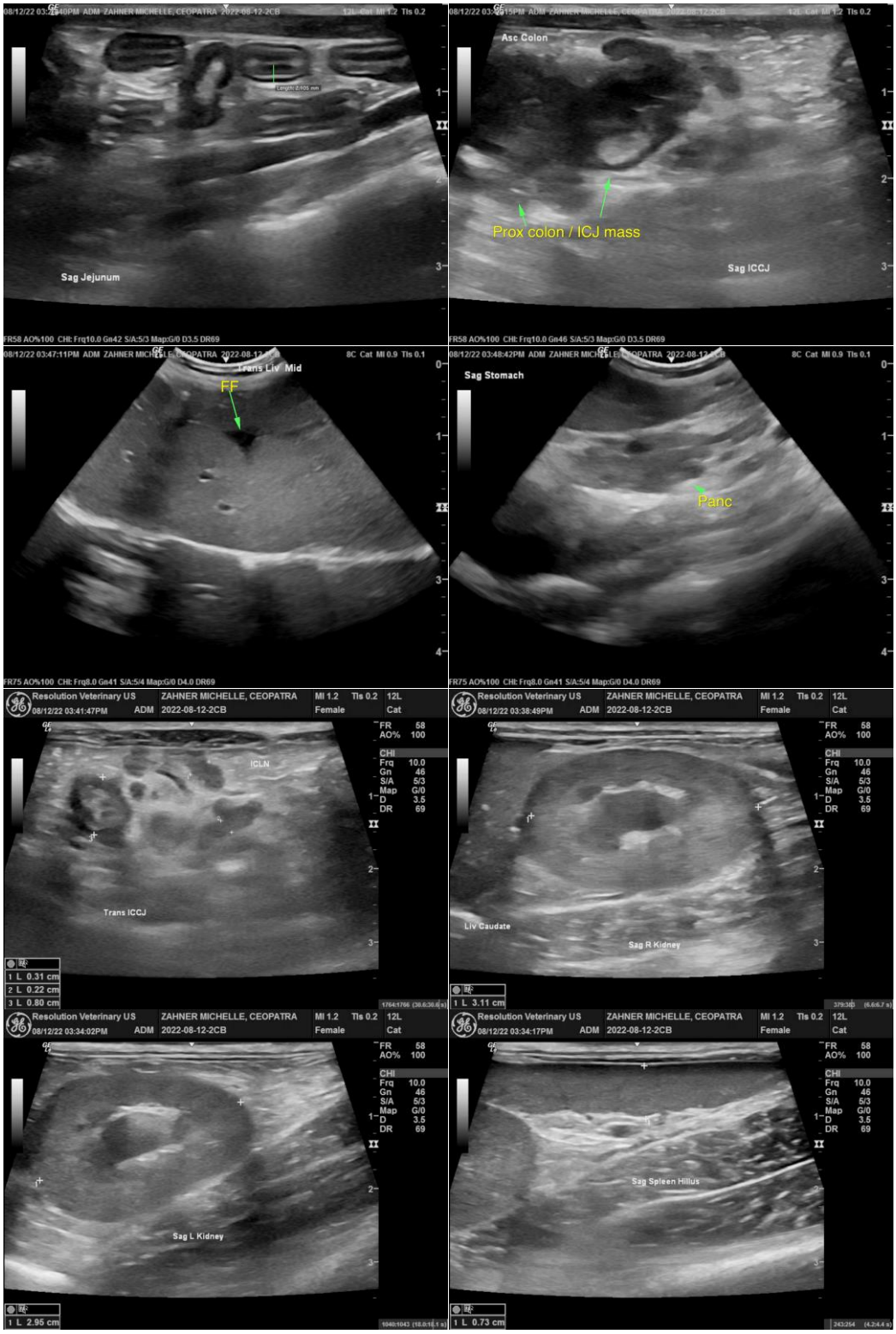

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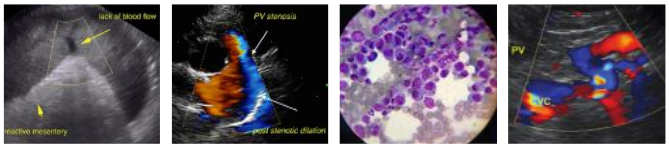

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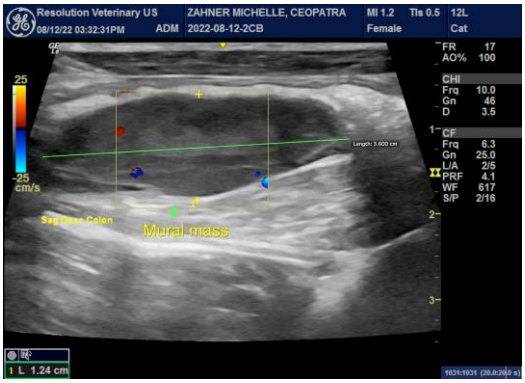

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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