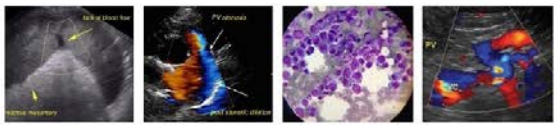
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Luna Siddall

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Mellish

INVOICE

24742

DATE

8/16/21

PRESENTING CLINICAL SIGNS

Has been losing weight over past few weeks. Eating inconsistently. Not having any vomiting or diarrhea. Has been in hospital for just over 24h, not eating much though allowing minimal spoon feeding. (Had a few bites of food at 3am morning of ultrasound) Appearing very unwell, dumpy, not moving much. Pale MM. currently on metro and buprenorphine
Abnormal PE/Chem/CBC/UA Results: BUN 10.1, Crea 85, SDMA 31, Glucose 2.45, USG 1.038, WBC 15.4, Hct 28.5.

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 particulate, non-dependent 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.

The area of the aortic trifurcation was free of pathology.

The left kidney was enlarged in size with decreased corticomedullary echogenicity with loss of distinct corticomedullary architecture. Associated mild retroperitonitis noted around the left kidney with scant free fluid. The left kidney measured 5.3 cm.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Scant pyelectasia noted. The right kidney measured 4.6 cm.

Adrenal Glands

No overt pathology in the area of the left and right adrenal gland.

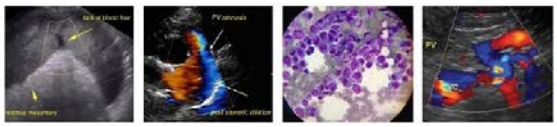
Spleen

The spleen was mildly subnormal in size, potentially owing to volume contraction, measuring 049 cm in width. it 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 disease.

Liver

The liver exhibited normal to potential mild generalized enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical 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. Mild dilation of the cystic biliary duct was present. Cystic biliary duct measured 0.69 cm in diameter. The common bile duct was normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Luna Siddall

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Mellish

INVOICE

24742

DATE

8/16/21

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. Gastric body wall mearued 0.24 cm.

Segmental wall thickening with loss of wall layering was present, subjectively involving the small bowel, measuring approximately 4-5 cm in length with wall width measuring up to 1.0 cm. Focal paralytic ileus was present within the lumen of the abnormal intestine without an obstructive pattern in the intestine proximal to the abnormal intestine. Adjacent small intestine exhibited intact yet subjective prominent wall layering owing to prominent muscularis layer. By comparison, intact yet prominent adjacent small intestinal wall measured 0.30 cm width. Regional lymphadenopathy and surrounding echogenic omentum was present around the abnormal intestine.

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

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

Hypoechoic to non-homogeneous cranial omental lymphadenopathy versus potential for pancreatic lesions noted adjacent to the stomach. Example of lymph node versus potential pancreatic lesion measured 1.6 cm in diameter.

PRIMARY FINDINGS

- Left kidney infiltrative neoplasia pattern with associated retroperitonitis
- Right kidney mild chronic interstitial nephrosis with scant pyelectasia
- Intestinal mural mass with associated regional enteropathy
- Echogenic liver
- Non-homogeneous to hypoechoic cranial omental lymphadenopathy versus potential for pancreatic nodular lesions

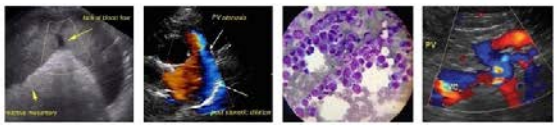
SECONDARY FINDINGS

- Mild cystic biliary duct dilation – likely incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic abnormalities in this case are consistent with multicentric neoplasia definitively involving the left kidney and intestinal tract with primary concern for high-grade lymphoma versus other neoplastic disease. Potential for hepatic cranial omental or possible pancreatic involvement possible. Assuming normal clotting status, ultrasound guided FNA of the intestinal mural mass and left kidney cortex warranted for screening cytology with potential for oncology consult and chemotherapeutic intervention. 3-view chest radiographs recommended. This case does not appear to be surgical.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Luna Siddall

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

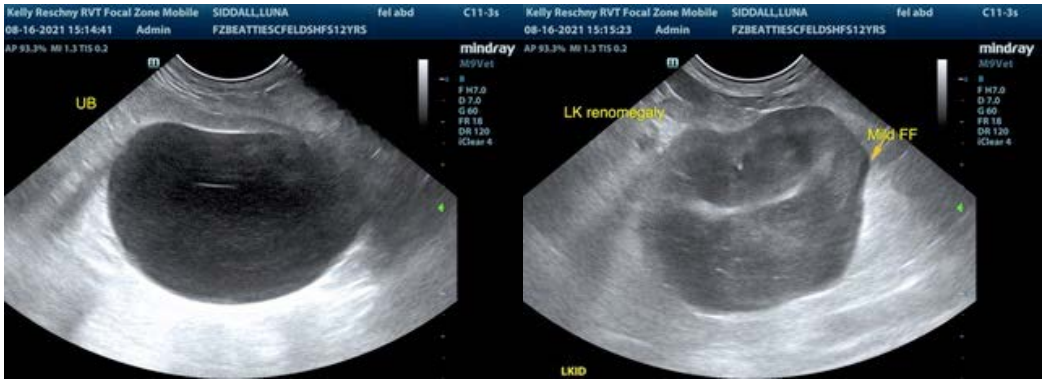
Dr. Mellish

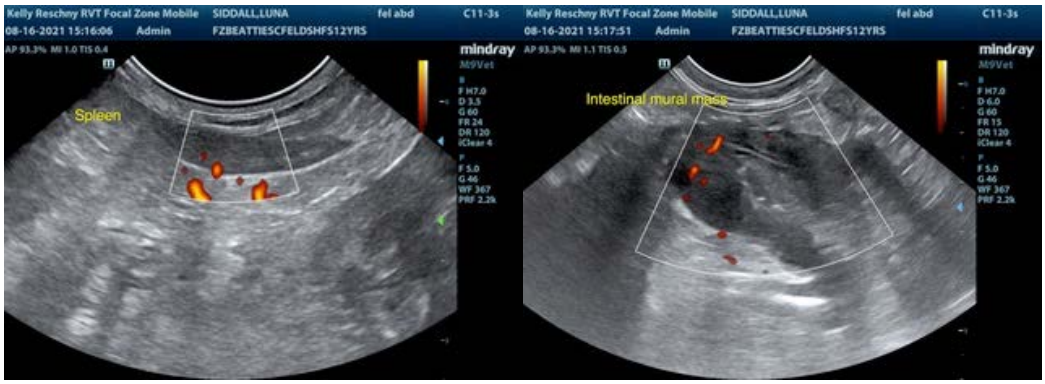
INVOICE

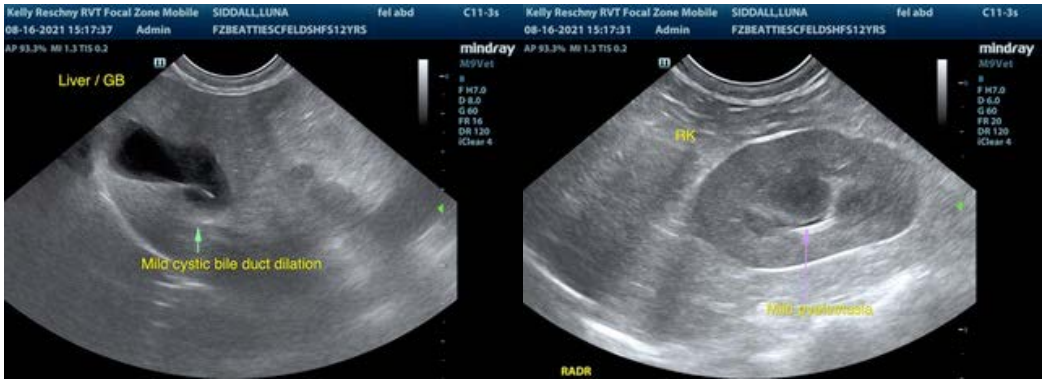
24742

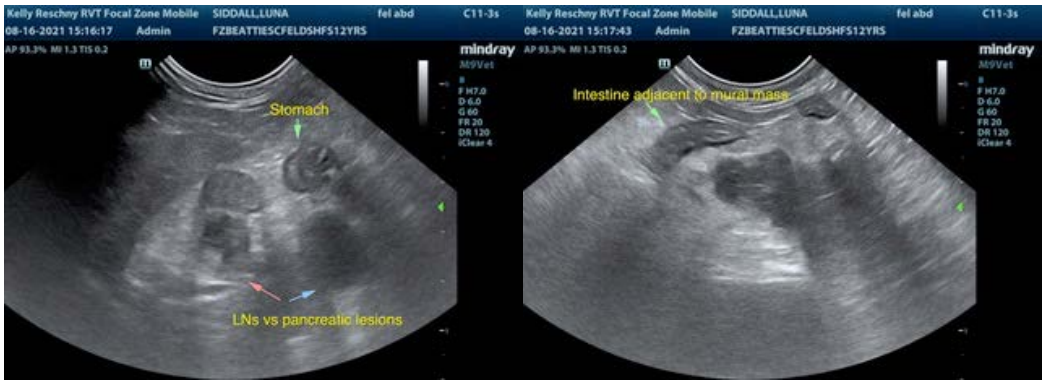
DATE

8/16/21

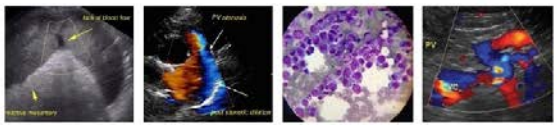








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Luna Siddall

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Mellish

INVOICE

24742

DATE

8/16/21

The information and recommendations provided are based on the images presented by the referring veterinarian. 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