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Clinical Sonography & Telecytology
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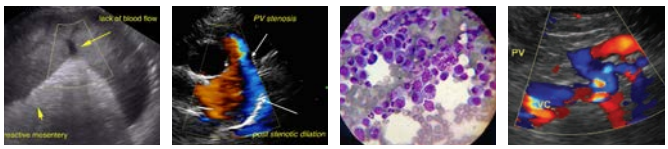

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Smudge Chapman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ballihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Bailey

INVOICE

41233

DATE

9/12/22

PRESENTING CLINICAL SIGNS

Presented on ER for lethargy, weight loss, vomited this morning
Abnormal PE/Chem/CBC/UA Results: PE pretty normal other than thin topline consistent with recent weight loss; pendulous abdomen Rads = Decreased detail, possible mass right side mid-abdomen - Bloodwork = Glucose 168, BUN 38/Crea 1.4, SDMA 18, PCV/TP manual 31%/7.0, regenerative, platelets 641,000 - TT4 = WNL 1.4 - A-fast = Ascites - Abdominocentesis = Bloody

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 were noted.

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy/masses.

The left kidney was mildly enlarged in size (5.0 cm). A spherical, well demarcated, hypoechoic mass lesion exhibiting potential for minor peripheral mineralization noted, occupying the mid to caudal left kidney, measuring approximately 3.0 cm in diameter. The mass lesion appeared to obliterate associated renal parenchyma, yet without evidence of capsule escape. Pinpoint medullary mineral noted.

Normal size and margination were present in the right kidney (4.6 cm). 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. No evidence of pelvic dilation was present. Pinpoint medullary mineral.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm in width.

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

Spleen

The spleen presented borderline to mild enlargement with maintained symmetrical capsule contour. Mild generalized splenic parenchyma heterogeneity noted. No masses. Normal splenic vascularity. The spleen measured 1.2 cm in width at the level of the hilus.

Liver

The liver presented mild enlargement with maintained symmetrical capsule contour. Moderate coarse parenchyma echotexture. Multiple mildly expansive, non-homogeneous, mixed echogenic intraparenchymal nodules noted. Example of nodule measured 1.1 cm diameter. The gallbladder was non distended in size with mild echogenic debris. The common bile duct was 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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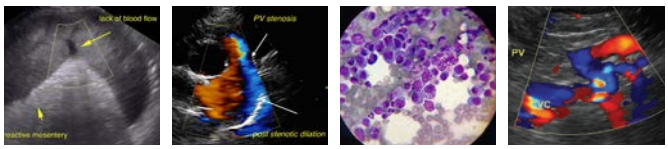

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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Mild segmental jejunal corrugation noted, likely secondary to peritoneal effusion with potential for minor jejunitis. No evidence of gastrointestinal neoplastic criteria or mural masses.

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

Generalized mildly non-uniform to discretely nodular omentum noted.

Moderate volume peritoneal free fluid noted exhibiting moderate echogenic changes, suggestive of fluid cellularity.

No overt evidence of significant intraabdominal lymphadenopathy or definitive omental masses.

ULTRASONOGRAPHIC FINDINGS

- Left kidney hypoechoic mass lesion – potential for renal cyst or calculus less likely.
- Non-specific yet highly suspicious multiple hepatic intraparenchymal nodules
- Generalized mild non-uniform hyperechoic to discretely nodular omentum
- Moderate volume peritoneal free fluid exhibiting moderate echogenic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, primary concern for multicentric intraabdominal neoplasia i.e., carcinomatosis, lymphomatosis, or similar, is warranted. Non-specific peritonitis or less likely dry FIP may be considered, although FIP is considered unlikely, given the patient age. Further assessment may include ultrasound guided FNA of the left kidney mass lesion, liver, as well peritoneal effusion analysis, cytology +/- culture and sensitivity, if evidence of inflammatory cells, and potential oncology consult. Very guarded to likely unfavorable prognosis pending additional sampling.

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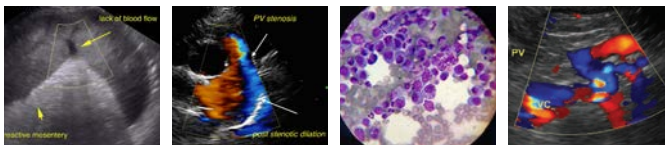

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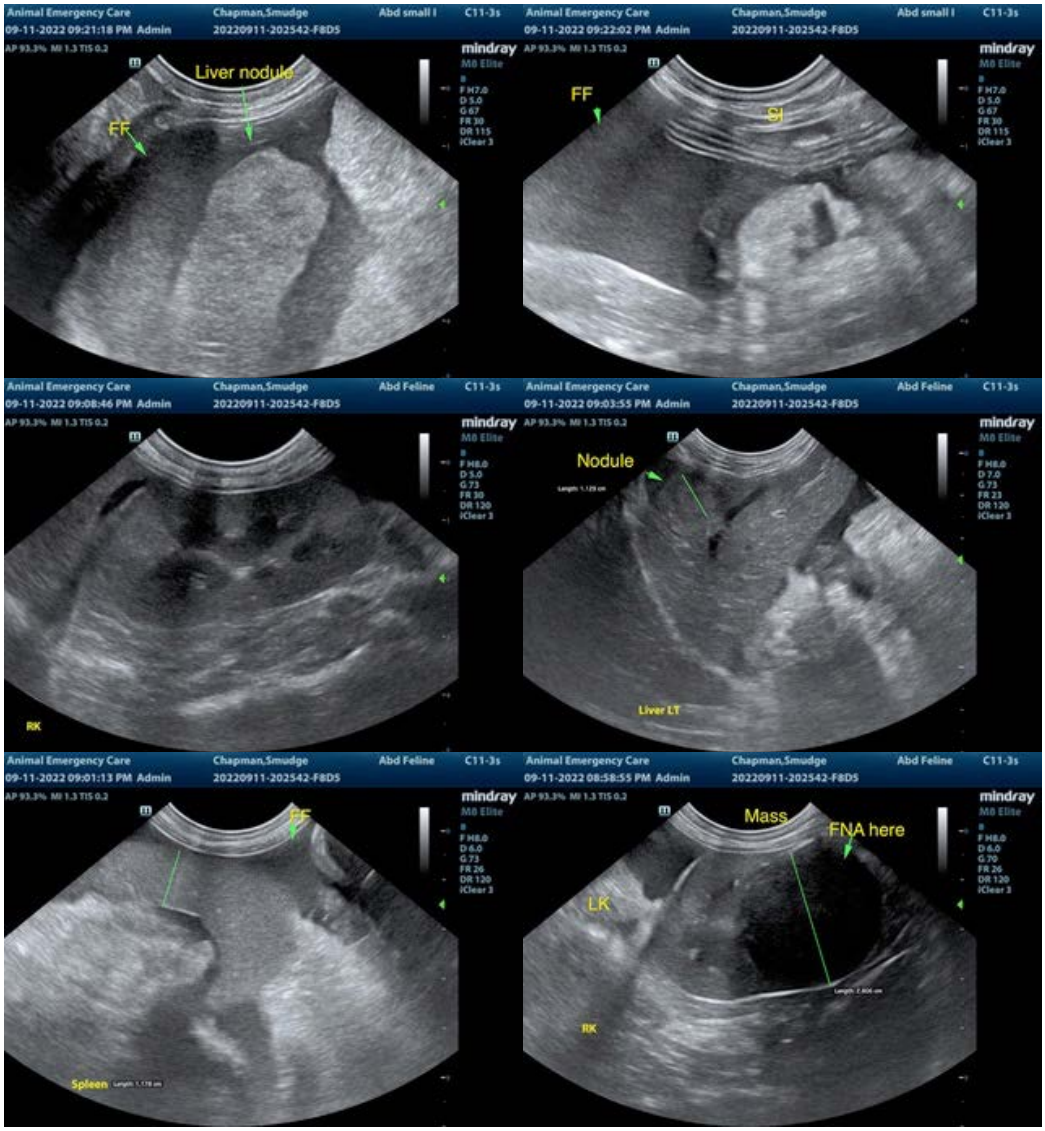

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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