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Clinical Sonography & Telecytology
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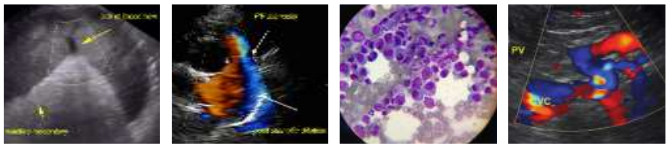

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Markis Protsenko

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

15

WEIGHT

7.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

12250

DATE

9/15/21

PRESENTING CLINICAL SIGNS

ISTORY OF HYPERTHYROIDISM Ascites PALE MM
Abnormal PE/Chem/CBC/UA Results: CBC- ANEMIA , LOW RBCS ,LOW HGB, LOW PCV 20.3
CHEMISTR-ELEVATED GGT -5, BILIRUBIN -2.5

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. Echogenic to particulate 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.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Multiple, mildly expansive, nonhomogeneous to hypoechoic splenic nodules were present, an example measuring 1.5 cm in diameter. 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/ Gallbladder

The liver exhibited generalized enlargement, variable asymmetrical contour, and moderate coarse echotexture with parenchymal remodeling. Multiple variably sized to expansive nodules to nodular mass lesions were noted in the mid to right as well as caudate liver lobes. An example of a hepatic mass lesion size was 6.0 cm x 5.0 cm. An example of a nodular in the liver measured 2.5 cm in diameter. The gallbladder was non-distended with prominent to isoechoic gallbladder walls, suggestive of gallbladder wall edema and mild luminal debris. Gallbladder wall edema may be owing to hepatic pathology and portal hypertension, Inflammation, or potential neoplasia.

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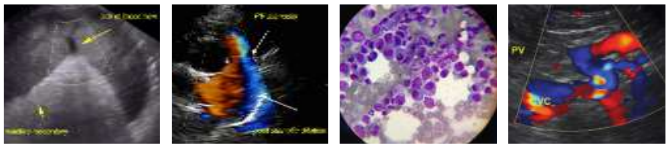

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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with minor retained anechoic fluid and chyme was present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine exhibited segmental hypomotility and retained chyme.

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, nonuniformly echogenic to nodular omentum with likely concurrent mesenteric lymphadenopathy was present. An example of an omental nodule vs. lymph node measured 1.5 cm x 1.1 cm. Moderate cellular peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatomegaly with multifocal, variably expansive nodules to nodular masses
- Mildly expansive splenic nodules
- Diffuse nonuniformly echogenic to nodular omentum and likely concurrent mesenteric lymphadenopathy
- Bilateral chronic interstitial nephrosis renal pattern
- Cellular peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the sonographic abnormalities in this study are consistent with multicentric neoplasia Involving the spleen, liver, and generalized omentum, while the possibility of early gastrointestinal and/or pancreatic involvement cannot be excluded. Carcinomatosis, lymphomatosis, or similar is likely.

Abdominocentesis for effusion analysis, cytospin cytology +/- C/S if evidence of inflammatory cells may be considered. FIP is technically a potential, yet considered unlikely given the age of the patient. However, the diffuse pathology, unfortunately, warrants an unfavorable prognosis.

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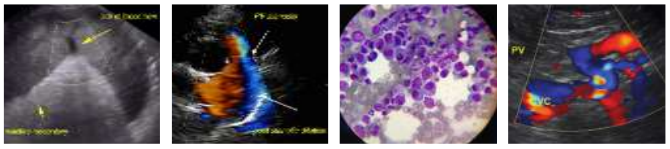

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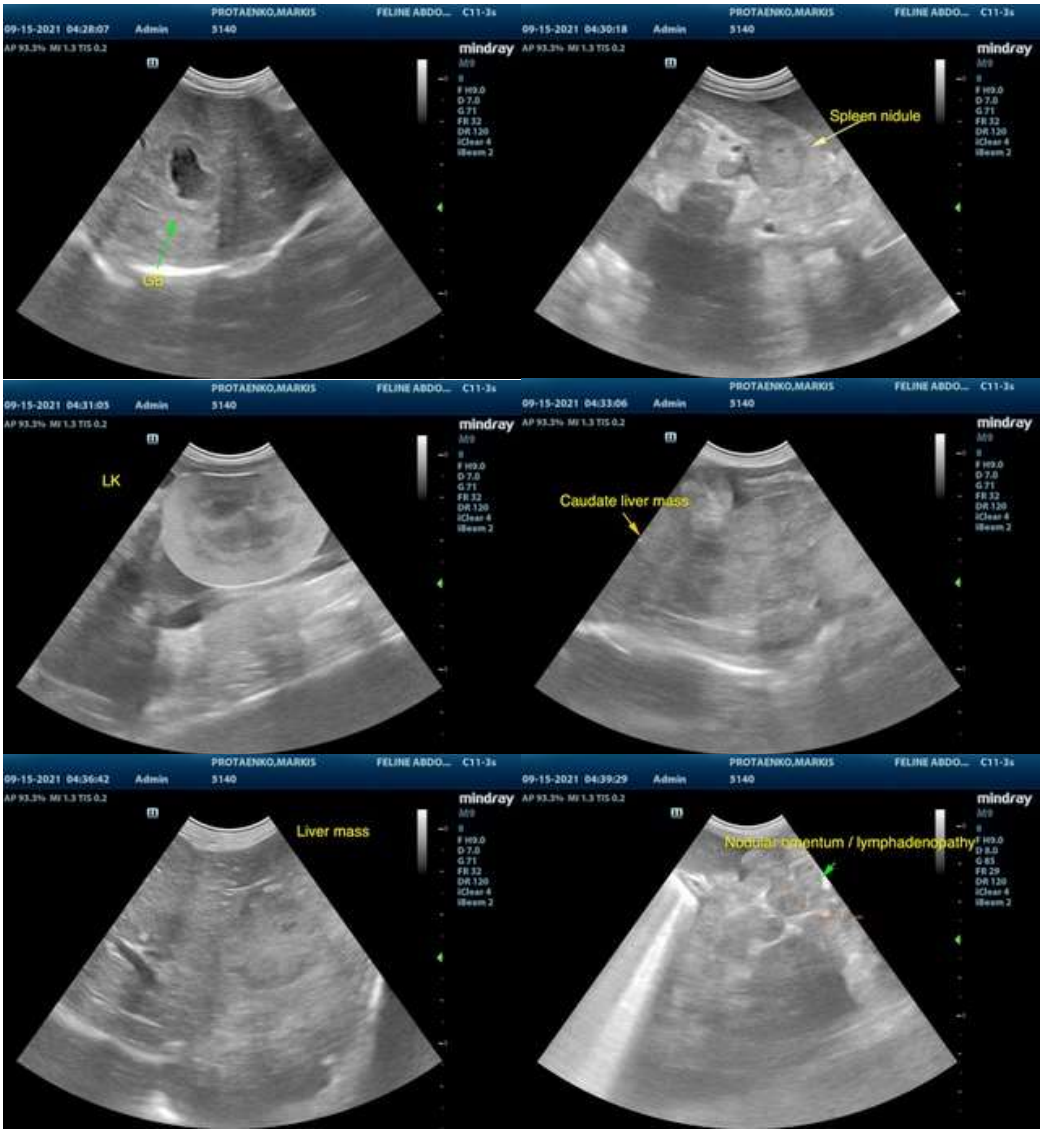

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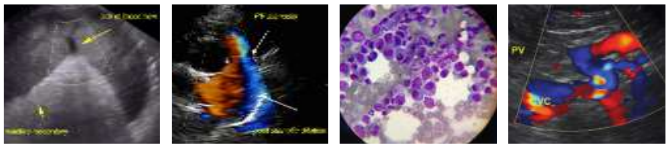

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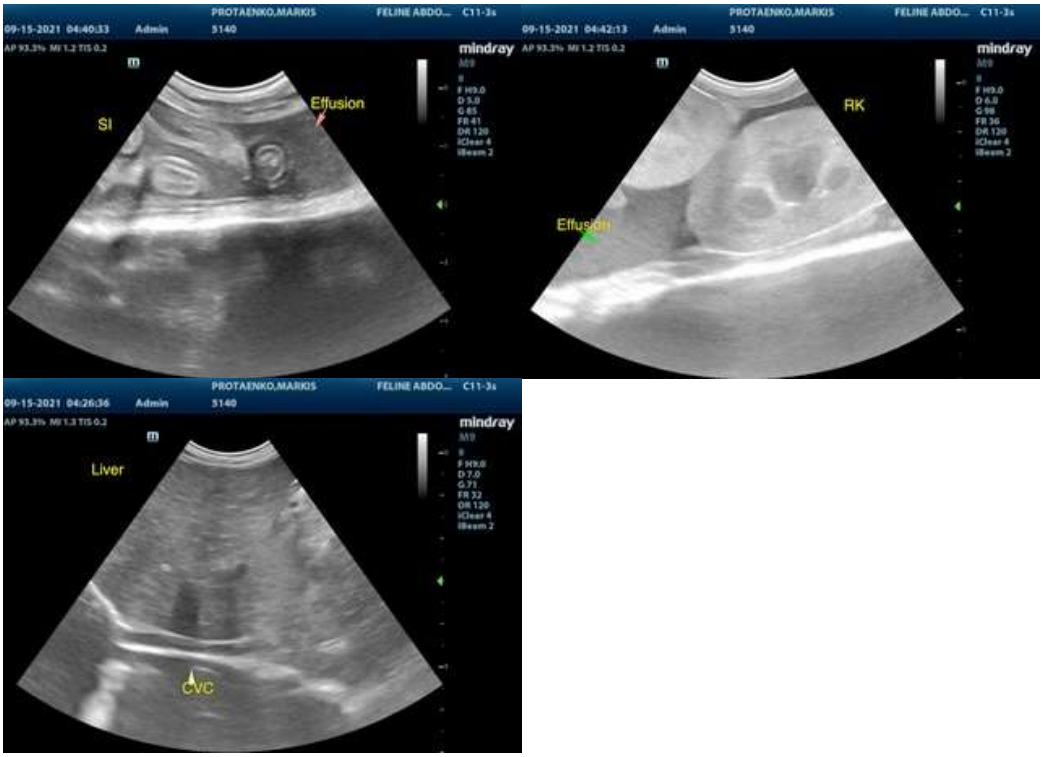

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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