IMAGING PERFORMED BY

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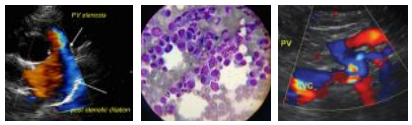

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/27/2022

PATIENT

Diego Ferraro

SPECIES

Feline

BREED

DSH

SEX

Male Intact

AGE

11-25-2016

WEIGHT

8 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Padonia Veterinary Hospital

REFERRING VET

Dr. Youssef

INVOICE

10217

PRESENTING CLINICAL SIGNS

History: not eating- mid abdominal mass vs lymphoma.

Lab Results: Attached separately.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

Additional History: Albumen 2.4. Calcium 7.5. CBC unremarkable. T4 slightly low. Fe Leuk. FIV negative. Corona virus positive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.82 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio Is approximately normal 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not overtly dilated. The duodenal and jejunal walls are normal in thickness with a normal layering pattern and appropriate mural detail. A >5 cm segment of bowel extending from the ileum to the proximal colon (across the ileocecocolic junction) is severely thickened (up to 0.78 cm), and hypoechoic with a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The lumen is slightly distended with chyme. The remaining colonic wall is normal in thickness with a normal layering pattern. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. Several enlarged rounded hypoechoic colic lymph nodes are visualized. Surrounding mesentery is hyperechoic.

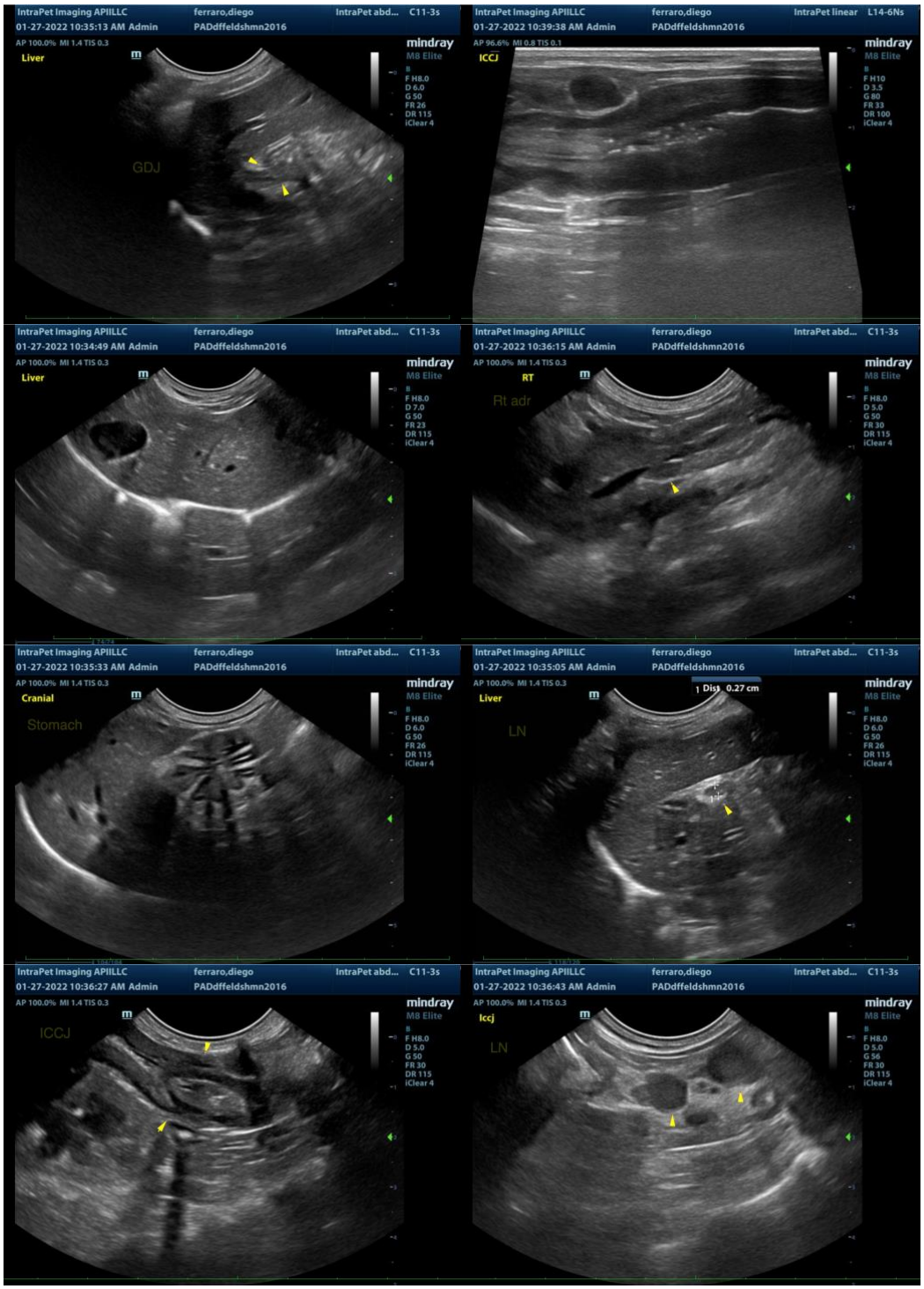
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mass effect in the region of the distal ileum/ ileocecocolic junction/proximal colon, with regional peritonitis. Neoplasia (i.e, lymphoma) is a top differential. Alternatively, pyogranulomatous inflammation (i.e, secondary to FIP), is also possible.
- The prominent abodominal lymph nodes could be secondary to infiltrative neoplasia or lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.
- Fine-needle aspirate of the mass effect of the ileocecocolic junction is recommended (if clotting status is appropriate). If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- Also consider a malabsorption panel including serum cobalamin and folate PLI and TLI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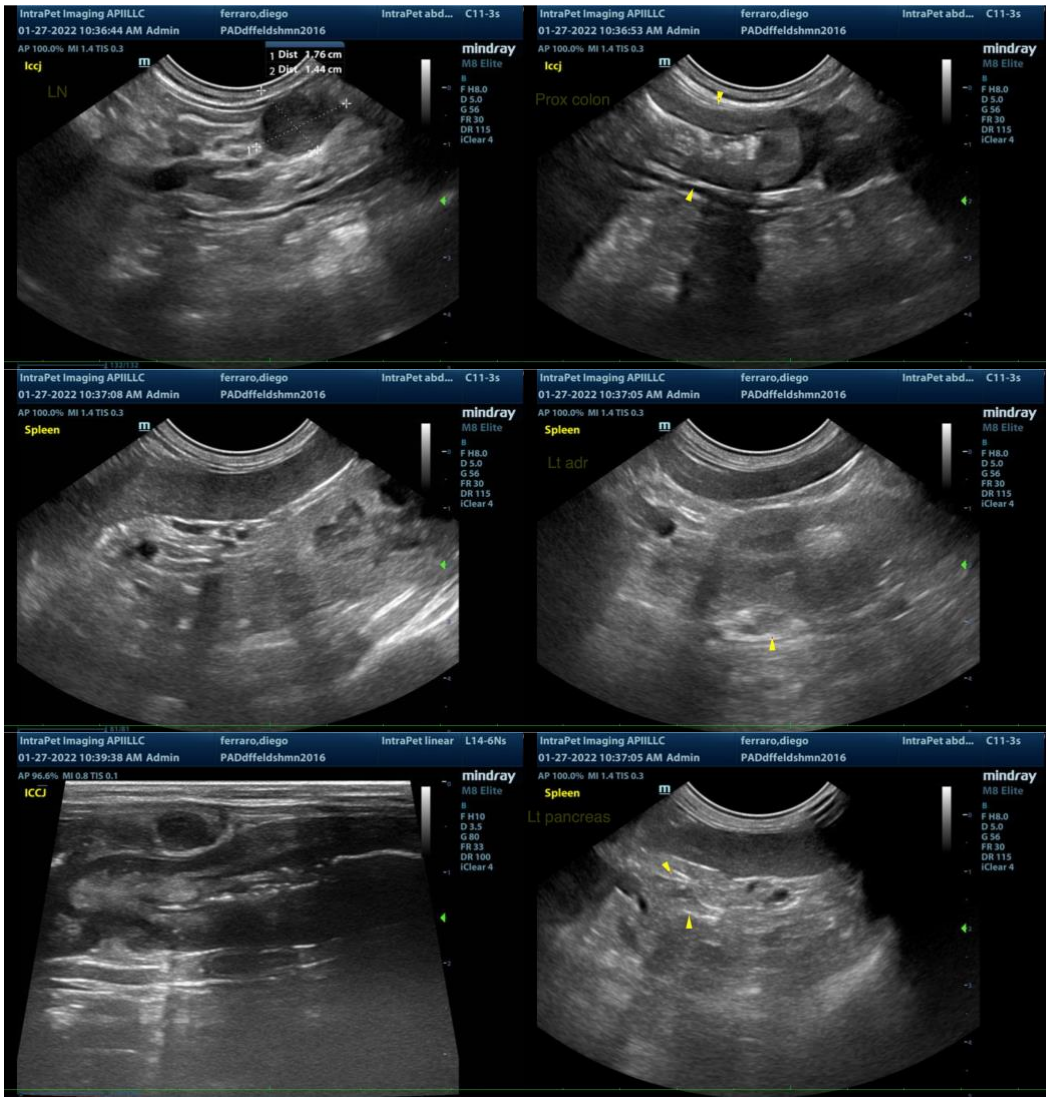

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com