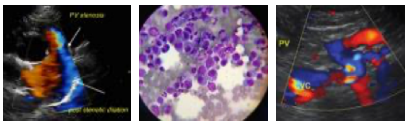
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

1/10/2022

PATIENT

Chevy Dedo

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

8/1/2011

WEIGHT

12.68 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Everhart VC

REFERRING VET

INVOICE

12810

PRESENTING CLINICAL SIGNS

History: Owner reports 1-2 month duration acute onset daily vomiting, some weight loss. generally, does have a good appetite, pu/pd not reported. Labs generally NSF with 2.7 t4. Brief abdominal U/S showed high level concern for thickened duodenum +/- gastric thickening- r/o GI lymphoma. Free T4 submitted on 12/28 although not suspected to be clinically relevant. P is responding well to Cerenia, appetite remains good and is not vomiting as frequently.

Current Medications: 12mg Cerenia daily.
Radiographs: _brief abdominal U/S shows concern for duodenal thickening consistent with GI lymphoma.
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.

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 lumen is mildly distended. A scant amount of 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 (3.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is seen.

Spleen

2 still images are available for interpretation. The spleen is subjectively normal in size (0.69 cm in width at the level of the hilus) with slightly undulating peripheral contours and homogeneous parenchyma. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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 gall bladder lumen is mildly distended. The wall is thickened (up to 0.25 cm) and slightly irregular. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal

The gastric lumen is minimally fluid distended. The gastric wall in the region of the fundus is thickened (up to 0.79 cm) with a loss of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The duodenal and jejunal walls are normal in thickness with a normal layering pattern and appropriate mural detail. An approximately 4 cm segment of ileum is severely thickened (up to 1.03 cm) and hypoechoic with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The ileocecal colic junction is normal. A focal segment of transverse colon exhibits wall thickening up to 0.50 cm with apparent loss of the normal layering pattern. The remaining colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A 1.86 x 1.29 cm rounded hypoechoic lymph node is observed in the cranial abdomen, adjacent to the stomach. In addition, a few prominent colic lymph nodes are visualized the largest measuring 1.05 cm. Mesentery surrounding all nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Multifocal bowel wall thickening including stomach, ileum and transverse colon. Neoplasia (i.e., lymphoma) is suspected with a lower possibility of a severe inflammatory process.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, lymphadenitis or lymphoid hyperplasia.
- Areas of peritonitis are present, likely secondary to bowel and lymph node pathology.

Secondary Findings:

- Minor age-related renal changes.
- The gallbladder wall thickening may be somewhat artifactual due to lack of full repletion. Alternatively, it may be secondary to cholecystitis and/or benign age-related hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for neoplastic changes in the chest.
- Also consider fine needle aspirates of the thickened gastric and ileal walls. If cytology results are inconclusive, PARR may be helpful in further determining if lymphoma is present.
- Ultimately, if all minimally invasive diagnostics are inconclusive, an abdominal exploratory with surgical gastrointestinal and abdominal lymph node biopsies may be necessary to get a definitive diagnosis.


IntraPet Imaging APIILLC
dedo,chevy
IntraPet abd...
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ILEUM
Dist 1.03 cm
mindray


IntraPet Imaging APIILLC
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IntraPet abd...
C11-3s
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Stomach
Dist 0.79 cm
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IntraPet Imaging APIILLC
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IntraPet abd...
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Cranial
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IntraPet Imaging APIILLC
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ILEUM
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IntraPet Imaging APIILLC
dedo,chevy
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C11-3s
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Liver
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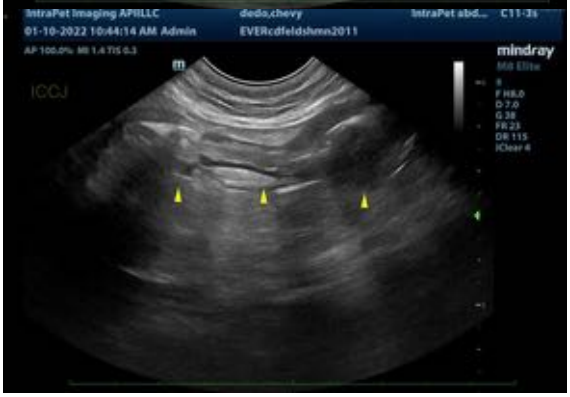
IntraPet Imaging APIILLC
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com