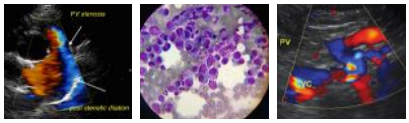
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
1/27/22

PATIENT

TJ Quesinberry

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1/7/12

WEIGHT

12.6 Lbs.

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

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Beigel

INVOICE

13651

PRESENTING CLINICAL SIGNS

History: Initially presented for possible FB ingestion, anorexia, PE unremarkable; decreased 6lbs Aug 2021-Dec2021, no obvious underlying cause on BW. Additional History: Urine Spec Gravity 1.058, 2+ proteinuria, inactive sediment, unremarkable CBC and Chemistry, Normal T4.

Current Medications: Mirtazapine.
Lab Results: Attached separately within request.
Radiographs: No overt foreign material or abdominal masses.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 with mostly anechoic urine. 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 (3.98 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. Renal vasculature is normal.

The right kidney is normal size (3.81 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.65 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 enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

Gastrointestinal

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. A small amount of fluid is present within the pyloric lumen. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis to mucosal ratio in most segments. The ileocecocolic junction is normal. A 3.51 cm irregular hypoechoic focal mass is observed in the descending colon. The wall in this region is hypoechoic and severely thickened (up to 0.87 cm) with a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. Shadowing fecal material is observed proximal to the mass. Distal to the mass, the colonic lumen is empty.

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

Trace free fluid is observed. 2 prominent lymph nodes are observed adjacent to the colonic mass, the largest measuring 0.68 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Descending colonic mass. Neoplasia (i.e., adenocarcinoma, lymphoma) is considered likely with a lower possibility of a severe or focal inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present. The adjacent lymphadenopathy may represent reactive change or infiltrative neoplasia.

- Small intestinal wall pattern suggestive of inflammatory bowel disease with potential for emerging lymphoma.

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- Fine needle aspirates of the liver and colonic wall mass are recommended if clotting status is appropriate. 25-gauge needles should be used. Care should be taken to avoid penetration of the colonic lumen during aspiration. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.

- Nutritional support (i.e., via a temporary feeding tube) should be considered to help prevent/treat hepatic lipidosis.


IntraPet Imaging SPIILLC IntraPet I... QUESINBERRY,TJ linear ab L14-6Ns
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AP 96.6% MI 0.6 TIS 0.2
1 Dist 3.51 cm
Colon mass
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... QUESINBERRY,TJ linear ab L14-6Ns
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Colon mass
mindray
M8 Elite


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SI
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... QUESINBERRY,TJ Abd small I C11-3s
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AP 96.6% MI 1.4 TIS 0.3
1 Dist 0.46 cm
RT Adrenal
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... QUESINBERRY,TJ Abd small I C11-3s
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2 Dist 1.61 cm
Colon
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... QUESINBERRY,TJ linear ab L14-6Ns
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AP 96.6% MI 0.6 TIS 0.2
LN
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... QUESINBERRY,TJ Abd small I C11-3s
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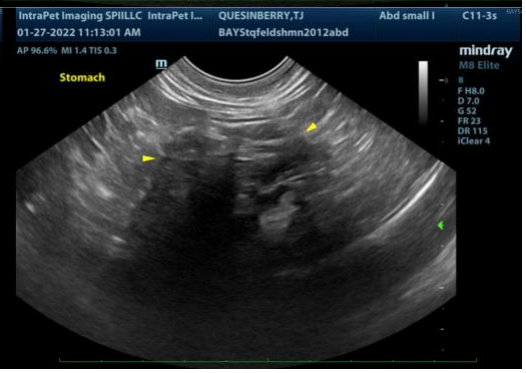
1 Dist 0.45 cm
LT Adrenal
mindray
M8 Elite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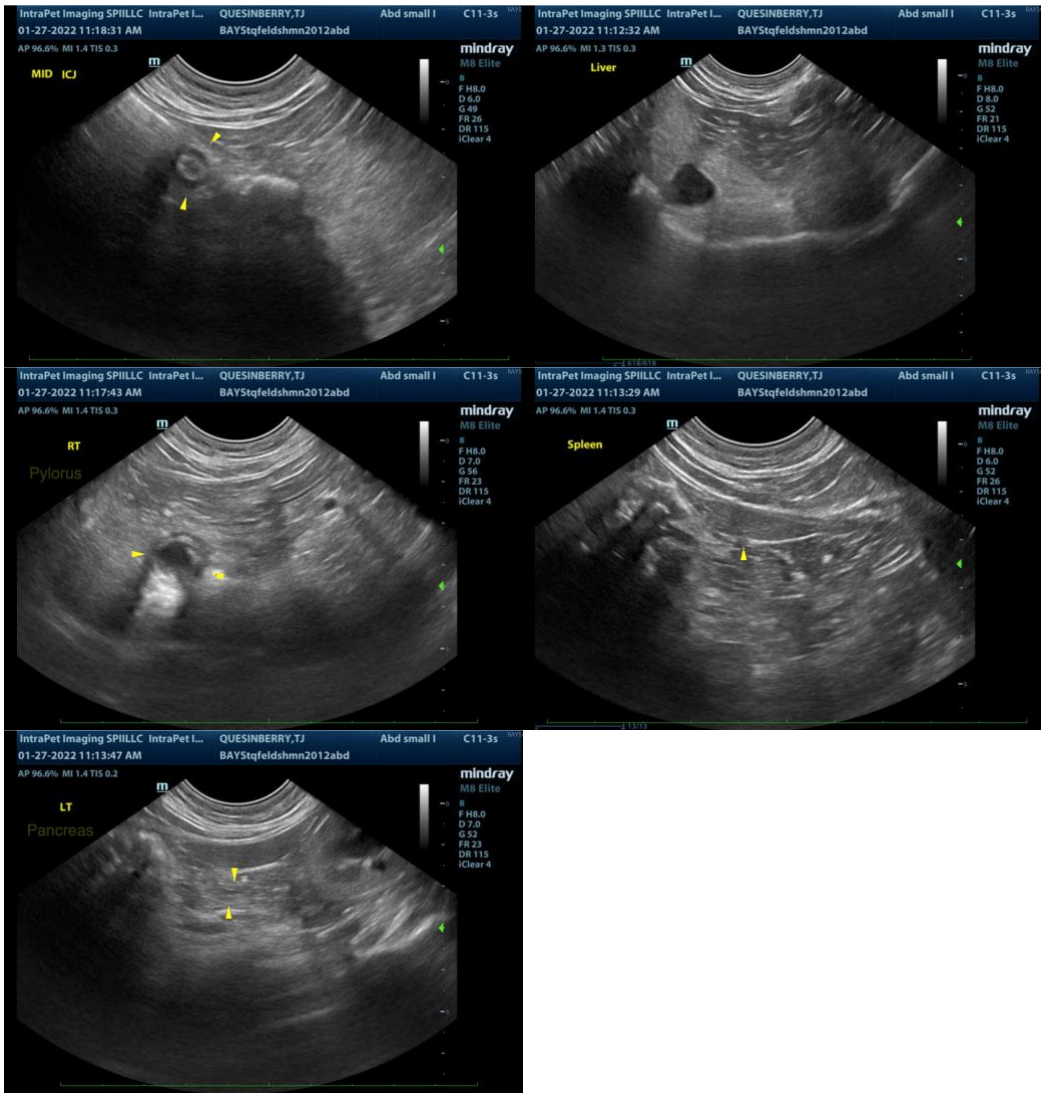
Stomach
mindray
M8 Elite



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 DACVIM (Small Animal Internal Medicine)
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