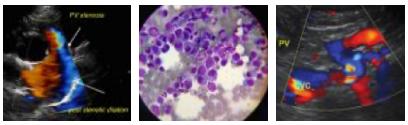
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
1/3/2022

PATIENT
Zombi Justice

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
12/23/2007

WEIGHT
14 lbs.

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

HOSPITAL NAME
White Marsh AH

REFERRING VET
Dr. Brennan

INVOICE
12763

PRESENTING CLINICAL SIGNS

History: HX of hyperthyroidism, weight loss.

Current Medications: RX hills Y/D.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, 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 moderately distended with 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 (4.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.01 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. Mild pyelectasia is present (0.24 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is subjectively normal in size (0.77 cm in width at the level of the hilus) with scalloping of the medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly mottle din 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. Luminal contents are anechoic. The cystic and common bile ducts are normal. The distal common bile duct measures 0.19 cm in diameter.

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 dilated. The small intestinal wall is diffusely thickened (up to 0.55 cm). In most segments, there is a disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio throughout the small intestinal tract. In some regions, there is early disintegration of

the normal layering pattern. Discreet masses are not identified. The ileocecal colic junction and colonic wall are 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

The mesentery throughout the mid-abdominal cavity is hyperechoic. Trace free fluid is observed. The mesenteric lymph nodes are enlarged (up to 3.40 cm in length), irregular and hypoechoic to heterogeneous in appearance. Surrounding mesentery is hyperechoic. At least 2 cranial abdominal lymph nodes are visualized, the largest measuring 1.09 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern most consistent with emerging lymphoma. However, severe inflammatory bowel disease cannot be excluded.
- The abdominal lymphadenopathy is also concerning for infiltrative neoplasia (i.e., lymphoma) with lower potential for reactive lymphadenitis or lymphoid hyperplasia.
- The diffuse peritonitis is likely secondary to bowel/lymph node pathology.

Secondary Findings:

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- Fine needle aspirates of the enlarged abdominal lymph nodes and thickened bowel segments can be considered (if clotting status is appropriate). If cytology is inconclusive, PARR may be useful in determining if lymphoma is present. If all tests are inconclusive inconclusive, surgical GI and lymph node biopsies can be considered to get a definitive diagnosis.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.


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Liver
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IntraPet Imaging RBIILLC
justice,zombi
Abd small I
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RT CF
Dist 1.09 cm
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IntraPet Imaging RBIILLC
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MES ROOT
Dist 2.91 cm
Dist 2.44 cm
Dist 1.40 cm
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IntraPet Imaging RBIILLC
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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*)
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