IMAGING PERFORMED BY

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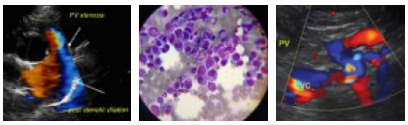

SonoPath
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DATE

10/11/2021

PATIENT

Pedro Lewis

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

8/1/2012

WEIGHT

9.38 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Eastern Animal Hospital

REFERRING VET

Dr. Frere

INVOICE

12331

PRESENTING CLINICAL SIGNS

History: Patient began not eating and losing weight 3 weeks ago. Patient vomited clear bile or hairballs occasionally over the three weeks after eating. On physical exam, Patient was underweight, dehydrated, missing numerous teeth, and a large mid abdominal mass on abdominal palpation.

Current Medications: Cerenia: 8mg PO SID starting 10/5, Elura: 0.43mL PO SID starting 10/5.
Lab Results: Bloodwork: ALT (URI: 130), Creatinine 0.7, rest of values are normal. Urinalysis: Glucose 50; Protein 100.
Radiographs: Radiograph: Large soft tissue mass mid abdomen, displacing intestines.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

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 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 (4.42 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 (4.72 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 borderline enlarged (0.56 cm width) with a normal shape and homogeneous parenchyma. Surrounding vasculature appears normal.

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively enlarged (1.37 cm in width at the level of the hilus) with swollen peripheral margins and an undulating medial contour. The parenchyma is diffusely mottled with a “moth-eaten” appearance throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 dilated. A 2.30 cm segment of small intestine is thickened (up to 0.29 cm) with a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining small intestinal segments, there is disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer. The muscularis layer at the level of the ileocecal colic junction is prominent. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly

dilated.

Free Abdomen

No free fluid is observed. A 6.46 x 3.36 cm mass effect is infiltrating the mesenteric root lymph nodes. Surrounding mesentery is slightly hyperechoic. Several prominent to enlarged, hypoechoic lymph nodes are observed throughout the abdomen. A fine needle aspirate at the mesenteric root was performed without incident.

Thorax

A 2.18 x 1.45 cm irregular hypoechoic nodule/mass is observed in the cranial mediastinum.

A brief echocardiogram reveals no evidence of pericardial effusion. There is no obvious evidence of pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The abdominal lymphadenopathy, splenomegaly and bowel changes are most concerning for infiltrative neoplasia (i.e., lymphoma).
- The cranial mediastinal nodule/mass is also concerning for lymphoma.
- The hepatic changes could be consistent with infiltrative neoplasia, hepatic lipidosis, inflammatory disease, other hepatopathy.

Secondary Findings:

- Minor bilateral age-related renal changes.
- The left adrenomegaly could be consistent with stress hyperplasia or, less likely, an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.
- If lymph node cytology results are inconclusive, a surgical biopsy may be necessary to get a definitive diagnosis.
- Given the bowel changes, a GI panel is also recommended.


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Liver


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PORTAL LN


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MES ROOT
LN


IntraPet Imaging RBIILLC
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Spleen


IntraPet Imaging RBIILLC
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Dist 2.18 cm
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CR MED
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IntraPet Imaging RBIILLC
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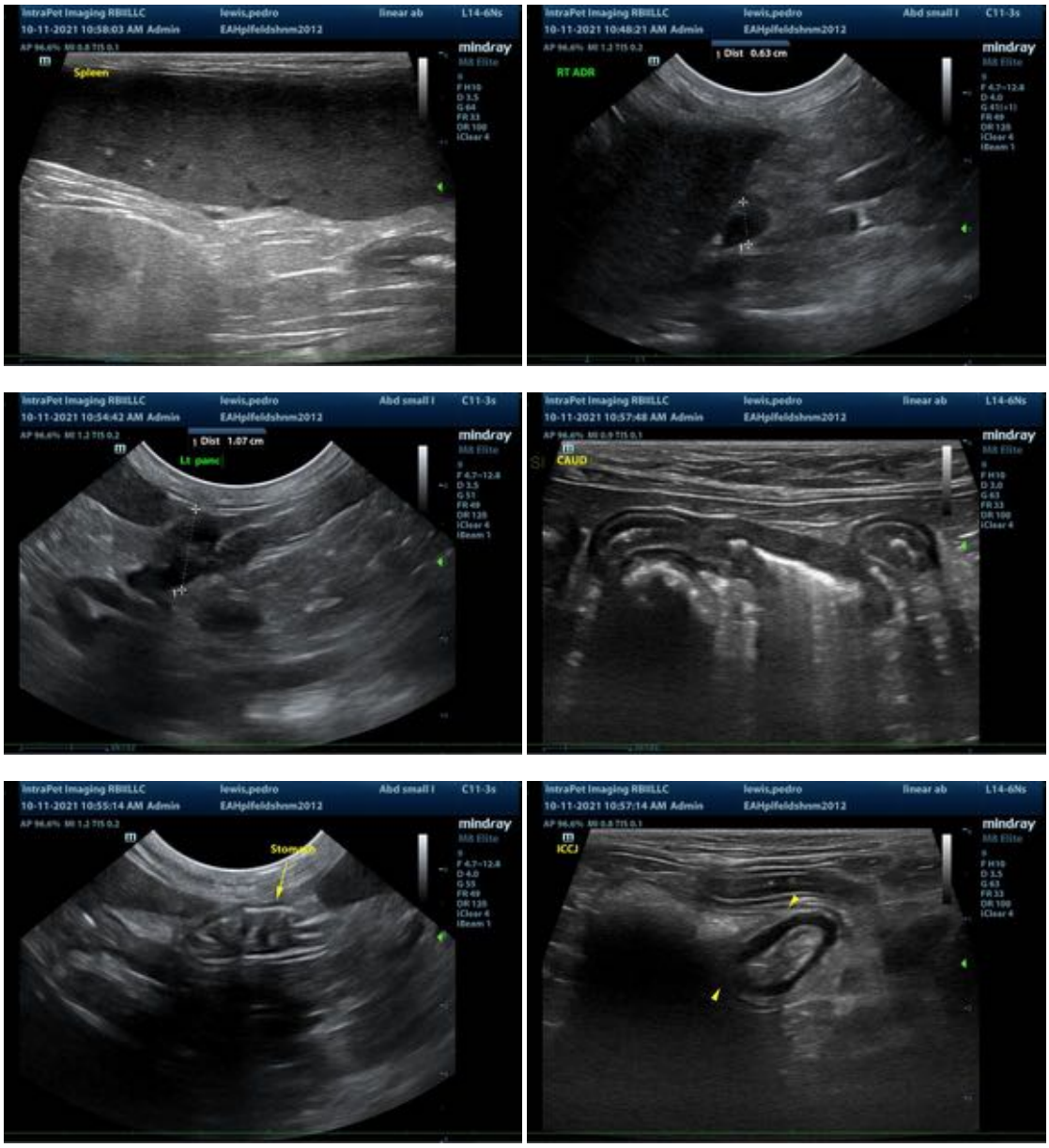

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)
Andrea.nicastro@sonopath.com