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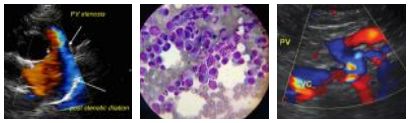

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DATE

10/14/21

PATIENT

Tuna Thompson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2/3/2011

WEIGHT

9.12 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Everhart VC

REFERRING VET

INVOICE

13747

PRESENTING CLINICAL SIGNS

History: Pt presented on 10/11 for decreased appetite for 1 week, progressing to inappetence. 3 # weight loss since July. PE - h/l nsf, abd tense. in house u/s - abnormal area to SI, dilated loops of bowel. Start on IVF on 10/13.

Current Medications: Mirtazapine, Cerenia.
Lab Results: ALT 254, Amylase 1598, AST 153, BUN 50, Mg 2.8, K 6.2, Na 162.
Radiographs: enlarged kidneys, possible mass effect at mid abdomen.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 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 enlarged (5.18 cm in length); with an irregular shape. The cortex is thin and hyperechoic and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci were visualized. Trace pyelectasia is present. There is no evidence of hydroureter. A thin rim of subcapsular fluid is present. The surrounding mesentery is mildly hyperechoic.

The right kidney is enlarged (5.72 cm in length); with an irregular shape. The cortex is thin and hyperechoic and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci were visualized. Trace pyelectasia is present. A 0.57 cm nephrolith is seen. There is no evidence of hydroureter. A thin rim of subcapsular fluid is present. The surrounding mesentery is mildly hyperechoic.

Adrenal Glands

The regions of the adrenal glands is evaluated and no obvious pathology is observed.

Spleen

The spleen is normal in size (0.64 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 gall bladder lumen is moderately distended. The wall is thin and smoothA small amount of mostly gravity dependent 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 dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The ileum appears normal. Adjacent to the ileocecalcolic junction, a focal segment of colon is thickened up to 0.82 cm with loss of the normal layering pattern. A few centimeters distally, the colon again becomes severely thickened (up to 1.01 cm), irregular with a complete loss of the normal layering pattern. The colonic lumen is not dilated. There is no obvious evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

Numerous, irregular hypoechoic masses are observed throughout the abdominal cavity, particularly along the length of the descending colon. The mesentery throughout the abdomen is hyperechoic. Trace fee fluid is observed.

Lymph Nodes

See free abdomen

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Colonic mass effect. Infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibilty of a severe inflammatory process.
- The masses seen throughout the abdominal cavity may represent enlarged lymph nodes or masses free within the mesentery. Neoplasia is considered llikely with a lower possibility of multifocal inflammatory disease.
- Peritonitis is present, likely secondary to diffuse abdominal pathology.
- The bilateral renal changes are also concerning for infiltrative neoplasia (i.e., lymphoma) although interstitial nephritis/pyelonephritis is also a differential. Regional retroperitonitis is present.

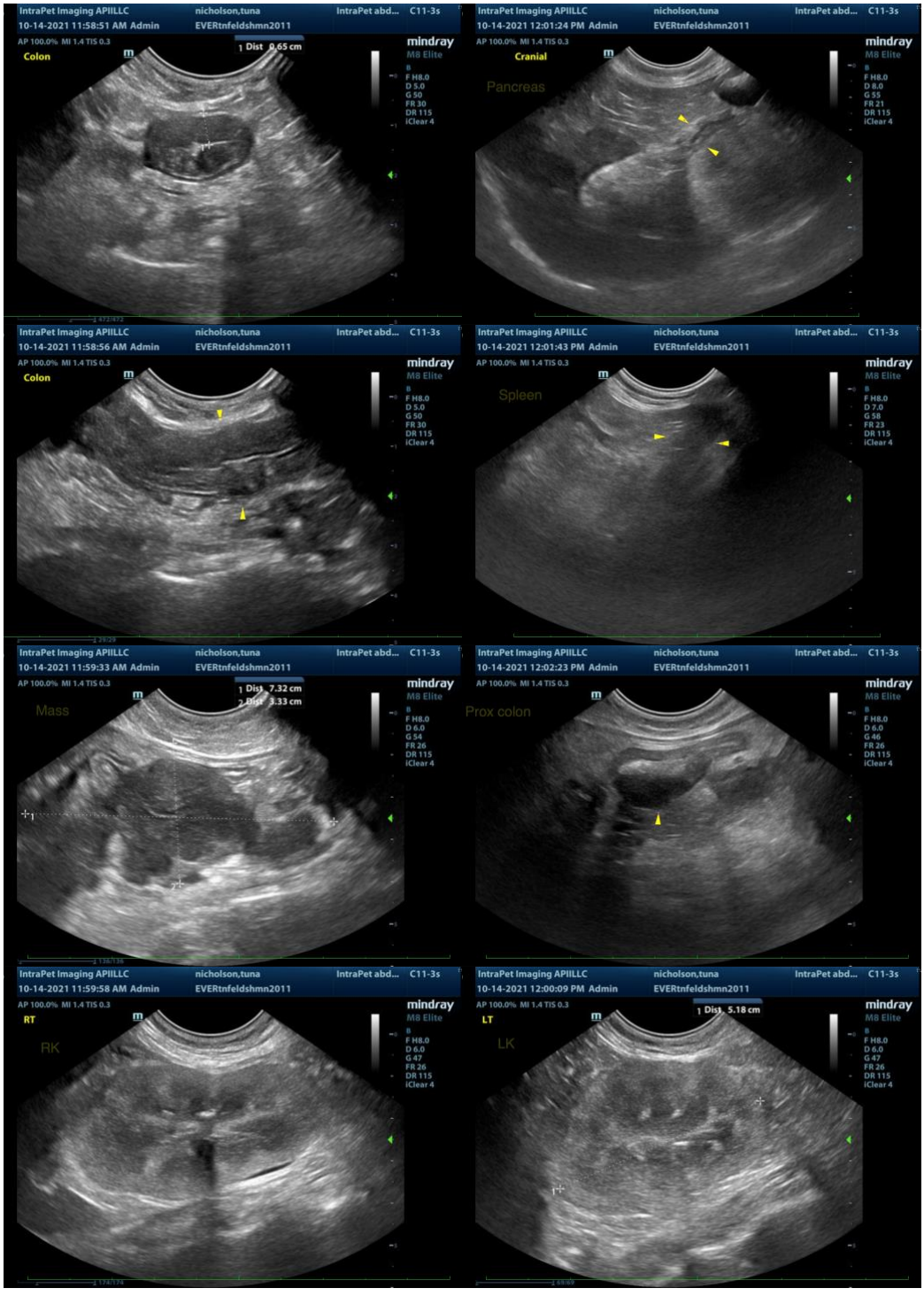
Secondary Findings

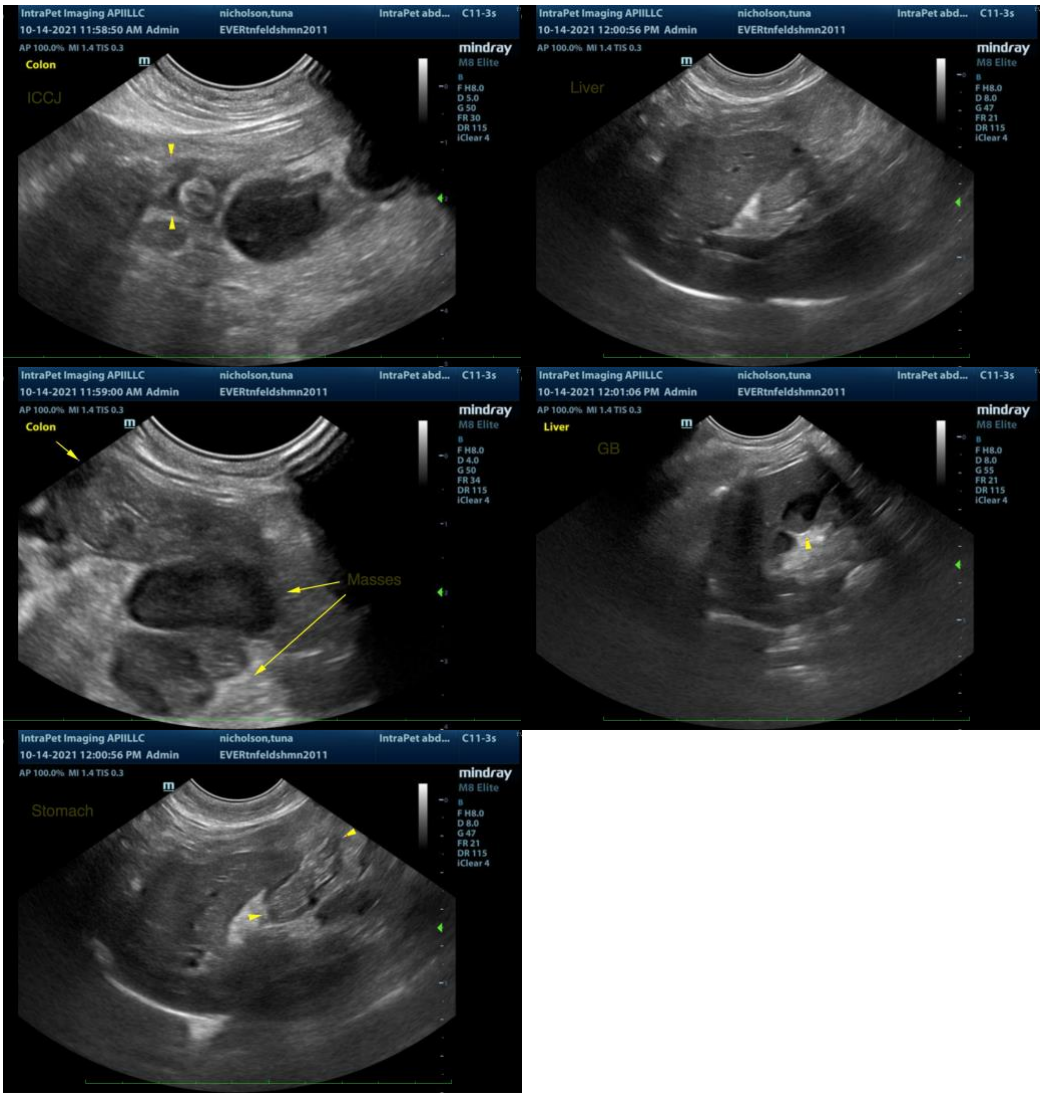
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- Fine needle aspirates of the abdominal masses and thickened colonic wall are recommended to try and obtain a definitive diagnosis. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. The prognosis for this patient, however, is considered guarded.





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.

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