IMAGING PERFORMED BY

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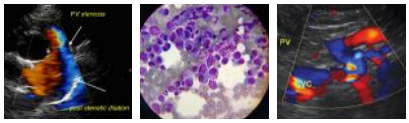

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DATE

10/20/21

PATIENT

Josie Louderback

SPECIES

Feline

BREED

DSH

SEX

Feline

AGE

2007

WEIGHT

10 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Cangro

INVOICE

13922

PRESENTING CLINICAL SIGNS

History: Lethargic, vomiting, losing weight.

Radiographs: palpable mass? in abdomen, gas filled intestine
Date of Previous IntraPet Ultrasound: No previous
Sedation: declined
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface at the apex is slightly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (xxx cm in length); with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized along with pinpoint hyperechoic foci within the cortex. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal. Surrounding mesentery is hyperechoic.

The right kidney is normal size (xxx cm in length); with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. A small amount of subcapsular fluid is observed at the lateral aspect. Hyperechoic shadowing diverticular foci are visualized along with pinpoint hyperechoic foci within the cortex. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal. Surrounding mesentery is hyperechoic. Trace retroperitoneal fluid is seen.

Adrenal Glands

The left adrenal gland is normal size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated and no obvious pathology is observed.

Spleen

The spleen is subjectively normal in size (0.80 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 normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid 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 mass effect is observed in a segment of what is thought to be jejunum. The mesentery effacing the serosal surface is hyperechoic. The region measures 5.37 cm in length. The wall in this area is severely thickened up to 1.33 cm and irregular with a complete loss of the normal layering pattern. In the remaining small intestinal segments, the walls are normal to mildly thickened up to 0.33 cm. There is disruption in the normal 1:3 muscularis to mucosa ratio in most segments. The ileocecalcolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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

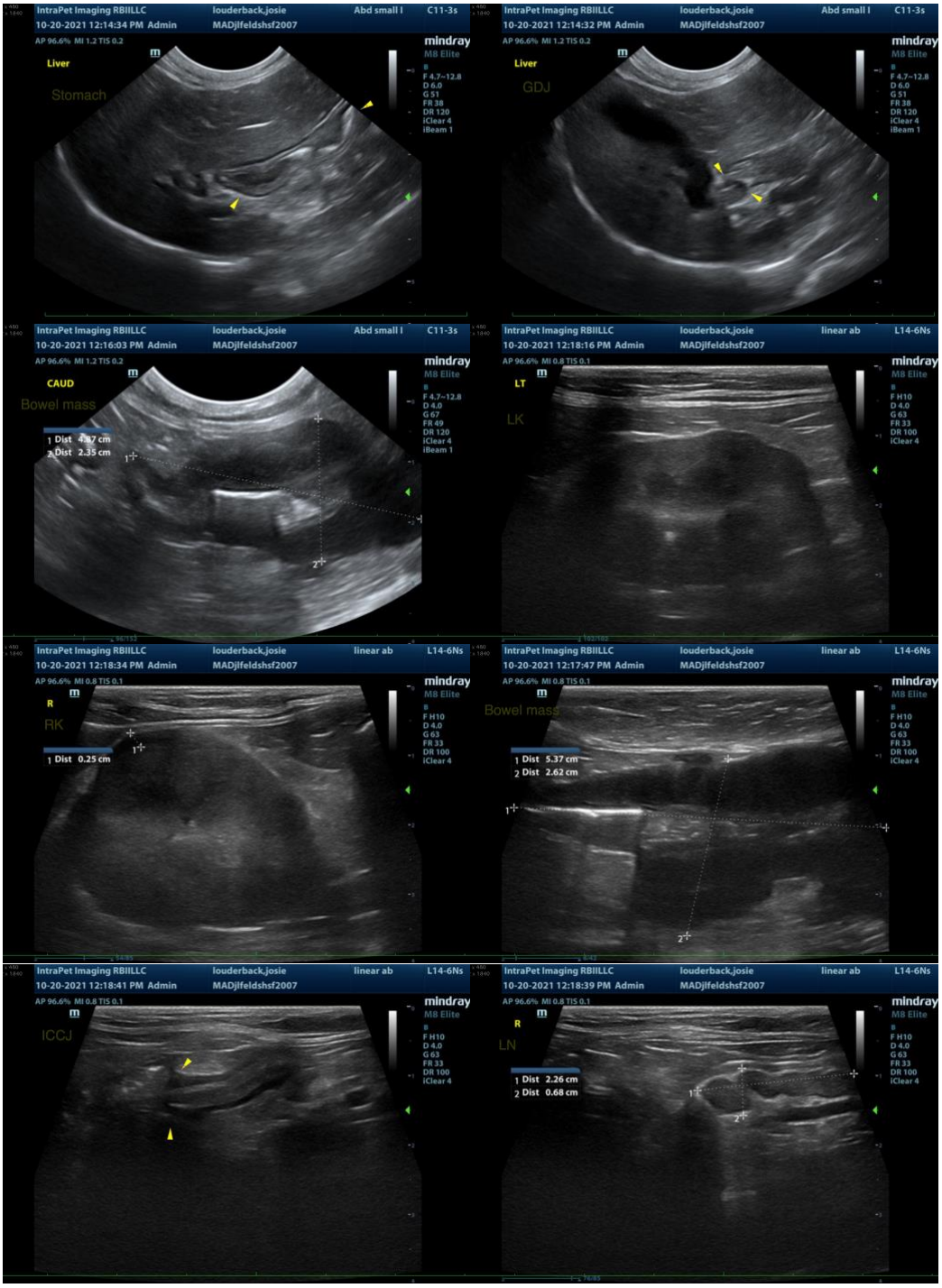
Trace retroperitoneal fluid is present. Several prominent hypoechoic mesenteric lymph nodes are observed, the largest measuring 2.20 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Bowel mass. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a low possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present. The adjacent lymphadenopathy may represent infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The bilateral renal changes are concerning for inflammatory or infiltrative disease. Cranial retroperitonitis is present. Chronic renal pathology is also seen.
- 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 or neoplasia in the chest.
- Fine needle aspirates of the bowel mass, lymph nodes +/- liver and kidney can be considered if clotting status is appropriate. 25-gauge needles should be used. If cytologic evaluations are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- A GI panel including serum cobalamin, folate, TLI and PLI should also be considered.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Stomach
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Bowel mass
1 Dist 4.47 cm
2 Dist 2.35 cm
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1 Dist 0.25 cm
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Bowel mass
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2 Dist 2.62 cm
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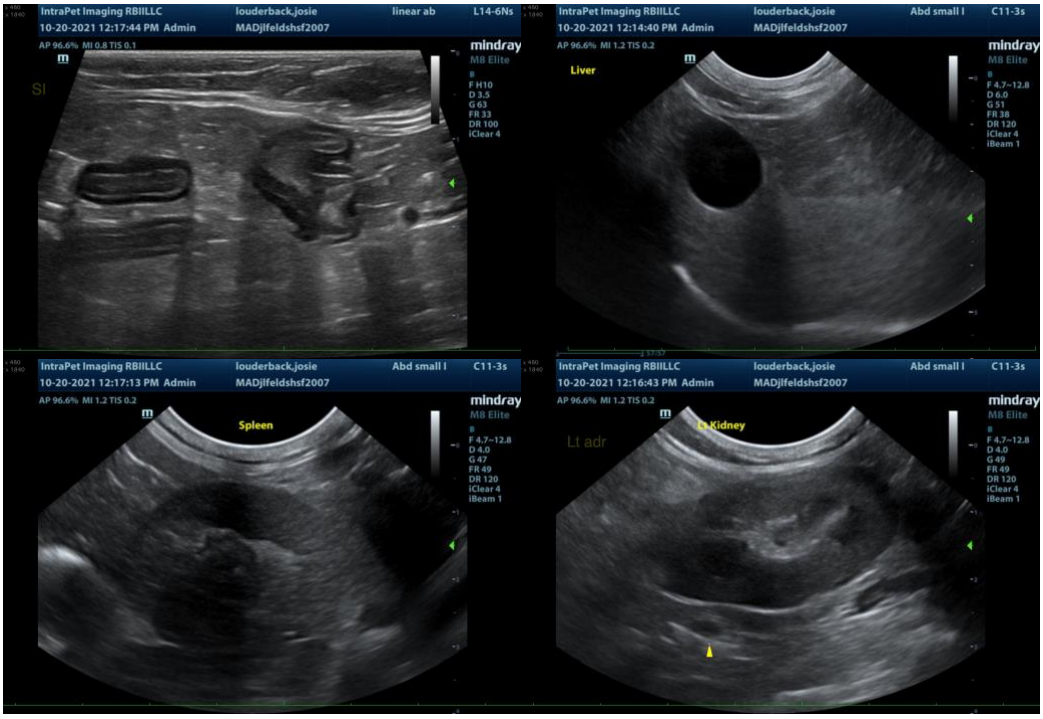
LN
1 Dist 2.26 cm
2 Dist 0.68 cm



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)
info@SonoPath.com