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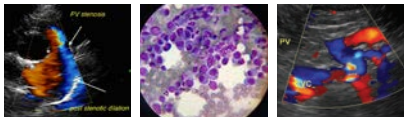

SonoPath

Clinical Sonography & Telecytology

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DATE

11/12/21

PATIENT

Charlie Vittek

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2010

WEIGHT

15.5 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Churchville Vet Clinic

REFERRING VET

Dr. Uhland

INVOICE

29799

PRESENTING CLINICAL SIGNS

History: Patient presented for Anorexia, vomiting. Patient is overweight, indoor only.

Current Medications: Denamarin, 1 mg/kg Cerenia PO sid, Elura 2 mg/kg PO sid, Convenia 8 mg/kg SQ all medications given/started on 11/9/21
Lab Results: CBC -leukocytosis 18.04k (band cells suspected, mild lymphocytosis, monocytosis) no anemia, platelets wnl
Chem - crea wnl with dilution (1.5), mild hyperglycemia (225), elevated BUN (73), dec globulins (2.2), mildly elevated ALT (154), elevated t bili (2.9 - serum was icteric), mildly dec Cl (110)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required for scan.
Stat Report: Not requested.

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 to moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. 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 presented normal size (4.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.41 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.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm in width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.57 cm in width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.86 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. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. A 0.75 cm hypoechoic nodule is observed at the caudal aspect. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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 >6.0 cm segment of small intestine is thickened up to

0.45 cm with loss of normal layering pattern. The lumen within this segment is mildly fluid distended and hypomotile. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis/mucosa ratio in some segments. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and is slightly mottled in appears. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.40 cm in length. Surrounding mesentery is hyperechoic. Trace free fluid is observed.

PRIMARY FINDINGS

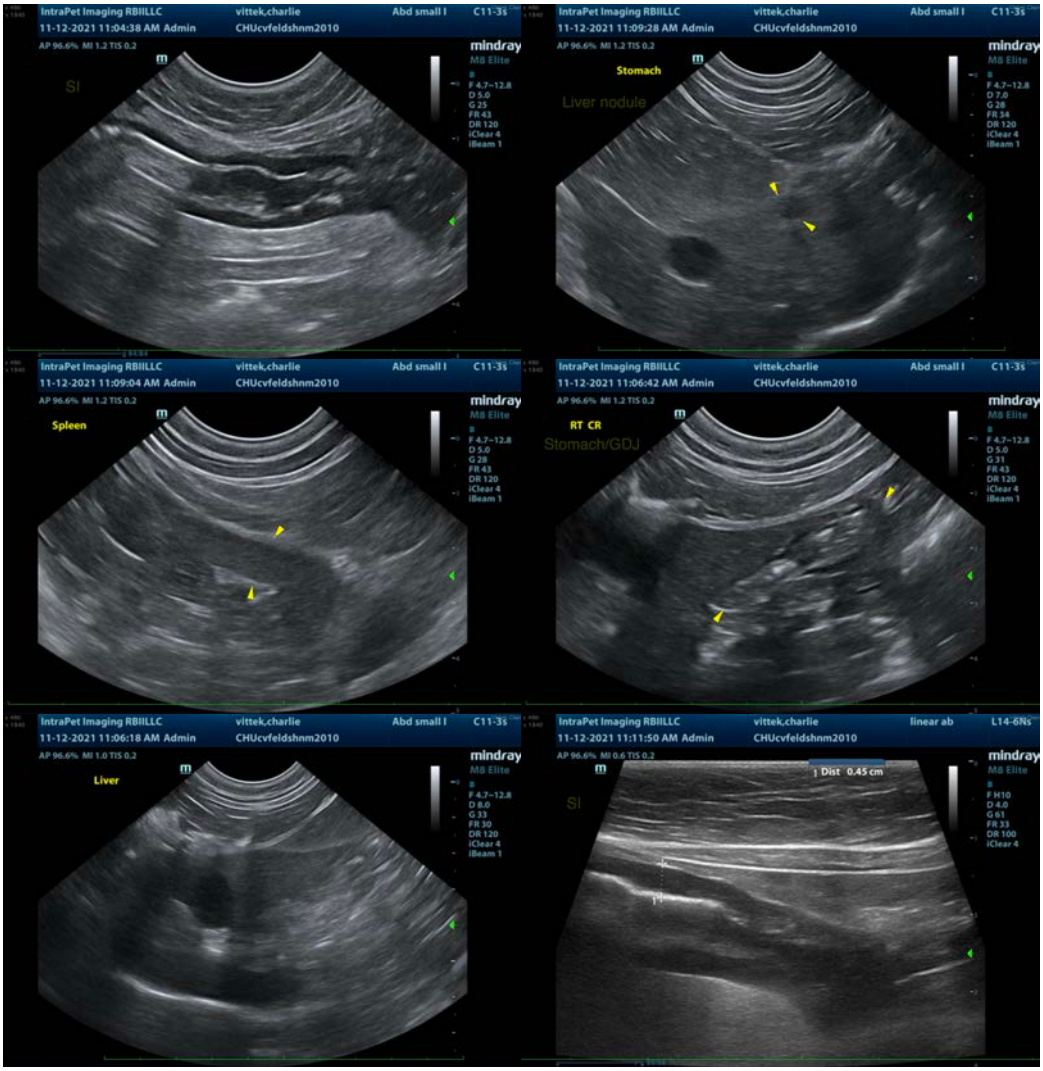
- The thickened segment of small intestine is most concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) with a lower possibility of a severe inflammatory process. Focal ileus is present within this segment. Regional peritonitis is present.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis, lymphoid hyperplasia or neoplastic infiltration.
- Non-specific diffuse hepatopathy – Differentials include hepatic lipidosis, inflammatory/immune mediated disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma, FIP), other hepatopathy. The hypoechoic hepatic nodule could be consistent with an inflammatory focus, tumor, granuloma, other.

SECONDARY FINDINGS

- Minor age related renal changes
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirate of the thickened bowel segment can be attempted if clotting status is appropriate. This procedure may prove to be difficult due to lack of a discreet mass. Therefore, surgical biopsies may be necessary to get a definitive diagnosis.
- A GI panel (sent to Texas A&M) is also recommended.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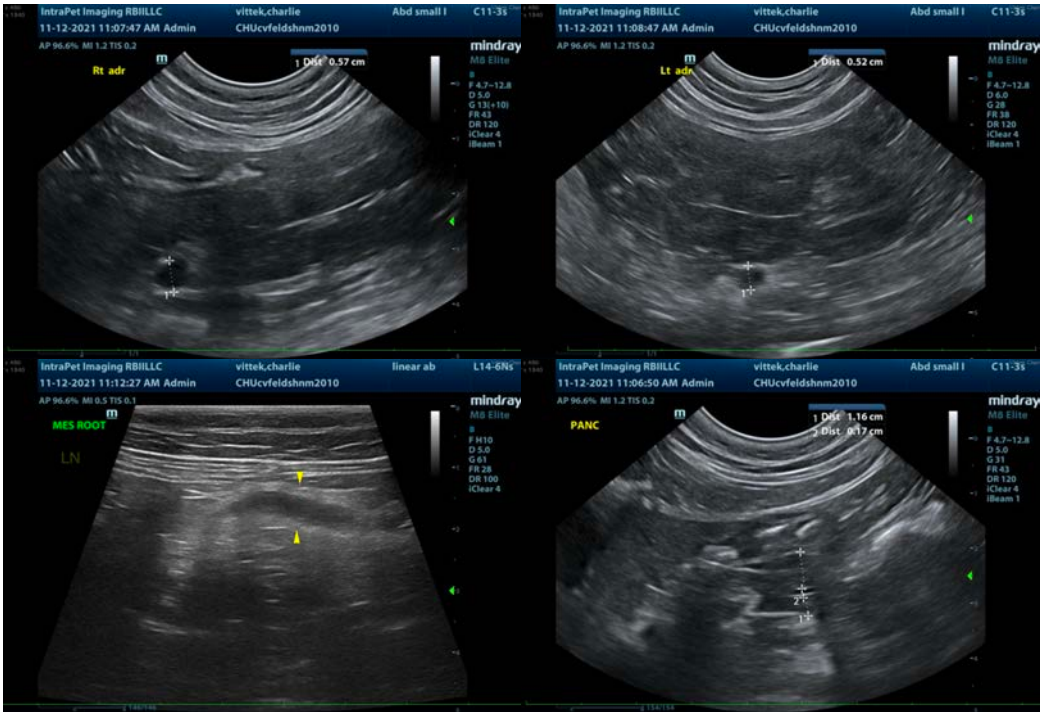

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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