IMAGING PERFORMED BY

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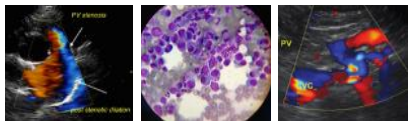

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DATE
12/29/21

PATIENT
Cat Brown

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
6/9/12

WEIGHT
6.5 Lbs

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

IMAGING PERFORMED BY
Andi Parkinson RDMS

HOSPITAL NAME
Paradise Animal Hospital

REFERRING VET
Dr. Halpern.

INVOICE
10078

PRESENTING CLINICAL SIGNS

History: P presented for persistent profound weight loss. Hx of vomiting regularly but has improved since starting LID diet. However still mostly innappetant, consuming <100 cal daily.

Current Medications: Mirataz, B12.
Lab Results: NSF.
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 is contracted. The wall is of appropriate thickness for the level of repletion. No cystic calculi are observed.

The left kidney is normal size (3.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal size (0.54 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.61 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 prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. There is an increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly distended. The wall is slightly thickened (up to 0.11 cm). A small to moderate amount of aggregated echogenic gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric wall is severely and diffusely thickened (up to 1.32 cm), hypoechoic and irregular, with a complete loss of the normal layering pattern. The mass effect appears to be disrupting the serosal surface in the region of the fundus. The gastric lumen is not distended. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to borderline thickened (up to 0.25 cm), with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:

3 muscularis to mucosal ratio in most segments. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb 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
The mesentery throughout the abdomen is hyperechoic and irregular. A small to moderate amount of echogenic free fluid is present. Within the mesentery in the cranial abdomen, several ill-defined hypoechoic nodules are observed. A few prominent lymph nodes are observed in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

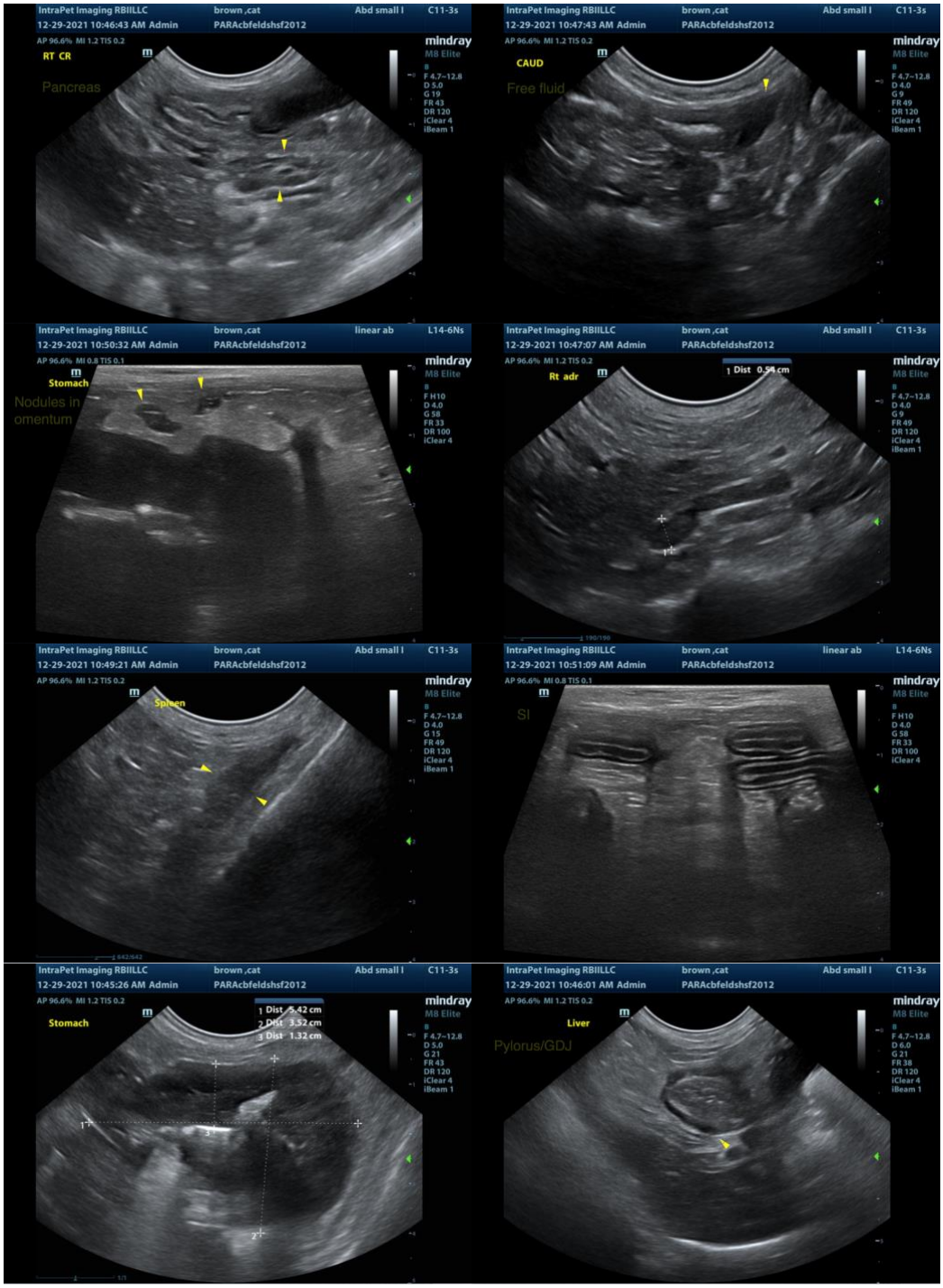
- Gastric mass effect with suspected metastatic disease in the cranial abdomen and regional peritonitis. Neoplasia (i.e., adenocarcinoma, lymphoma), is suspected with a lower possibility of benign pathology.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging neoplasia.
- The cranial abdominal lymphadenopathy may be secondary to infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The free fluid is likely secondary to bowel pathology.

Secondary Findings

- 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.
- The gall bladder wall changes may be artifactual due to lack of full repletion. Alternatively, cholecystitis and/or age-related hyperplasia may be present.
- The hepatic changes could be consistent with inflammatory/immune-mediated disease, emerging neoplasia, other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the gastric wall can be considered if clotting status is appropriate. However, due to the concern for metastatic disease within the mesentery, the prognosis for this patient is considered guarded.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Pylorus/GDJ
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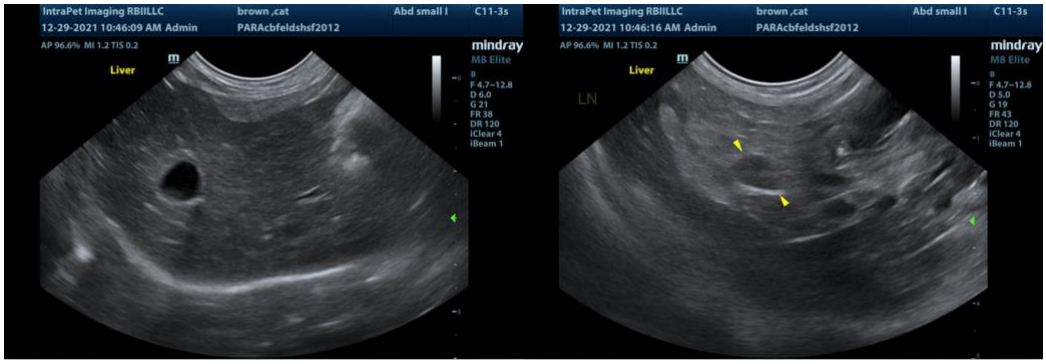

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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