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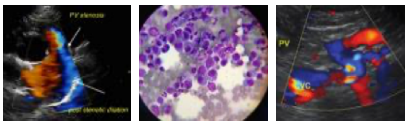

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DATE
12/6/21

PATIENT
Patterson Fickinger

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
11/27/2008

WEIGHT
12.2 lbs.

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

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Eastern AH

REFERRING VET
Dr. Sole

INVOICE
12647

PRESENTING CLINICAL SIGNS

History: Occasional diarrhea for 1 mo, then 'constipation'- minimal stool produced, no straining.

Current Medications: Prednisolone 5mg 11/27, Cerenia 11/27, Mirolax 12/2.
Lab Results: NSF.
Radiographs: Large area with fecal opacity mid colon and empty colon following on rads.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: IV sedative: Domitor 0.1, Torb 0.1.

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 moderately 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 in size (3.95 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A 0.42 cm non-obstructive nephroliths is observed. Trace pyelectasia is visualized. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

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

Spleen

The spleen is normal in size (0.85 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 normal in thickness. A small amount of aggregated, echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal.

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. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis:mucosal ratio in some segments. A several centimeter segment of proximal colonic wall is severely thickened (up to 0.95 cm) and hypoechoic with a complete loss of the normal layering pattern. The lumen appears at least partially obstructed. A large amount of stool is observed proximal to the mass effect. Distal to the mass effect the colonic lumen contains gas. The wall of the descending colon is normal in thickness with a normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. Several enlarged heterogeneous cystic lymph nodes are observed near the mesenteric root, the largest measuring 2.23 cm. surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Colonic wall mass. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.
- The adjacent lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization and a right non-obstructive nephrolith.
- 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 colonic wall mass and enlarged abdominal lymph nodes are recommended if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.

- A GI panel including serum cobalamin, folate, TLI and PLI is also recommended.

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*)

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