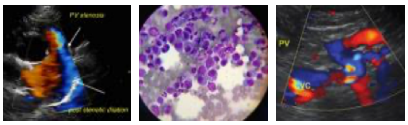
IMAGING PERFORMED BY

IntraPet.com



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DATE

12/7/2021

PATIENT

Bella Hunt

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

11/25/2013

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE
12676

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Weight Loss; Lethargic. Date: 12-05-2021 Notes: Seems to have lost weight over the past few weeks - bones are more prominent at the ribs and spine Today was noted to sit in the same place, was not interested in moving - decrease in energy has progressively worsened. Decreased appetite - only licks at the gravy of food. Was noted to have vomiting around 1 month ago - typically after she ate dry food. Less affectionate with the owner than he typically is
Assessment: Lethargy; Weight loss. Plan: Reviewed history and physical exam. FAST scan: mass like lesion with soft tissue center and a anechoic border suspicious for fluid. Discussed concern for firm mass like lesion palpable in the abdomen - recommended performing x-rays and discussing plan once we have image results - x-rays revealed mass like lesion in the cranial abdomen, unable to determine origin via xray - discussed organs that can be associated with noting that spleen is the only organ that is surgical. Discussed options: abdominal exploratory surgery vs supportive care and U/S vs supportive care at home vs referral vs QOL - owners noted that they feel it is too early to decide quality of life at this time - reviewed other options, owners asked what they should do - having U/S performed is a good way to potentially determine what the mass like lesion is associated with
Recommended full bw, pain meds, and supportive care TGH with possible U/S on Tuesday.

Current Medications: Cerenia, Buprenex, Mirtazapine.
Lab Results: Hematocrit 28%, white count 20,000
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
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 size (3.32 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. At least 3 heterogeneous nodules/masses are observed within the cortex, a few of which cause capsular expansion. A small amount of subcapsular fluid is present. Trace pyelectasia is observed. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

The right kidney is normal size (3.51 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal 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 mildly enlarged (0.56 cm width) with swollen peripheral contours and homogeneous parenchyma. Surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.68 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric wall is severely and diffusely thickened (up to 3.74 cm), irregular and hypoechoic with complete loss of the normal layering pattern. Surrounding mesentery is hyperechoic. The gastric lumen is mildly distended with ingesta and gas. 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. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric mass effect. In the visible portion (the left limb), the pancreas is prominent with slightly irregular 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

Trace free fluid is observed. A few prominent hypoechoic lymph nodes are observed in the cranial abdomen. An example of a lymph node measured 1.06 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastric mass effect. 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 may represent infiltrative neoplasia or reactive change.
- Left renal nodules/masses. Neoplasia (i.e., metastatic disease is considered likely with a lower possibility of benign pathology (i.e., inflammatory foci, granulomas).

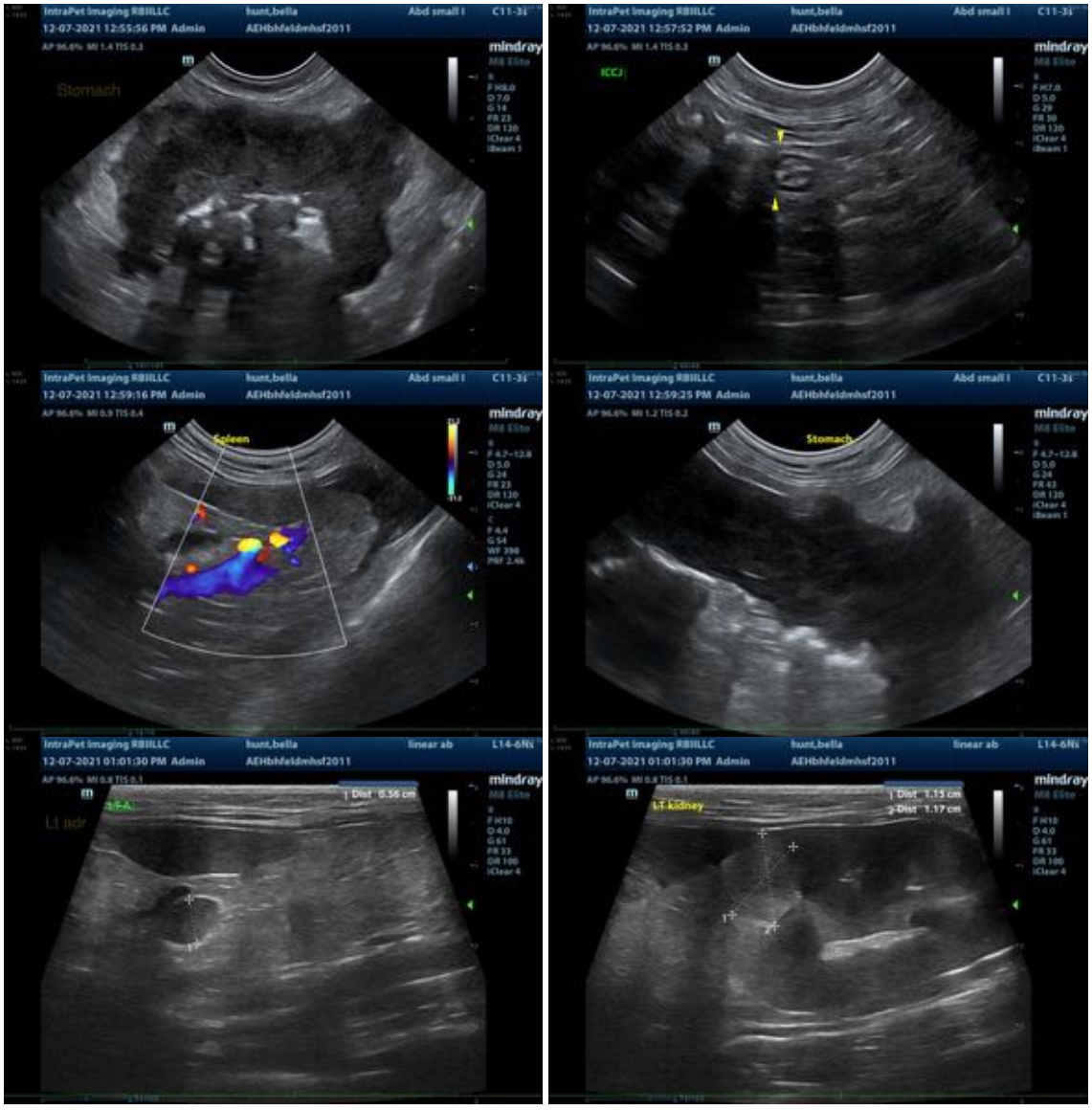
Secondary findings:

- The mild left adrenomegaly may be secondary to stress, hyperplastic change or less likely, neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- Fine needle aspirates of the gastric wall and renal nodules/masses are recommended (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. However, given the presence of multi-organ pathology, the prognosis for this patient is considered guarded.




IntraPet Imaging RBIILLC
hunt,bella
Abd small I
C11-3i
12-07-2021 12:58:13 PM Admin
AEHbhfeldmhsf2011
Rt Kidney
Dist 3.51 cm
mindray


IntraPet Imaging RBIILLC
hunt,bella
linear ab
L14-6Ni
12-07-2021 01:01:12 PM Admin
AEHbhfeldmhsf2011
LT
Dist 0.95 cm
Dist 1.02 cm
mindray


IntraPet Imaging RBIILLC
hunt,bella
linear ab
L14-6Ni
12-07-2021 01:01:12 PM Admin
AEHbhfeldmhsf2011
LT
LK
Dist 1.15 cm
Dist 1.16 cm
mindray


IntraPet Imaging RBIILLC
hunt,bella
Abd small I
C11-3i
12-07-2021 12:56:31 PM Admin
AEHbhfeldmhsf2011
Stomach
Liver/GB
mindray


IntraPet Imaging RBIILLC
hunt,bella
Abd small I
C11-3i
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AEHbhfeldmhsf2011
RT CR
GDJ
mindray


IntraPet Imaging RBIILLC
hunt,bella
linear ab
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LT
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IntraPet Imaging RBIILLC
hunt,bella
linear ab
L14-6Ni
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AEHbhfeldmhsf2011
RT
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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.

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