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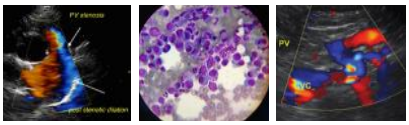

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DATE

12/9/21

PATIENT

Tiger Jarboe

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

10.5 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Everhart WellPet Center

REFERRING VET

Dr. Rubeinstein

INVOICE

10028

PRESENTING CLINICAL SIGNS

History: 12/3 vomiting twice daily, weight loss, PU/PD, polyphagia, ADR.
Current Medications: Cerenia injection 12/3/2021.
Lab Results: NSF. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.

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 mostly 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 borderline small in size (3.16 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A cortical infarct is present at the caudal pole. A 0.38 cm nonobstructive nephrolith is also seen. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.31 cm in length); normal shape and architecture with smooth peripheral margins. 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.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width), with a normal shape and smooth peripheral contours. Surrounding vasculature is normal.

The right adrenal gland is normal in size (0.47 cm width), with a normal shape and smooth peripheral contours. At least two hyperechoic foci are observed within the parenchyma. Surrounding vasculature is unremarkable.

Spleen

The spleen is normal in size (0.82 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 thin and smooth. A small amount of echogenic debris is observed within the lumen, some of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 to moderately thickened (up to 0.36 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible/prominent, with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.24 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A cluster of enlarged, irregular hypoechoic to slightly heterogenous mesenteric lymph nodes are visualized, the largest measuring 1.59 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

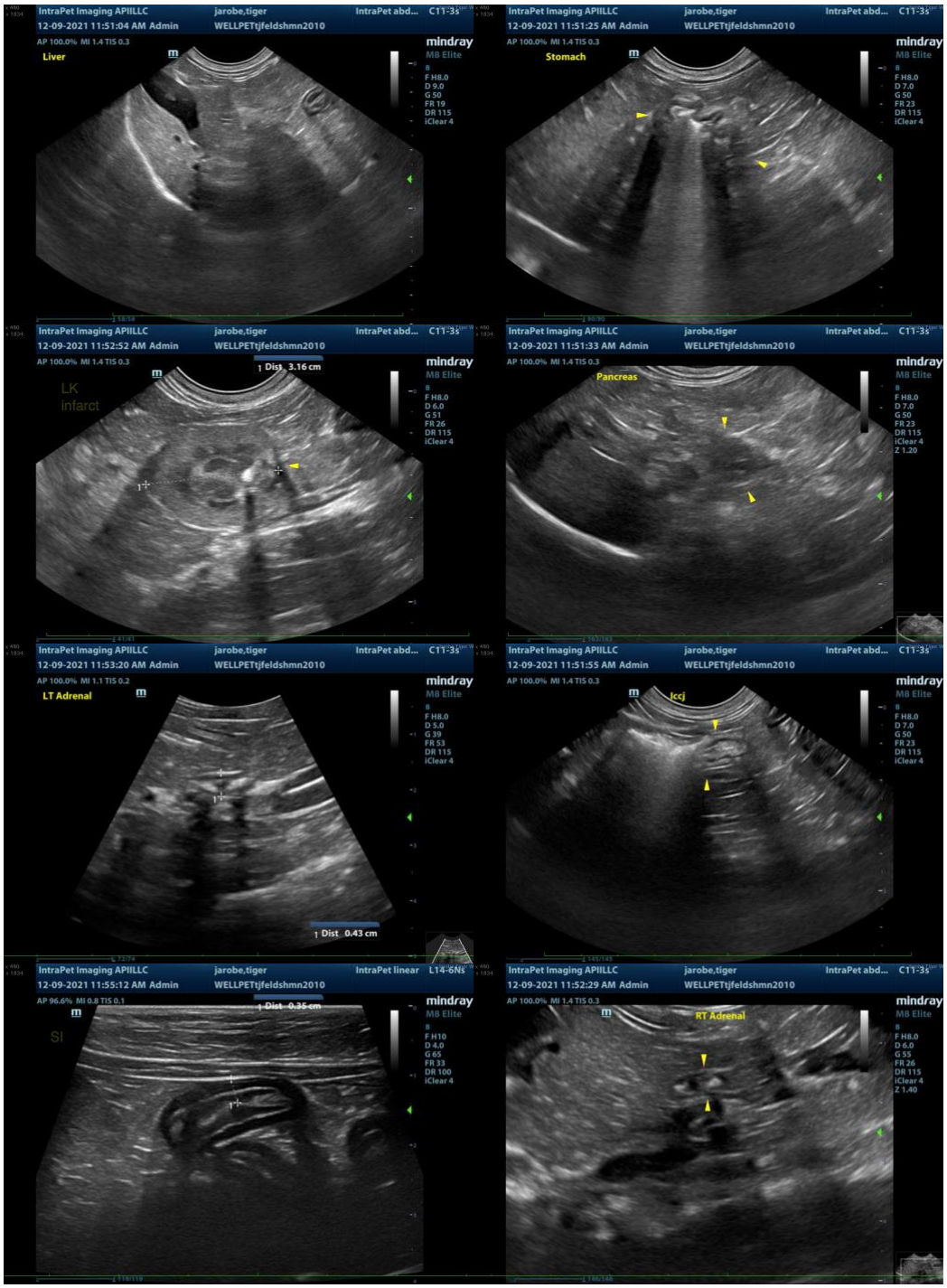
- The mesenteric lymphadenopathy and bowel changes are concerning for lymphoma. However, severe inflammatory bowel disease with reactive lymphadenopathy cannot be excluded.
- The pancreatic changes are suggestive of mild chronic pancreatitis but may be a normal variant for this patient.

Secondary Findings

- Bilateral age-related renal changes with a left cortical infarct and non-obstructive nephrolith. The hyperechoic adrenal foci are likely a benign age-related incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- If accessible, a fine-needle aspirate of the enlarged mesenteric lymph node is recommended (if clotting status is appropriate). If cytology results are inconclusive, surgical GI and abdominal lymph node biopsies may be necessary to get a definitive diagnosis.
- A GI panel, including serum cobalamin and folate TLI and PLI is also recommended.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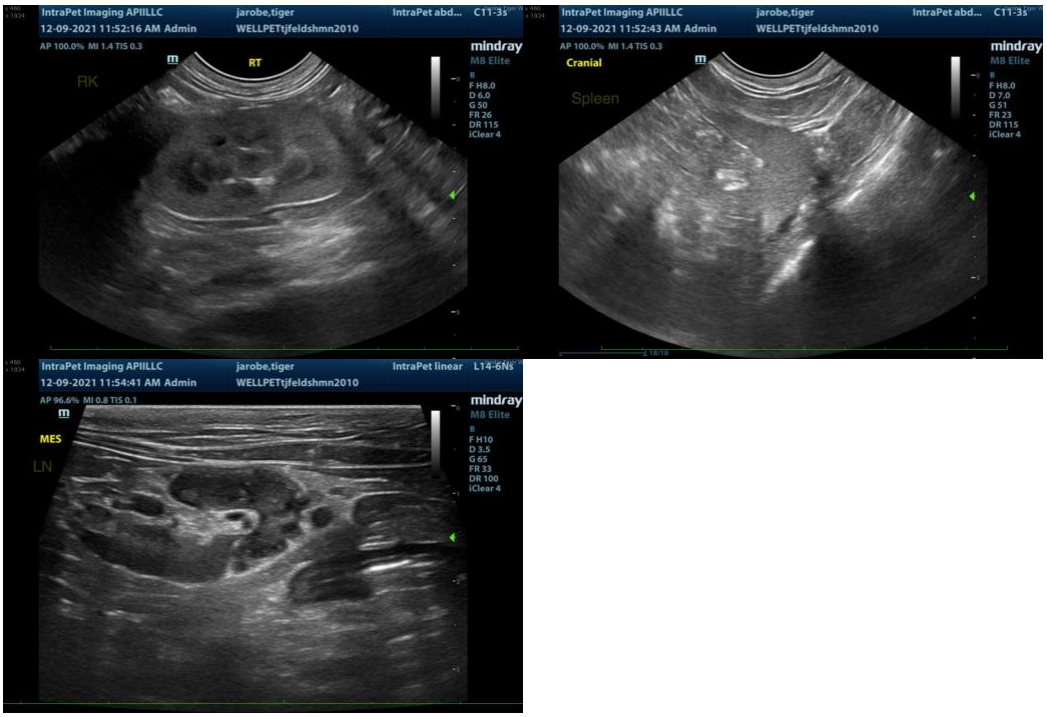

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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