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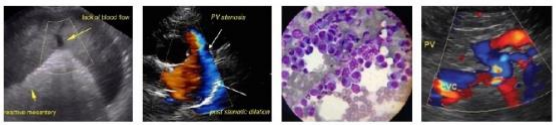


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Maynard Weir

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 years

WEIGHT

3.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH East Hamilton

REFERRING VET

Dr. MacDonald

INVOICE

10446

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: - P has not been interested in food the past 2 months - P was brought in for a UTI and seemed constipated and was sent home with antibiotics and stool softener which seemed to have helped at first but then P stopped wanting to eat again -P has only been wanting to eat RC recovery cans -Possible cranial mass in the abdomen and the loops of the intestine are very thickened in that area on PE meds: Prednisolone 5mg 1 tablet q24hrs

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 normal size (4.33 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. Trace pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The left kidney is normal size (4.62 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.46 cm length; 0.26 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.79 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.

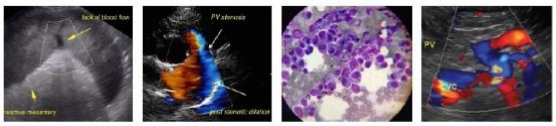
Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Two large adjacent small intestinal masses are visualized, one measuring approximately 4 cm, the other approximately 2.6 cm. The mesentery effacing the



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serosal surface of the masses is hyperechoic. The wall in both masses is severely thickened (up to 2.09 cm in the larger mass, up to 1.50 cm in the smaller mass), hypoechoic and irregular with a complete loss of the normal layering pattern. In the remainder of the small intestine, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

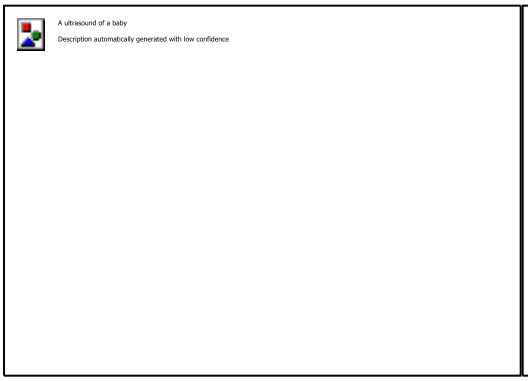
- Small intestinal masses. Neoplasia (i.e., lymphoma, adenocarcinoma), is considered likely, with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory disease, infiltrative neoplasia, or other hepatopathy.

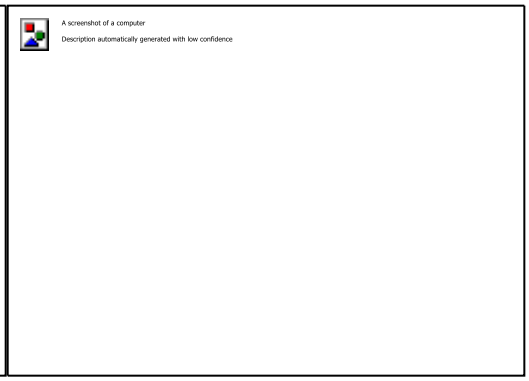
Secondary Findings

- Bilateral degenerative renal changes with trace pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspirates of the bowel masses +/- liver are recommended if clotting status is normal. Twenty-five gauge-needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- Given the renal changes, consider a urine culture and sensitivity, UPC (if proteinuria is present), as well as baseline lab work (i.e., CBC, chemistry panel and T4 (if not already performed)).





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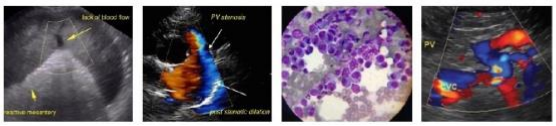

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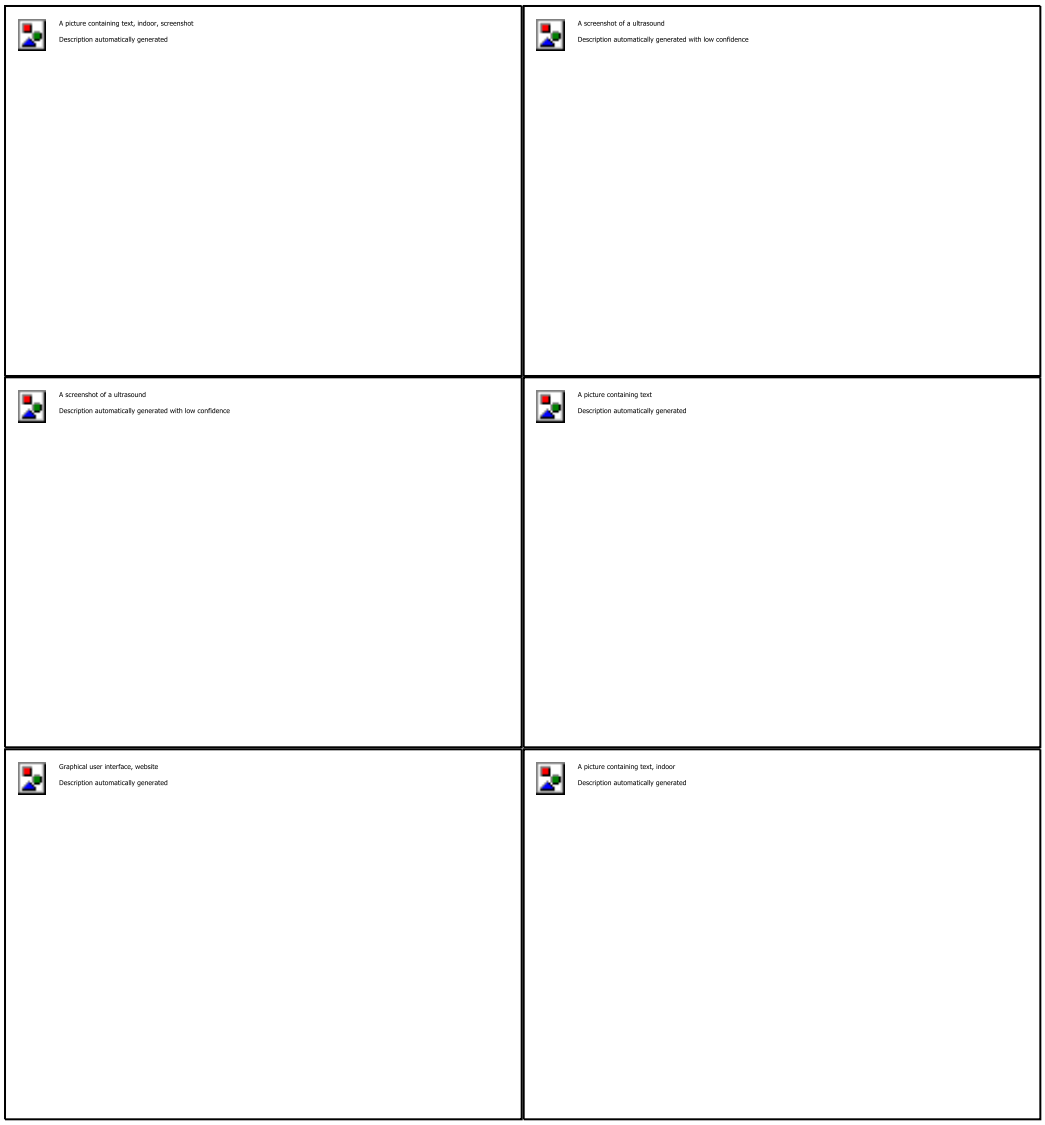

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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