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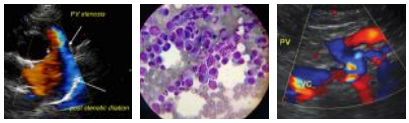

SonoPath
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DATE
2/15/22

PATIENT
Dash Niedens

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
2/1/15

WEIGHT
9.86 Lbs.

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

HOSPITAL NAME
Hickory VH

REFERRING VET
Dr. McNesby

INVOICE
13948

PRESENTING CLINICAL SIGNS

History: Patient presents with approx. 2-year history of weight loss and vomiting. Repeated bloodwork showed no abnormalities other than low cobalamin. Currently he is eating Hills PD - Z/D but is vomiting intermittently still and owner is giving beef baby food. Physical exam - unkempt coat, poor body condition and ropy intestines on abdominal palpation. H/L auscult NSF.

Current Medications: Cerenia 4 mg Q24 hours - started 2/8/22.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 mildly distended. A small amount of suspended echogenic debris is observed within the lumen. 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 to borderline small in size (3.39 cm in length); with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Cortical infarcts are suspected. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.68 cm in length); with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.77 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 portal vein the caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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. Several small intestinal segments are hyperperistaltic and slightly plicated in the right cranial quadrant. The small intestinal walls in this region are thickened (up to 0.60 cm) with areas where the normal layering pattern is lost. In the remaining small intestinal segments, the walls are diffusely thickened (up to 0.42 cm). There is disruption in the normal 1:3 muscularis to mucosa ratio and thickening of the submucosal layer. There is also questionable loss of layering in the non-plicated segments in some regions. The ileocecocolic junction and colonic walls are normal.

Pancreas

The pancreas is diffusely prominent in size slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.15 cm in diameter).

Free Abdomen

A 1.18 cm lymph node is observed in the right cranial quadrant. Several enlarged mesenteric lymph nodes are also visualized, the largest measuring 4.84 cm in length.

The mesentery in the cranial to mid abdominal region is hyperechoic. A small amount of free fluid is present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) with subsequent hyperperistalsis +/- adhesions. A linear foreign body cannot be excluded but is not definitively visualized.
- Peritonitis is present, likely secondary to bowel pathology.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings

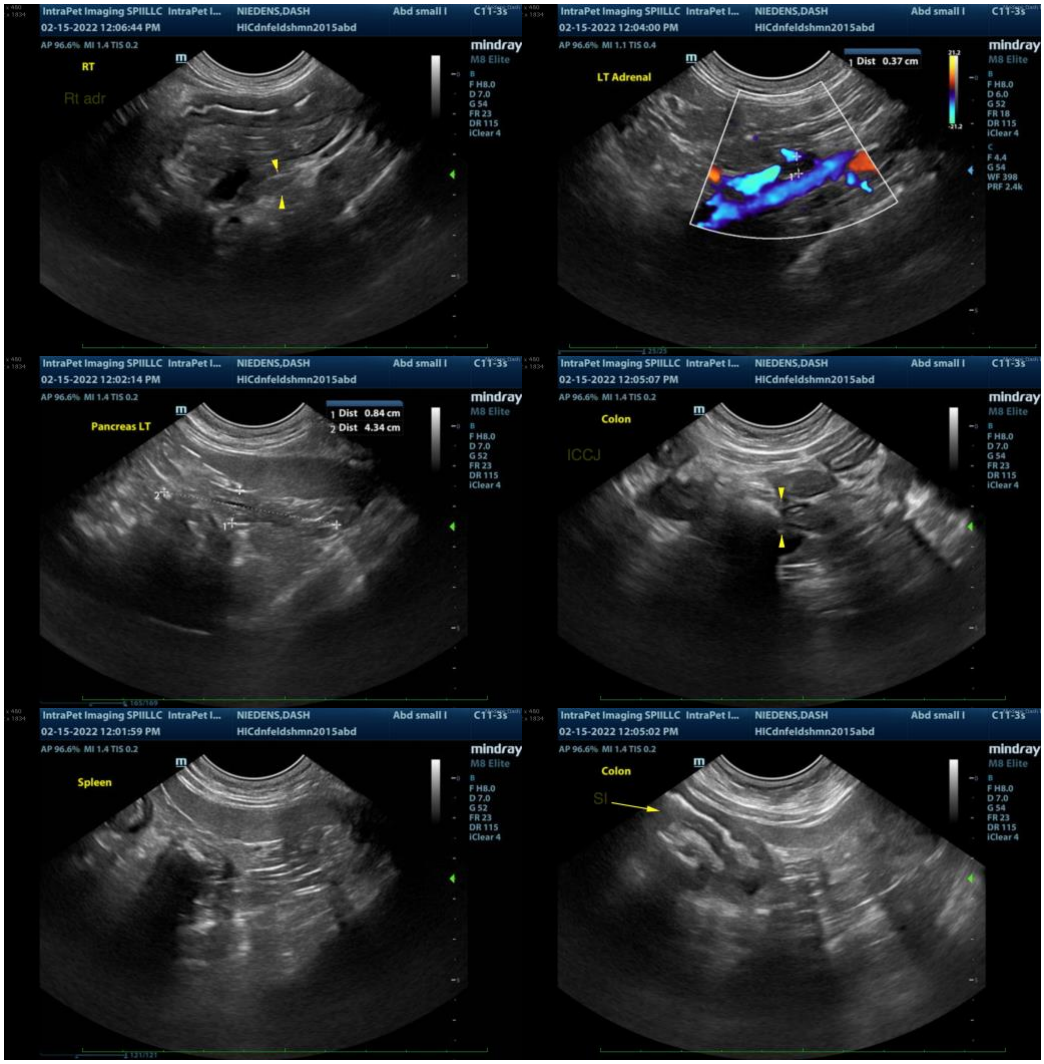
- Bilateral degenerative renal changes with dystrophic mineralization and left cortical infarcts
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- In order to get a definitive diagnosis, an abdominal exploratory with gastrointestinal and abdominal lymph node biopsies would be ideal, along with a GI panel, including serum cobalamin, folate, TLI and PLI.

- If a more conservative approach is desired, a fine needle aspirate of the more thickened bowel segments can be considered if accessible.

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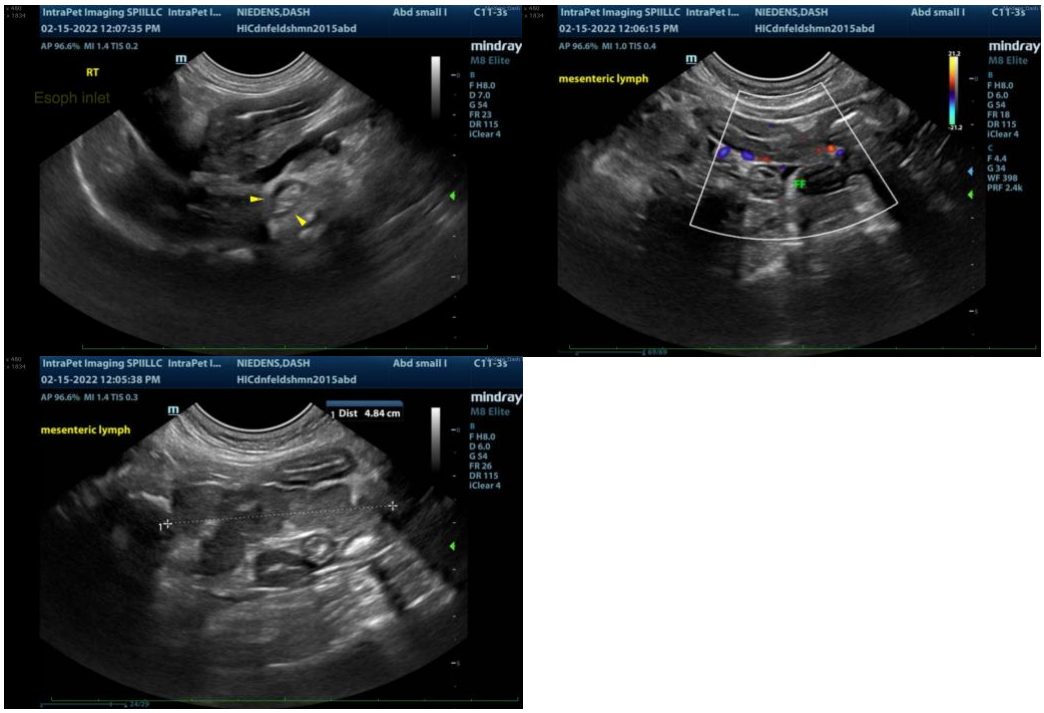

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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