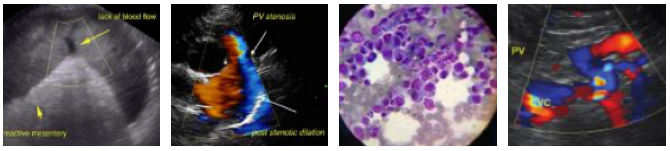
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Rson Sellner

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
12 Yrs.

WEIGHT
14.9 lbs.

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

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho Ho Kus VH

REFERRING VET
Dr. Scott

INVOICE
13054

DATE
2/28/22

PRESENTING CLINICAL SIGNS

History: ADR for about 2 weeks or so. Decreased app and now not not eating for 3 days, was vomiting but not anymore, on and off diarrhea, owner notices him shaking a bit at home. indoor/outdoor just gave first dose of pyrantel for toxocara last wed
Abnormal PE/Chem/CBC/UA Results: CBC/CHem/T4/UA WNL fecal + few toxocara weight loss (about 4 lbs since november)

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 1 cm, are normal.

The left 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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.83 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 curvilinear 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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. A >3 cm segment focal area of small intestine is thickened (up to 1.00 cm) and irregular with a complete loss of the normal layering pattern. 1-2 additional bowel segments appear to be adhered to this thickened loop. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining small intestinal segments, the wall is mildly thickened (up to 0.31 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. The colonic wall appears normal.

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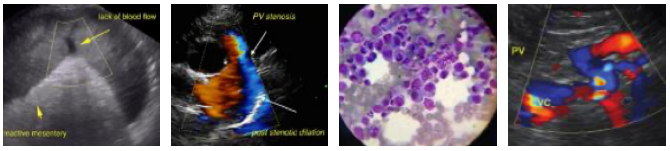

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Pancreas

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. 2-3 prominent to enlarged irregular hypoechoic lymph nodes are observed in the mid-abdominal cavity. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

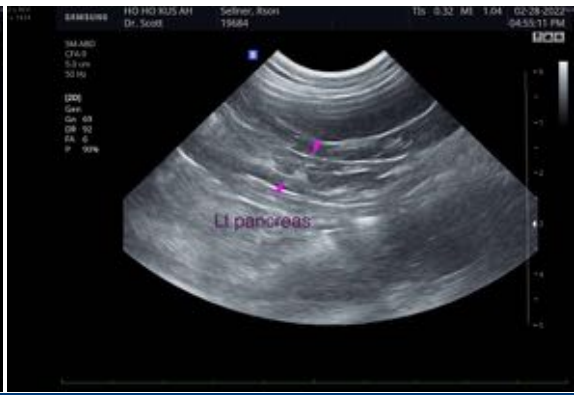
- Focal bowel wall thickening/mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma) is the top differential. However, a severe inflammatory process (i.e., pyogranulomatous) cannot be completely excluded. Regional peritonitis is present. The adjacent lymphadenopathy may represent neoplastic infiltration, reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings:

- The hepatic parenchymal changes are concerning for hepatic lipidosis, particularly given the patient's history of inappetence. Other possible differentials include an inflammatory hepatopathy or infiltrative neoplasia (i.e., lymphoma).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspiration of the thickened bowel segment +/- enlarged abdominal lymph nodes is recommended if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- A GI panel (send to Texas A&M) is also recommended.



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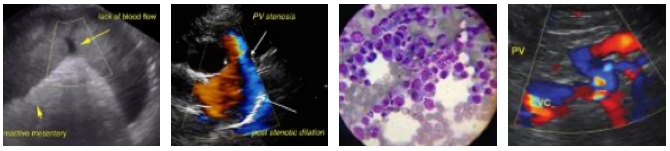

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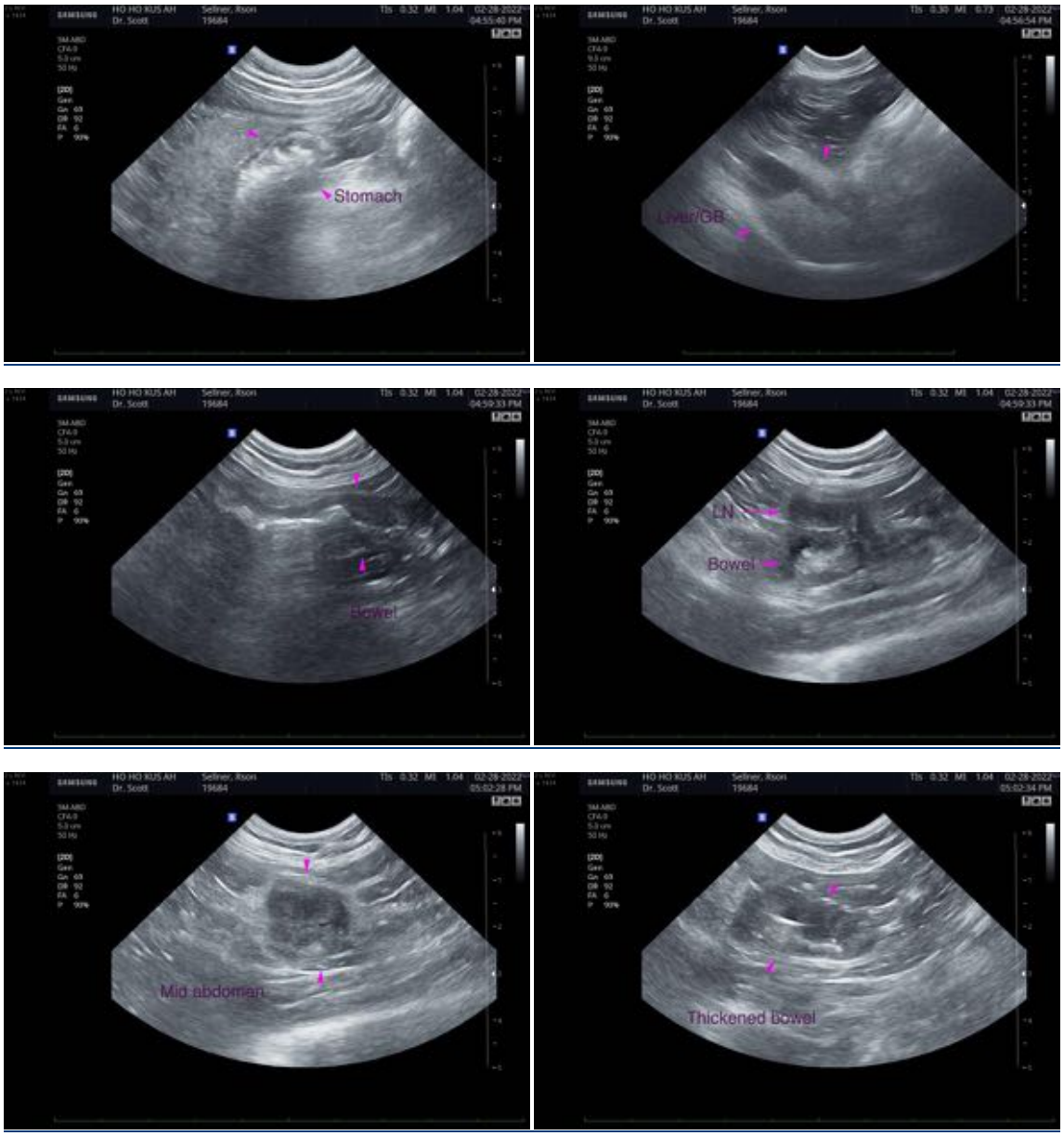

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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