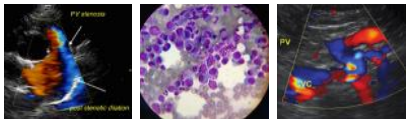
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
2/3/22

PATIENT
Danger Pilachowski

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
8/12/08

WEIGHT
8.44 Lbs.

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

HOSPITAL NAME
Everhart VC

REFERRING VET
Dr. Farris

INVOICE
13751

PRESENTING CLINICAL SIGNS

History: losing weight (gradually over long-term but recent months more acute on chronic) about 5pounds over months of time, acting and behaving normal. Pet does eat, but not eating much so they bring pet to him to make sure the other car isn't restricting his access. Owner thinks pet is actually doing better. Pet is vomiting up food couple times a week initially liquidly and not food. Pet is drinking normal. Pet is drinking normal. Stool is normal. Dramatic weight loss. Some recent watery vomiting prior to scheduling appointment but this week also some food vomiting. Disc concern for anemia as PCV was 18.5% and also clinical dehydration. Since this has been so gradual for his at home. Sent out lab work today. Additional History: Chemistry panel unremarkable, T4 normal, Hematocrit 21%, Urine Spec Gravity 1.059 with 3+ protein and an inactive sediment.

Current Medications: Sub-Q Fluids 100ml given 02/02/2022, Cerenia 8mg Once a day PO.
Lab Results: Attached separately.
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 is moderately distended. A small to moderate 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 size (4.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is enlarged with irregular peripheral contours. A 1.92 cm x 1.38 cm irregular nodule/mass is arising from the parenchyma. The lesion is heterogeneous with an anechoic area within it. The lesion

causes capsular expansion. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is enlarged with irregular peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen. Throughout the organ, numerous ill-defined hypoechoic to isoechoic, slightly heterogeneous nodules/masses are observed, the largest measuring 3.84 cm x 2.92 cm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly distended. The wall is normal in thickness. A small to moderate 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 moderately distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of obstructive disease.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is dilated (0.34 cm in diameter).

Free Abdomen

Trace free fluid is observed. A few prominent colic lymph nodes are visualized, the largest measuring 0.60 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

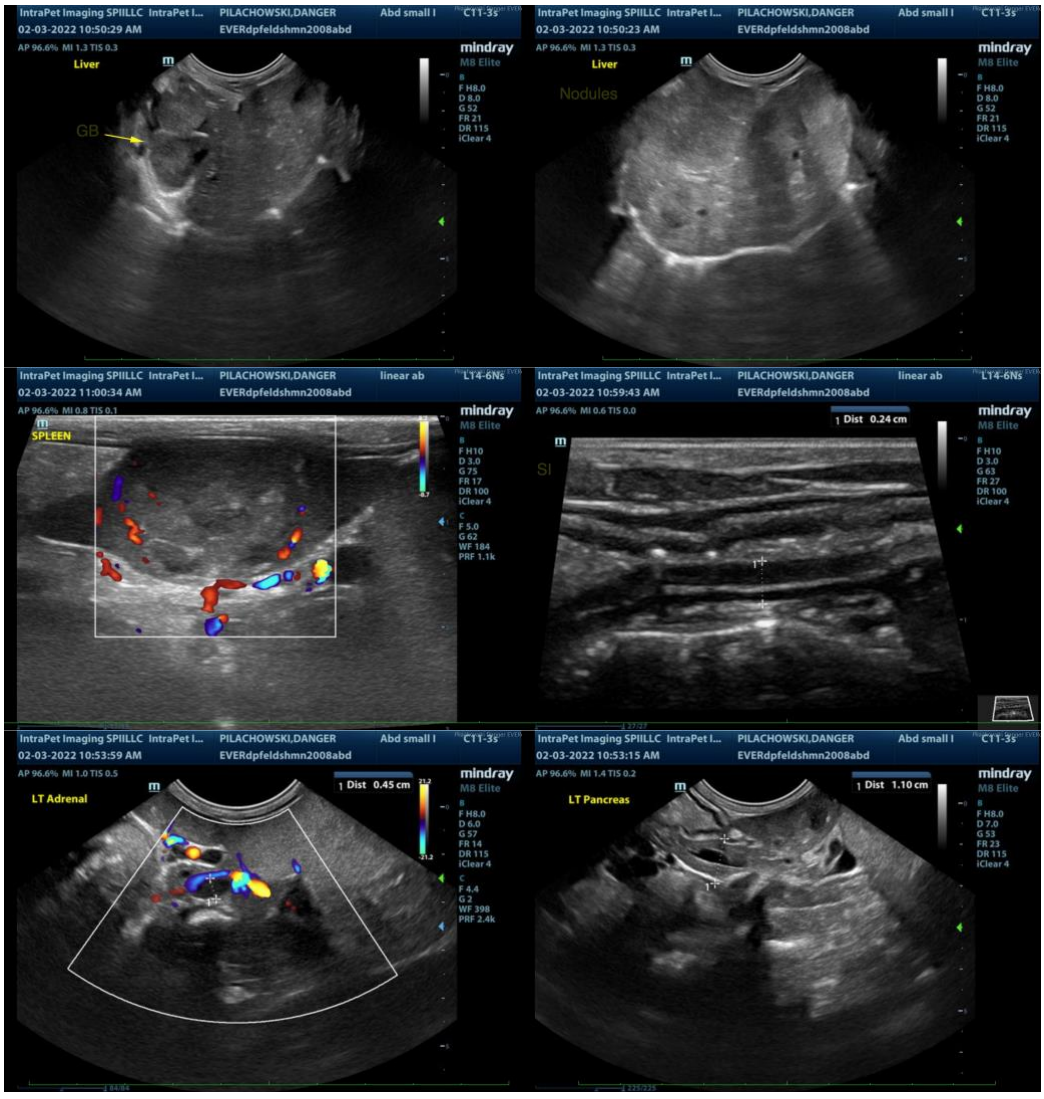
- Hepatic and splenic masses. Neoplasia (i.e., round cell tumor, sarcoma) is considered likely with a lower possibility of more benign pathology (i.e., multifocal inflammatory disease).
- The trace ascites is likely secondary to hepatic and splenic pathology.

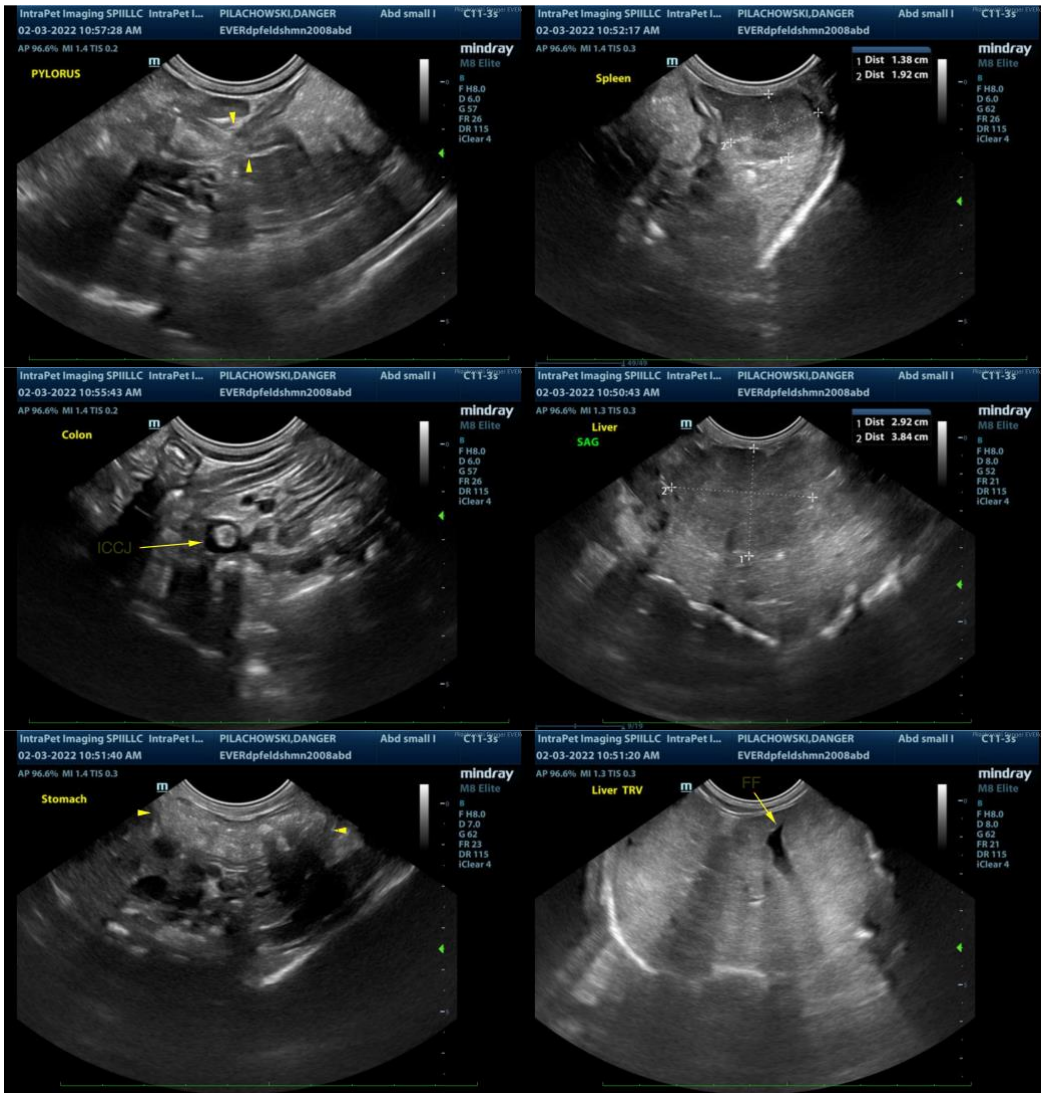
Secondary Findings

- The pancreatic changes are consistent with chronic pancreatitis
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the hepatic and splenic masses are recommended, if clotting status is appropriate. 25-gauge needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- Given the patients anemia, a reticulocyte count is recommended to assess for regeneration. If the PCV continues to decline, a blood transfusion may be warranted.





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.

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