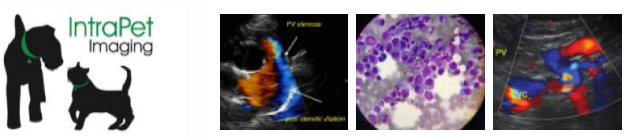
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

3/14/22

PATIENT

Basil Moore

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

9/18/2009

WEIGHT

7.78 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

13124

PRESENTING CLINICAL SIGNS

Chronic vomiting.

Current Medications: Elura 0.3mL SID.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OFTHE 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 size (3.93 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.35 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.76 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 isoechoic relative to the spleen. A 0.56 x 0.38 cm hypoechoic nodule is observed adjacent to the gallbladder. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. A bi-lobed confirmation is suspected. The wall is thin and smooth. A small amount of gravity-dependent echogenic debris is observed within the lumen. 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. The small intestinal lumen is segmentally dilated with fluid and chyme (mild). In at least 2 small intestinal segments, the wall is mildly thickened (up to 0.28 cm) with a suspected loss of the normal layering pattern. In other segments there is slight disruption in the normal 1:3

muscularis: mucosal ratio. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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. Several prominent to enlarged irregular hypoechoic to slightly heterogeneous mesenteric lymph nodes are visualized, the largest measuring 2.29 cm in length. In addition, a few prominent colic lymph nodes are seen. The mesentery surrounding the nodes is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

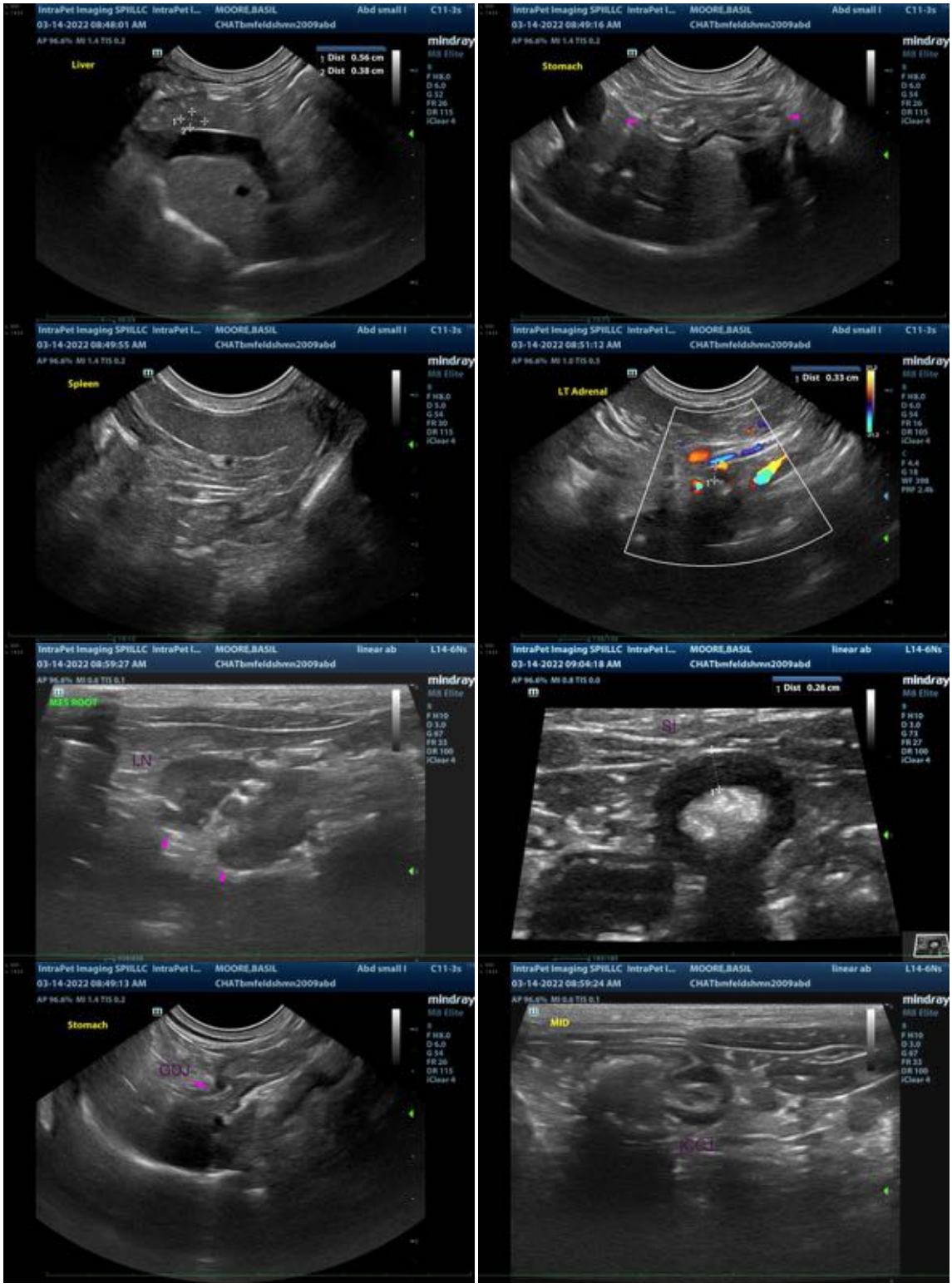
- The segmental small intestinal wall thickening with the loss of layering is concerning for infiltrative neoplasia. Lymphoma is the top differential. However, a severe inflammatory process cannot be completely excluded.
- The abdominal lymphadenopathy could be consistent with lymphoma, reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings:

- Bi-lobed gallbladder- incidental.
- The hypoechoic hepatic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia, inflammation, other) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- To get a definitive diagnosis, surgical gastrointestinal and abdominal lymph node biopsies may be necessary. However, fine needle aspiration of a mesenteric lymph node can be attempted (if clotting status is appropriate) and if the nodes are accessible. However, if results are inconclusive, biopsies may be warranted.
- Also consider a GI panel (i.e., serum cobalamin, folate, TLI and PLI).


IntraPet Imaging SPIILLC IntraPet I... MOORE,BASIL Abd small I C11-3s
03-14-2022 08:48:01 AM CHATbmfeldshmn2009abd
Liver
Dist 0.56 cm
Dist 0.38 cm
mindray
IntraPet Imaging SPIILLC IntraPet I... MOORE,BASIL Abd small I C11-3s
03-14-2022 08:49:16 AM CHATbmfeldshmn2009abd
Stomach
mindray
IntraPet Imaging SPIILLC IntraPet I... MOORE,BASIL Abd small I C11-3s
03-14-2022 08:49:55 AM CHATbmfeldshmn2009abd
Spleen
mindray
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LT Adrenal
Dist 0.33 cm
mindray
IntraPet Imaging SPIILLC IntraPet I... MOORE,BASIL linear ab L14-6Ns
03-14-2022 08:59:27 AM CHATbmfeldshmn2009abd
MES ROOT
LN
mindray
IntraPet Imaging SPIILLC IntraPet I... MOORE,BASIL linear ab L14-6Ns
03-14-2022 09:04:18 AM CHATbmfeldshmn2009abd
Dist 0.26 cm
SI
mindray
IntraPet Imaging SPIILLC IntraPet I... MOORE,BASIL Abd small I C11-3s
03-14-2022 08:49:13 AM CHATbmfeldshmn2009abd
Stomach
GOJ
mindray
IntraPet Imaging SPIILLC IntraPet I... MOORE,BASIL linear ab L14-6Ns
03-14-2022 08:59:24 AM CHATbmfeldshmn2009abd
MID
mindray

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 ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com