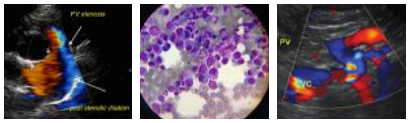
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3/17/2022

PATIENT

Elise Stankis

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1/18/2009

WEIGHT

8.12 lbs

INTERPRETED BY

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

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Sole

INVOICE

10571

PRESENTING CLINICAL SIGNS

Hx of long-term waxing and waning diarrhea and soft stool with poss mass- explore and bx did not show neoplasia at the time. Condition was well controlled on 2.5-5mg Prednisolone SID for a few months but now no longer controlled on 5mg SID. Renal values have also progressed from Creat 2.0 5 months ago to creat 2.7 now.

Current Medications: Prednisolone 5mg SID, Visbiome SID, Cerenia PRN, Diagel PRN, B12 injection course, Gabapentin PRN.

Lab Results: Azotemia, mild anemia.
Date of Previous IntraPet Ultrasound: 7/23/21. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

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 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 2 cm, are normal.

The left kidney is borderline small in size (3.18 cm cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A cortical infarct is observed at the caudal pole. There is no evidence of pyelectasiaor hydronureter.

The right kidney is normal in size (3.40 cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. At least one cortical infarct is suspected at the caudal pole. Trace pyelectasia is present. There is no evidence of or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.70 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended 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 is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A > 3 cm segment of jejunum is thickened (up to 0.78 cm), and irregular, with a complete loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining small intestinal segments, several segments are dilated with fluid/chyme. The small intestinal wall is normal to mildly thickened (up to 0.29 cm), with a normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. There is also thickening of the submucosal layer in many regions. The colonic wall is normal

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

Trace free fluid is observed. A few prominent to enlarged mesenteric lymph nodes are visualized, the largest measuring 2.55 cm in length. The nodes are slightly irregular in shape and mildly hypoechoic. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

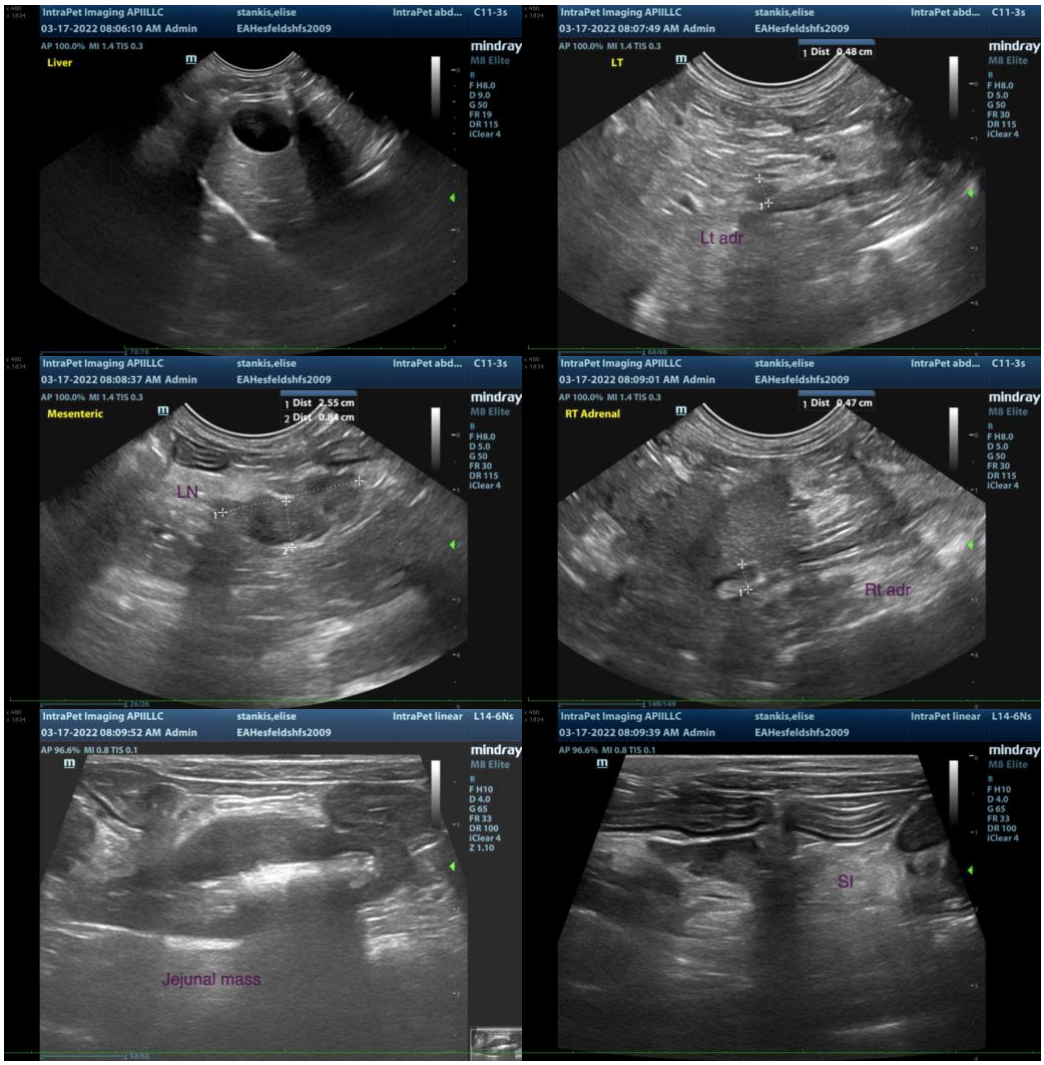
- Focal jejunal wall thickening/mass effect. Neoplasia (i.e., adenocarcinoma, lymphoma), is the top differential with a lower possibility of a severe inflammatory process. Localized peritonitis is present. The adjacent lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization and cortical infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine-needle aspirate of the thickened jejunal segment is recommended (if clotting status is appropriate). If cytology results are inconclusive, consider a repeat abdominal exploratory with biopsies of the abnormal bowel segments and enlarged abdominal lymph nodes.
- A GI panel including serum cobalamin, folate, TLI and PLI is also recommended.



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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