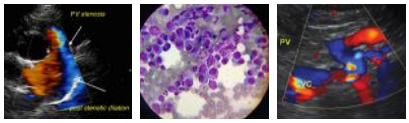
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3/9/2022

PATIENT

Jimbo Talay

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10/01/2008

WEIGHT

11lbs

INTERPRETED BY

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

HOSPITAL NAME

Paradise Animal Hospital

REFERRING VET

Dr. King

INVOICE

10521

PRESENTING CLINICAL SIGNS

History: Pt presented to us for hematuria. Grossly hematuric (significantly so). Treated with Convenia 8mg/kg SC. 10 days later represented – no improvement; urine at that time still grossly hematuric. Urine culture is negative. Pt has hyperthyroidism (poorly controlled, owner has difficult dosing pt). Pt also having diarrhea, unsure if related to uncontrolled hyperthyroidism, urinary issues or other. Decreased appetite.

Current Medications: methimazole 10mg/mL 1mL BID (owner puts it in lactose free milk). Gabapentin prior to scan.

Lab Results: T4 6.2 on 2/18, mild ALT and ALKP elevation- consistent with uncontrolled hyperthyroidism.
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 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 mildly enlarged (5.10 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Numerous nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.30 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Numerous nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 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 in this region.

Spleen

The spleen is normal in size (1.05 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. An approximately 4.20 cm irregular, hypoechoic to heterogenous bowel mass is observed in the cranial- to midabdomen. The exact location of the mass within the bowel is unclear. It may be arising from small intestine or colon. The mass appears to surround/abut other bowel loops. The surrounding mesentery is hyperechoic. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. There is no obvious evidence of an obstructive pattern.

Pancreas
The pancreas is largely obscured by the large bowel mass. However, in the visualized portions, the pancreas appears prominent in size with slightly irregular peripheral contours. The mesentery effacing the serosal surface is hyperechoic. The parenchyma is heterogenous in appearance. The pancreatic duct is dilated (0.29 cm in diameter).

Free Abdomen
Trace free fluid is suspected. 0.49 cm gastric lymph node is visualized. A few prominent mesenteric lymph nodes are also seen.

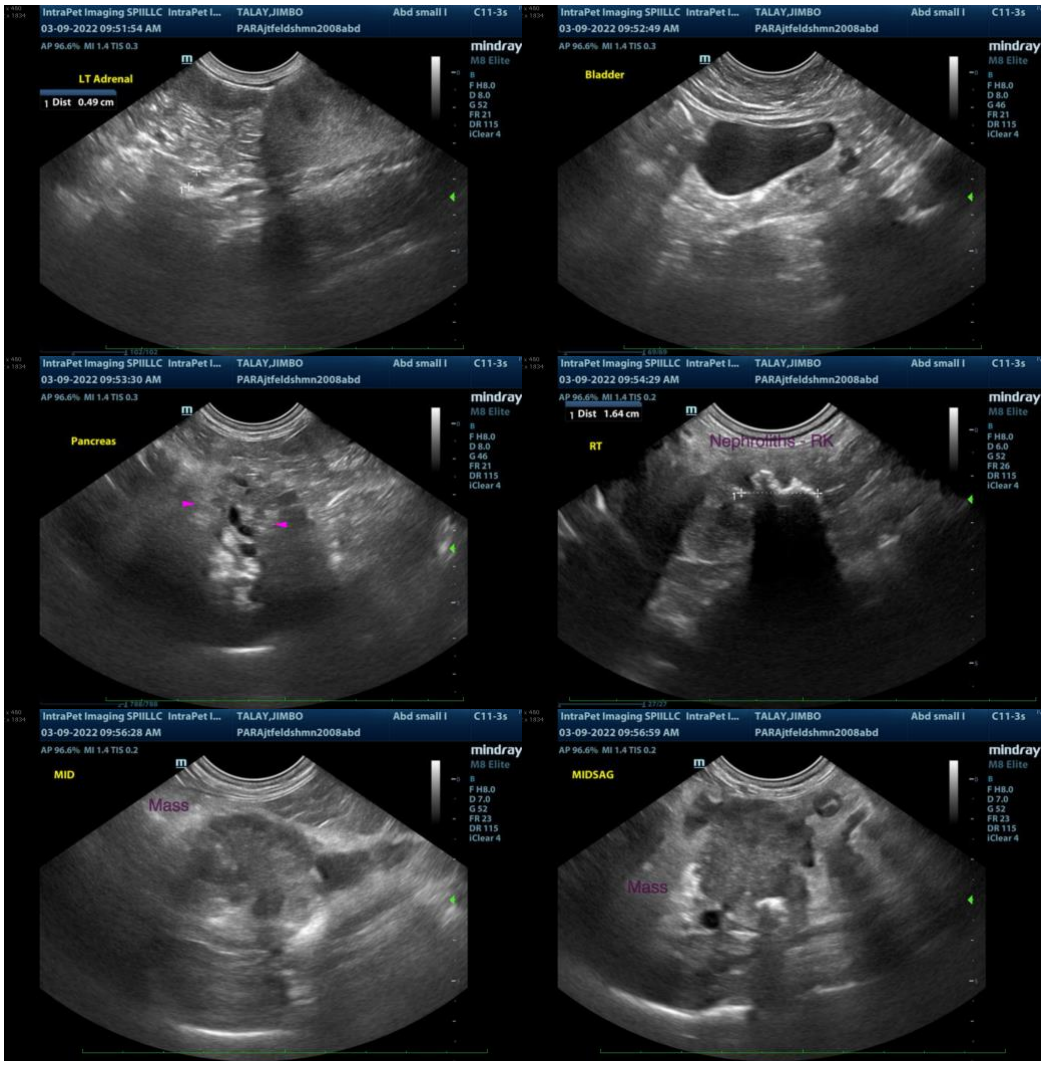
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel mass. Neoplasia (i.e., adenocarcinoma, lymphoma), is suspected with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are suggestive of chronic active pancreatitis with age-related remodeling +/- fibrosis.
- Bilateral age-related renal changes with numerous nonobstructive nephroliths. The mild left renomegaly may be secondary to compensatory hypertrophy, inflammatory disease, or less likely, infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the presence of the bowel mass, chest radiographs (three-view), are recommended to assess for pulmonary metastases. A fine-needle aspirate of the mass is also recommended if clotting status is appropriate. If cytology results are nondiagnostic, consider surgical biopsy +/- mass removal. If surgery is pursued, referral to a board-certified surgeon is recommended due to the potential for perioperative complications.
- Regarding the hematuria, a urine culture and sensitivity is recommended. If negative, the hematuria may be secondary to the presence of nephroliths. However, these cannot be safely removed surgically.



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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