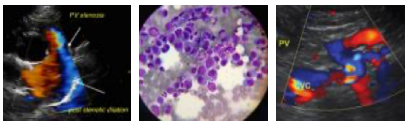
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

4/19/22

PATIENT

Chloe Grammes

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

1/19/2006

WEIGHT

7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Thai

INVOICE

13234

PRESENTING CLINICAL SIGNS

Decreased weight. On PE- generalized muscle wasting, grade 1/6 systolic murmur. NSF otherwise. Increased drinking, decreased appetite.

Current Medications: Methimazole 5mg ½ BID started 4/8/22.
Lab Results: BUN 23 (16-36), Creat 1.6 (0.8-2.4), T4 5.5 (0.8-4.7).
Date of Previous IntraPet Ultrasound: No previous.
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. The region of the trigone is normal.

The left kidney is normal in size (3.43 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is small in size (2.61 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Mild to moderate pyelectasia is present (0.25 cm in the longitudinal plane). At least 2 small cortical cysts are seen. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.46 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 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 mostly anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis:

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

Pancreas

The left limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter). Surrounding mesentery is hyperechoic.

Free Abdomen

There is no evidence of free fluid.

Lymph Nodes

See *Other.*

Other

A 2.45 x 1.20 cm irregular, hypoechoic to slightly heterogeneous, vascular mass is observed in the mid-abdominal region, near the ileocecal colic junction. Surrounding mesentery is hyperechoic with a few ill-defined hypoechoic areas seen within the hyperechoic mesentery.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The origin of the mid-abdominal mass is unclear. It may be arising from lymph node, bowel, mesentery, other. Based on its appearance and the patient's clinical history, neoplasia (i.e., carcinoma, round cell tumor, sarcoma) is considered likely. However, a benign process (i.e., granuloma, inflammatory focus) cannot be completely excluded. Regional peritonitis is present. The hypoechoic areas within the adjacent mesentery may represent prominent lymph nodes or metastatic disease.

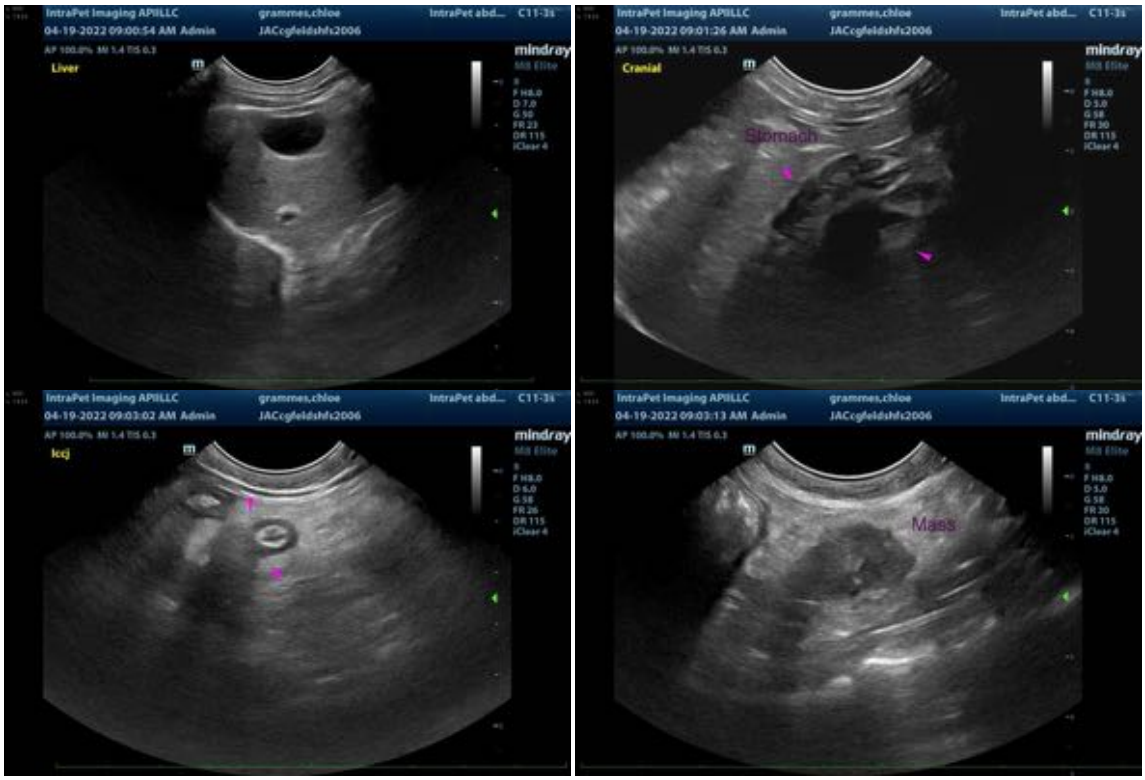
Secondary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Bilateral age-related renal changes with left dystrophic mineralization and right pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the mid-abdominal mass if clotting status is appropriate. If cytology results are inconclusive, an abdominal exploratory with mass removal and submission for histopathology may be necessary to get a definitive diagnosis. An abdominal CT scan may be beneficial in identifying the origin of the mass.
- Given the bowel changes, also consider a fecal evaluation for ova and Giardia and a malabsorption panel including serum cobalamin, folate, TLI and PLI. GI biopsies could also be obtained if surgery is pursued for the abdominal mass.

- Regarding the azotemia, consider a urinalysis, UPC (if proteinuria is present), urine culture and sensitivity and baseline blood pressure measurement.



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*)
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