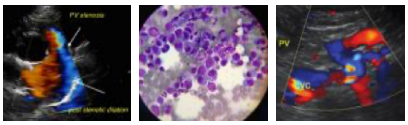
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
5/23/22

PATIENT
Cheddar Wang

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
6/7/2012

WEIGHT
6.8 lbs.

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

HOSPITAL NAME
Eastern AH

REFERRING VET
Dr. Haviland

INVOICE
13411

PRESENTING CLINICAL SIGNS

Presents for lethargy and diarrhea for one month. On PE- ascites, FAST scan of abdomen- suspect intestinal mass.

Current Medications: Prednisolone 6mg SID since 5/9, Vitamin B12 injections SQ 0.25mL, Cerenia 1mg/kg SQ. Gabapentin 50mg 2-3hours prior.
Lab Results: Albumin 2.5, HCT 27.9% non regenerative, Globulins 2.5.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, 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 moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (3.37 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.61 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. There is an increase in portal markings. Vascular is of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic partially dependent debris/sludge 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. A few segments of small intestine are moderately distended with chyme and appear hypomotile. An approximately 6 cm segment of small intestine is severely thickened (up to 0.93 cm) with suspected loss of the normal layering pattern. Several small intestinal segments are aggregated. In the remaining small intestinal segments, the wall is normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

Pancreas
The pancreas is difficult to evaluate due to the diffuse abdominal pathology. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen
A large amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic to heterogeneous and nodular in appearance. The abdominal lymph nodes are normal/not visible.

Other
The serosal surface along the body wall is irregular with a slightly nodular appearance, the largest nodule measuring 0.77 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

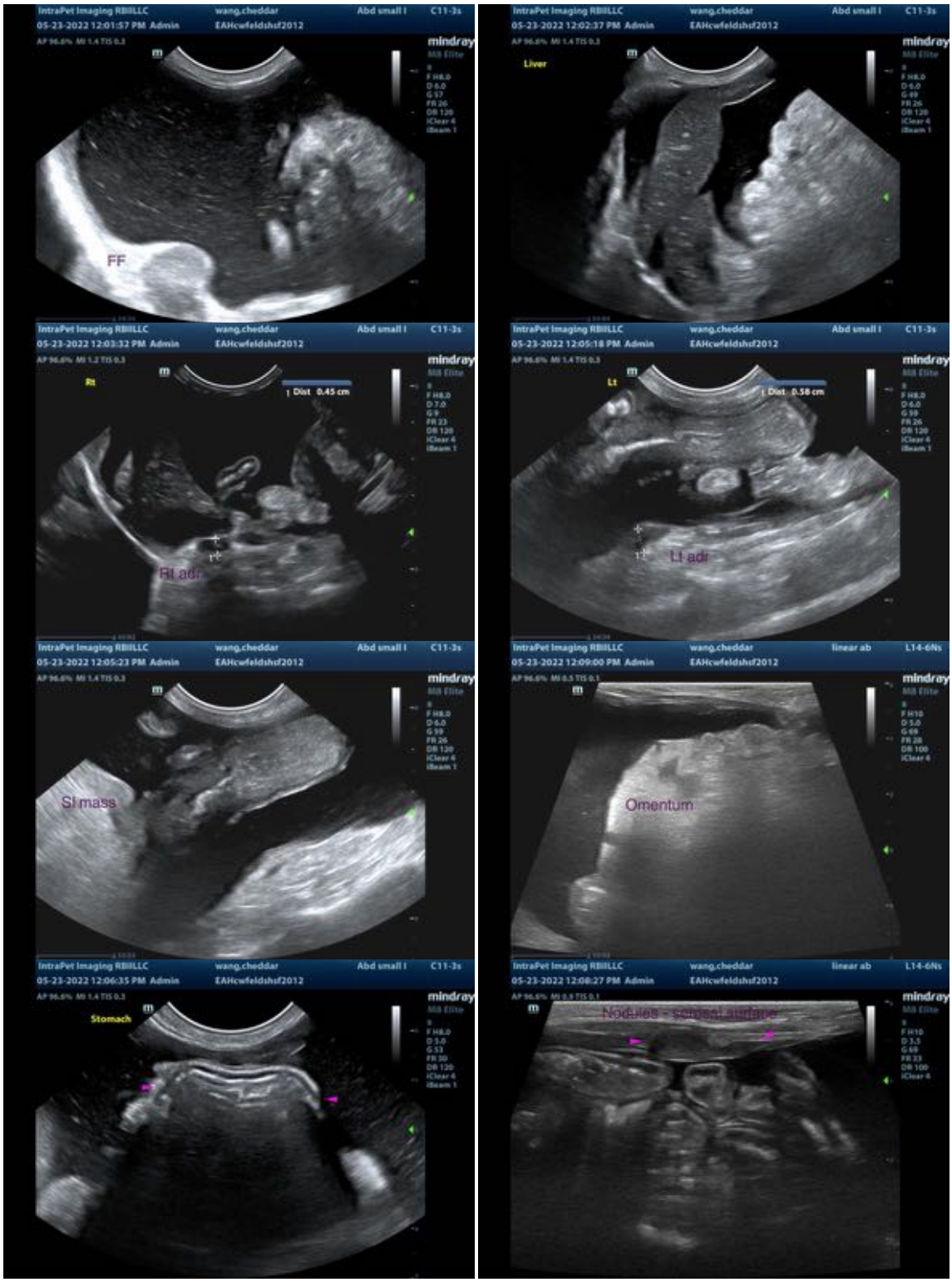
- Focal small intestinal mass effect. Neoplasia (i.e., adenocarcinoma, round cell tumor) is suspected with a lower possibility of severe inflammation (i.e., pyogranulomatous).
- The diffuse mesenteric changes with the concurrent ascites are concerning for carcinomatosis. However, reactive mesentery cannot be completely excluded. The body wall serosal changes are also concerning for carcinomatosis.

Secondary Findings:

- Bilateral, age-related renal changes with a right cortical infarct.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hepatic parenchymal changes are non-specific and are most consistent with an inflammatory hepatopathy. However, other pathology (i.e., infiltrative neoplasia) cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If clotting status is appropriate, consider fine needle aspirates of the intestinal wall mass, mesentery and abdominal fluid for cytologic evaluation.
- Also consider a GI panel (Texas A&M).



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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