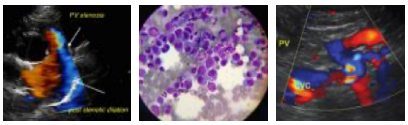
IMAGING PERFORMED BY

IntraPet.com



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DATE

5/31/22

PATIENT

Ozzie Anthony

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

5/1/2013

WEIGHT

16.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

13441

PRESENTING CLINICAL SIGNS

Vomited food once last night around 7:30, owner not sure what was in vomit as dog ate it. Owner found him hiding this am and he wouldn't eat for her. He drank a lot of water and then vomited water and bile around 10am today. Has lost some weight in the past few months (owner is trying to diet him). Took radiographs and he appears to have a mass either involving the stomach, liver, pancreas or something else. There might be something (ingesta/other) in the stomach???

Current Medications: 100mLs LRS SQ, 0.75mL Ondansetron give today 10:55AM.
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Approved/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 to moderately distended. A small amount of aggregated 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 (4.77 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. Mild pyelectasia is present (0.24 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.71 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.57 cm in width) with a slightly rounded shape. The glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.54 cm width) with a slightly rounded shape. The glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is contracted (0.66 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The hepatic parenchymal tissue that is definitively identified has normal curvilinear peripheral contours and is hypoechoic relative to the spleen and homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. See also *Other.* The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal.

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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated. See also *Other.*

Free Abdomen

A small amount of anechoic free fluid is present. The mesentery, particularly in the cranial abdomen, is hyperechoic. The abdominal lymph nodes are normal/not visible.

Other

A 5-5.5 cm irregular heterogeneous slightly cavitated mass is observed in the cranial abdomen.

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

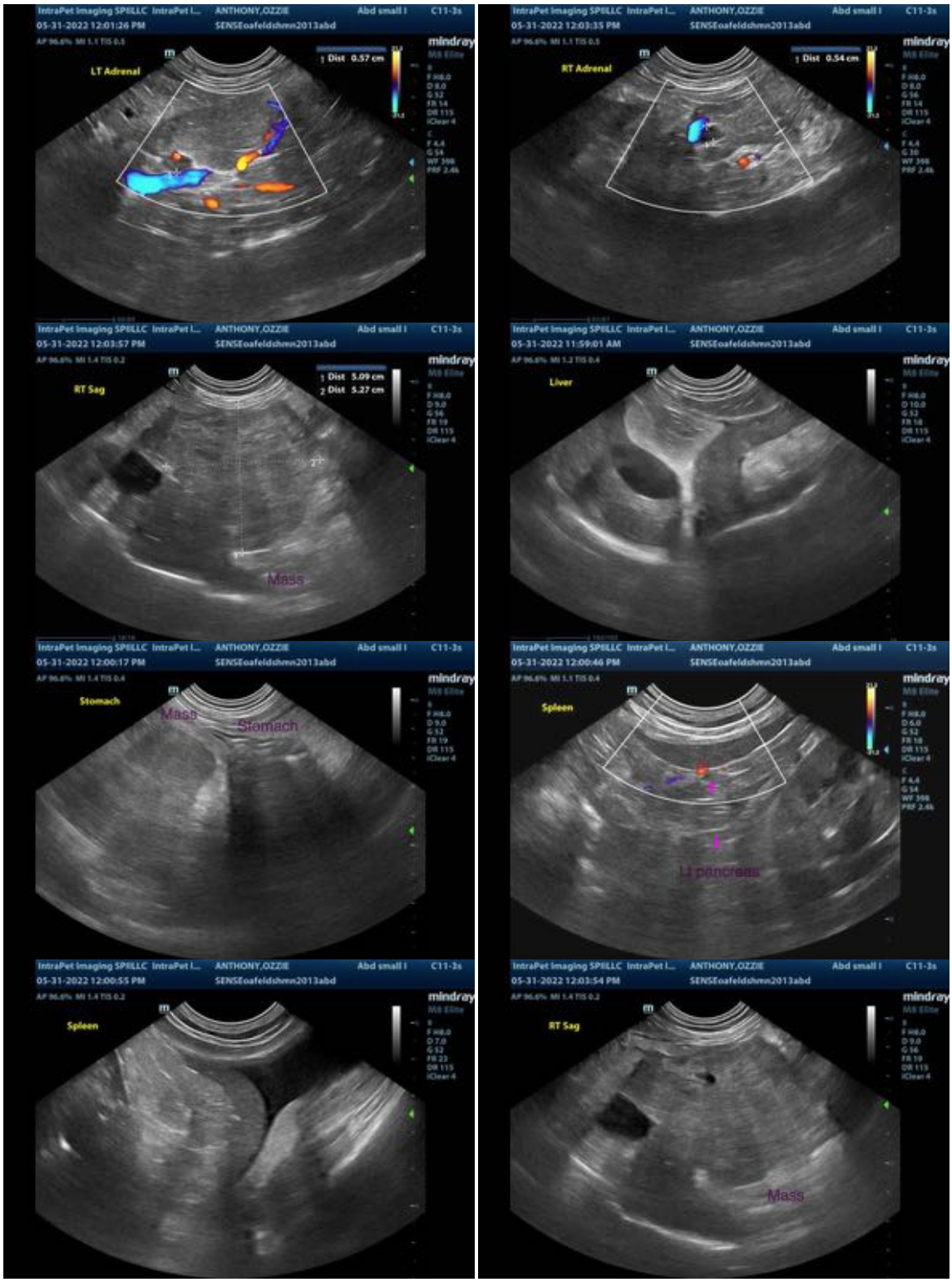
- Cranial abdominal mass, the origin of which is unclear. It may be arising from liver, pancreas, mesentery, other. Neoplasia (i.e., carcinoma, round cell tumor, sarcoma) is considered likely with a lower possibility of benign pathology.
- Diffuse peritonitis is present (particularly in the cranial abdomen) likely secondary to the abdominal mass.
- The pancreatic changes in the left limb may be a normal variant for this patient or could be secondary to mild chronic pancreatitis.

Secondary Findings:

- Minor bilateral, age-related renal changes with left pyelectasia and right non-obstructive nephrolithiasis.
- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider referral to a board certified surgeon to discuss mass removal or debulking. An abdominal CT scan may be useful in pre-surgical planning, particularly in identifying the organ of origin.



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