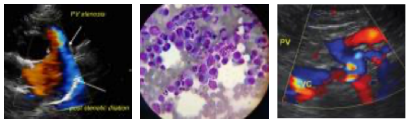
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

6.15.2023

PATIENT

Socks Terry

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/18/2010

WEIGHT

11.9 lbs

INTERPRETED BY

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

HOSPITAL NAME

Bayside Animal MC

REFERRING VET

Dr. Beigel

INVOICE

13349

PRESENTING CLINICAL SIGNS

O reports recent hx of hyporexia and vomiting ~1x weekly. BW performed by mobile veterinarian (unavailable at time of appt) unremarkable per O (included CBC/Chem/T4). O opts for AUS to screen for underlying pathology leading to hyporexia.

Current Medications: None listed.
Lab Results: USG 1.050. 2+ proteinuria, inactive sediment.
Radiographs: Moderate/marked abdominal far, no overt foreign body ingestion, subjective hepatomegaly.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.96 cm in length) with a slightly irregular shape. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.35 cm in length) with a normal 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 few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Left adrenal gland

(See “Other” category).

Right adrenal gland

The right adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is mildly enlarged (1.28 cm in width at the level of the hilus) with slightly undulating peripheral contours. The parenchyma is subjectively hypoechoic and homogenous in appearance. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

In the discernible portion of the liver, the margins are curvilinear and the parenchyma is isoechoic relative to the spleen, exhibiting homogeneity. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. (See also “Other” category).

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent, sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not distended. The gastric wall in the region of the fundus is normal to moderately thickened (up to 0.65 cm) and appears heterogenous with some loss of the normal layering. A mass effect is either engulfing, invading into, or arising from the gastric wall (See also "Other" category). The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
(See "Other" category).

Free Abdomen
The mesentery throughout the abdomen is hyperechoic and irregular. A small amount of free fluid is present.

Lymph nodes
(See "Other" category).

Other
A 1.70 x 0.56 cm irregular hypoechoic structure is observed in left midabdomen.

An approximately 7.00 cm irregular, ill-defined, hypoechoic-to-heterogenous, lobulated mass effect is observed in the cranial abdomen. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

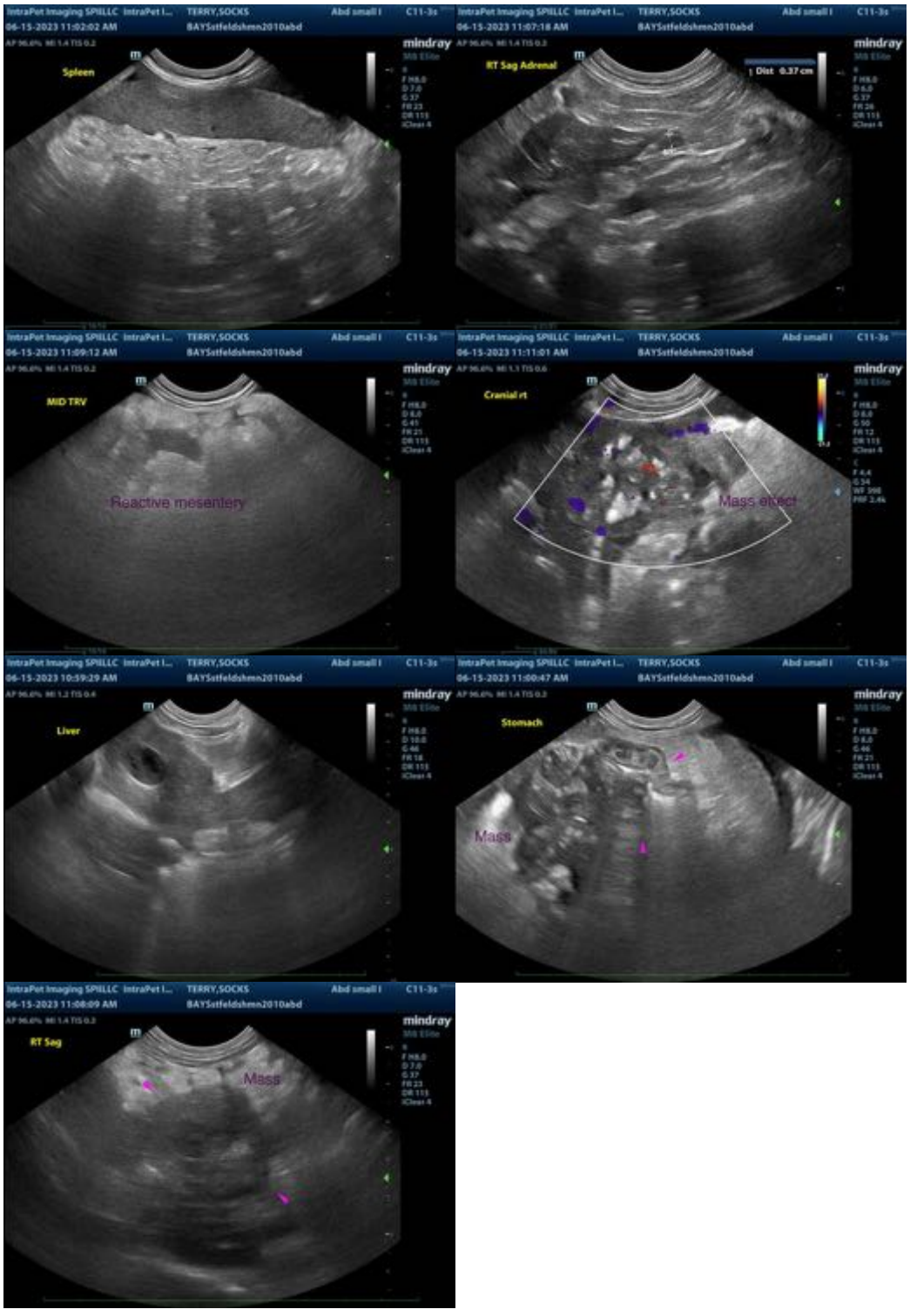
- Ill-defined mass effect in the cranial abdomen, the origin of which is unclear. It may be arising from pancreas, liver, stomach, lymph node, mesentery, other. Neoplasia (i.e., carcinoma, sarcoma) is suspected with a low possibility of a non-neoplastic process (i.e., inflammatory). Diffuse peritonitis is present, likely secondary to the cranial abdominal mass.

Secondary Findings

- Bilateral chronic renal changes with nonobstructive nephrolithiasis
- The splenic changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or infiltrative neoplasia.
- The hypoechoic structure in the left midabdomen may represent an enlarged left adrenal gland, lymph node, metastatic lesion in the mesentery, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the cranial abdominal mass (if clotting status is appropriate). A 25-gauge needle should be used.
- Given that the mass appears invasive and unlikely to be resectable, palliative care should be considered in lieu of invasive diagnostic/treatments.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mindray
Spleen
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RT Sag Adrenal
Dist 0.37 cm
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MID TRV
Reactive mesentery
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Cranial rt
Mass effect
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Liver
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Stomach
Mass
IntraPet Imaging SPILLC IntraPet I... TERRY,SOCKS Abd small I C11-3s
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mindray
RT Sag
Mass

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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