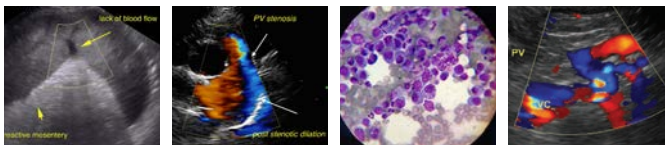
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Cleo Gagliardi

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
13 Years

WEIGHT
8.1 Pounds

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Newton Vet Hospital

REFERRING VET
Dr. Kim

INVOICE
39977

DATE
8/1/22

PRESENTING CLINICAL SIGNS

Decreased appetite for 2 weeks, anorexia over the weekend- lethargic, weight loss, possible mass mid abdomen palpated. No current meds.
Abnormal PE/Chem/CBC/UA Results: WBC 19.82, Neut 18.82, HCT 28.6, PLT 74 (slow blood draw), Creat 0.7, Alb 2.2, Cholest 255, Na 141, fPL abn

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 suspended 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 1-2 cm, are normal.

The left kidney presented normal size (3.71 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 presented normal size (4.21 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.

Adrenal Glands

The left adrenal gland was borderline enlarged in size, measuring 0.55 cm in width. Normal shape and glandular echogenicity.

The right adrenal gland was normal in size, measuring 0.43 cm in width. Normal shape and glandular echogenicity.

Spleen

The spleen is normal in size (0.62 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.

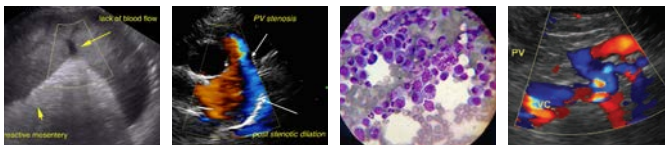
Liver

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 portal vein to caudal vena cava ratio is approximately 1:1.

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 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



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duodenal and jejunal walls are normal in thickness with a normal layering pattern. There is a mild disruption of the normal 1:3 muscularis to mucosal ratio in some segments. At the Ileocecocolic junction, a 5.5-6.0 cm ill-defined hypoechoic to heterogeneous vascular mass is present. The wall in this region is severely thickened and irregular with loss of the normal layering pattern. The surrounding mesentery is hyperechoic. The remaining colonic wall is normal.

Pancreas

The left and right limbs and base of the pancreas are prominent in size with ill-defined peripheral margins in some areas. The parenchyma is hypoechoic, relative to surrounding omental fat. The pancreatic duct is not overtly dilated. (See also GI tract)

Free Abdomen

Several enlarged, rounded, hypoechoic, occasionally cavitated lymph nodes are observed in the cranial to mid abdomen. The largest node measures approximately 2.5 cm in diameter.

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed.

PRIMARY FINDINGS

- Ill-defined mass at the Ileocecocolic junction – Neoplasia (i.e., adenocarcinoma, lymphoma) is suspected, with a lower possibility of a focal inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis is present. The regional lymphadenopathy could be consistent with metastatic disease, lymphadenitis, or lymphoid hyperplasia.

- The pancreatic changes are consistent with pancreatitis. However, pancreatic invasion by the bowel mass cannot be completely excluded, as the pancreatic borders are difficult to delineate from the mass.

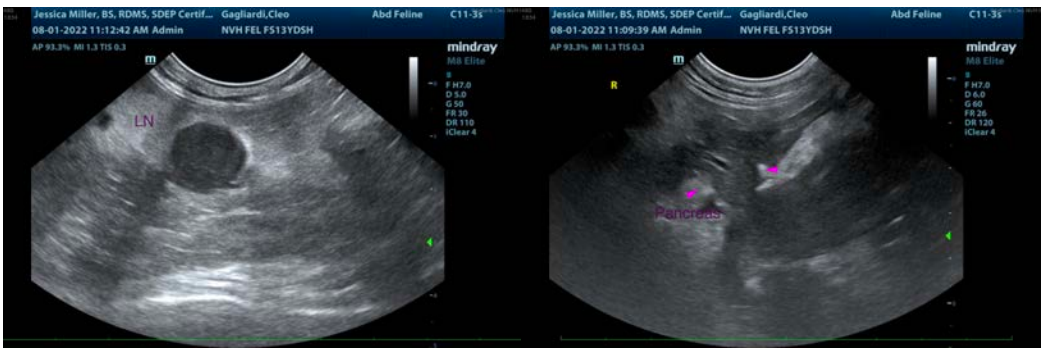
SECONDARY FINDINGS

- Bilateral chronic age-related renal changes

- The diffuse duodenal and jejunal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the bowel mass is recommended along with thoracic radiographs to assess for pulmonary metastatic disease. If cytology results are inconclusive, surgical biopsies may be necessary to obtain a definitive diagnosis. A malabsorption panel including serum cobalamin, folate, TLI, and PLI is also recommended.



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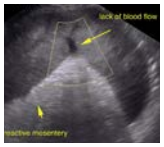
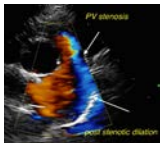
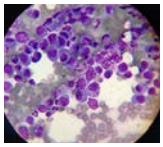
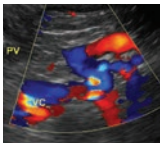

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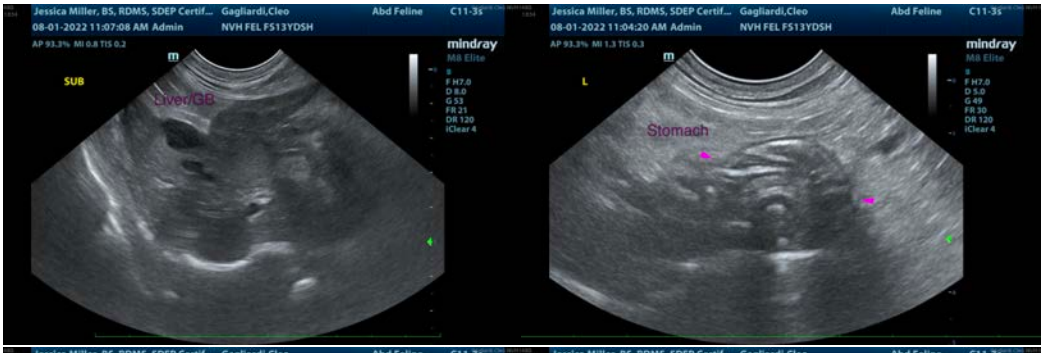

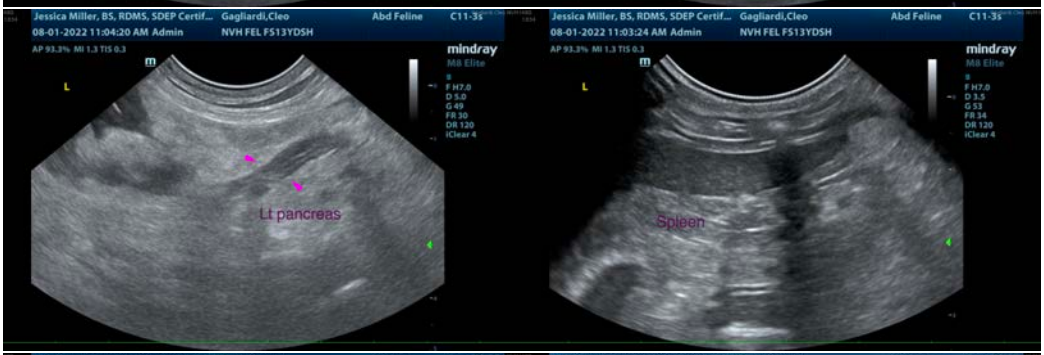

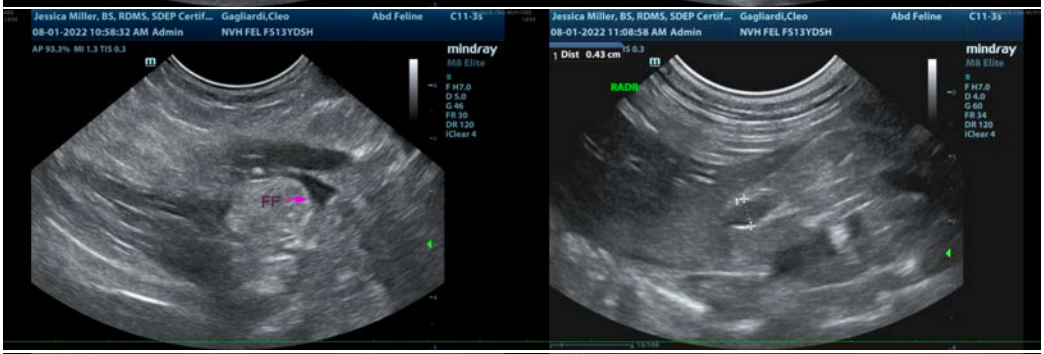

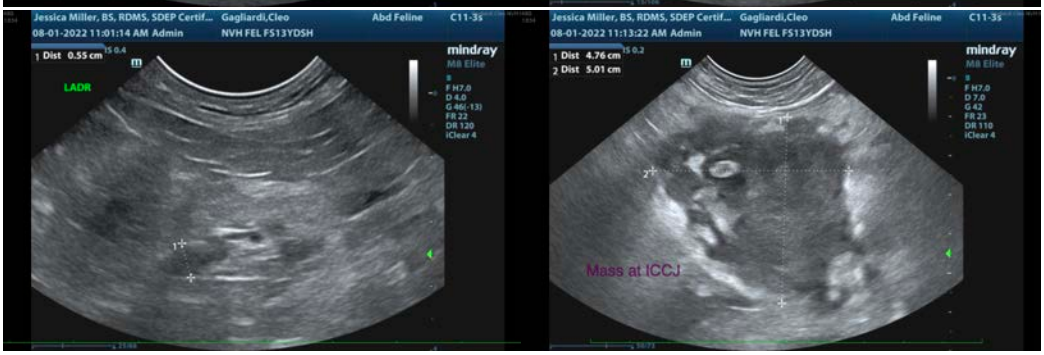

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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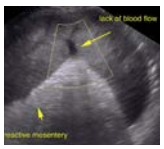
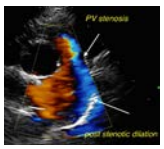
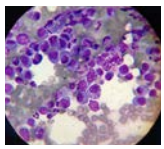
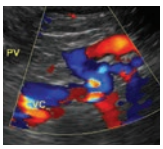

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