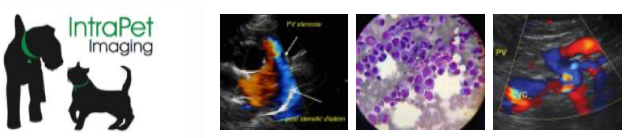
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

8/2/22

PATIENT

Root Cook

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

7/15/2004

WEIGHT

7.2 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Bel Air VH

REFERRING VET

Dr. Schmidt

INVOICE

13795

PRESENTING CLINICAL SIGNS

Lethargic, not eating, hx of hyperthyroid, acute onset of jaundice, possible mass in abdomen.

Current Medications: Felimazole 2.5mg BID, Convenia SQ 0.4mL on 7/28/22.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The cystourethral junction and the visible portion of the proximal urethra are normal.

The left kidney is small in size (2.92 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.70 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. a moderate to large amount of aggregated, echogenic partially dependent to suspended sludge is observed within the lumen. The cystic and common bile ducts are tortuous and dilated. The common bile duct measures approximately 0.38 cm near its entry point into the duodenal papilla. The duodenal papilla is thickened (up to 0.57 cm in width). A small amount of echogenic debris is observed within the cystic and common bile duct lumen. There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal

The gastric lumen is mildly fluid distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. As the wall extends toward the pyloric antrum, it becomes thickened (up to 1.08 cm), irregular and hypoechoic to slightly heterogeneous in appearance. 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. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is prominent to enlarged in size. The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly

mottled in appearance. The pancreatic duct is mildly dilated (0.28 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The omentum in the mid to caudal abdomen is hyperechoic, nodular and clumped in appearance. A large amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. Trace pleural effusion is suspected.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gastric wall changes are concerning for infiltrative neoplasia. Top differentials include adenocarcinoma and round cell neoplasia.
- The omental changes could be consistent with a diffuse neoplastic process (i.e., carcinomatosis). Alternatively, reactive mesentery is possible.
- The pancreatic changes are most consistent with chronic pancreatitis.

Secondary Findings:

- Bilateral, chronic age-related renal changes, more severe in the left kidney.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The mild common bile duct dilation may be secondary to extraluminal compression (i.e., due to pancreatitis, stricture, other). However, an intraluminal obstruction (i.e., small choledocolith or tumor) cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including A CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Consider fine needle aspirates of the omentum and thickened gastric wall as well as thoracic radiographs to assess for pulmonary metastatic disease. If the above diagnostics are inconclusive, an abdominal exploratory with biopsies of the stomach, omentum +/- liver may be necessary to get a definitive diagnosis.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.
- Nutritional support (i.e., via temporary feeding tube) should also be considered to help prevent/treat hepatic lipidosis.

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.

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