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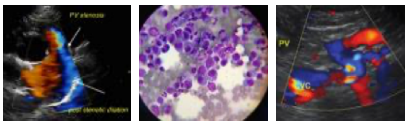

SonoPath

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DATE

8/20/21

PATIENT

Sonic Scheihing

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

1/1/2011

WEIGHT

8 lbs. 15 oz.

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Heydt

INVOICE

11928

PRESENTING CLINICAL SIGNS

History: Patient presented on 8/5/2021 for examination for chronic vomiting. Per owner patient vomits daily, typically with some form of digested ingesta. Per owner, patient appetite normal, stools normal and demeanor fine. Owner tried changing food and Pepcid to see if vomiting episodes would subside without change. On examination, patient has gone from 16lb in 2018 to 11lb in March 2021 to now 8lb in August. Rest of patient's examination was normal.

Current Medications: Cerenia (16mg) - 1/2 tab PO SID PRN for nausea
Lab Results: bloodwork: Na 160 (147-157); CBC chem, T4, rest of bloodwork WNL.

Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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. A moderate to large 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 2 cm, are normal.

The left kidney is normal size (4.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

Spleen

The spleen is subjectively normal in width (0.69 cm in width at the level of the hilus). At the cranial aspect, a 1.08 cm isoechoic swelling is visualized. There is capsular expansion in this region. In the remainder of the spleen, the contours are curvilinear and the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with rounded to irregular peripheral contours. Numerous varying sized coalescing masses are observed throughout the organ. The masses are heterogeneous to cavitated in appearance, the largest of the masses measures >3 cm. The remaining hepatic parenchyma is mottled n appearance with cavitated areas. Vascular appears normal with no evidence of thrombosis. The gall bladder lumen is difficult to distinguish from the numerous hepatic masses.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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. There is

disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. 1-2 prominent lymph nodes are observed adjacent to the ileocecal colic junction. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Multiple hepatic masses. Neoplasia (i.e., round cell tumor, adenocarcinoma, other) is considered likely with a lower possibility of non-neoplastic pathology such as inflammatory disease (i.e., pyogranulomas/FIP).
- The swelling at the cranial aspect of the spleen may represent a neoplastic process. Alternatively, benign pathology (i.e., extramedullary hematopoiesis or lymphoid hyperplasia) may be present.

Secondary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The prominent abdominal lymph nodes are most likely reactive with a lower possibility of infiltrative neoplasia.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the hepatic masses with care to avoid the cavitated areas. 25-gauge needles should be used for aspiration. The patient's clotting status should be assessed prior to tissue sampling. If cytologic evaluation is inconclusive and an aggressive approach is desired, a surgical liver biopsy can be considered. If surgery is pursued, gastrointestinal biopsies can also be obtained concurrently. However, given the severity of the hepatic disease, the prognosis is considered guarded.
- A malabsorption panel can also be considered.


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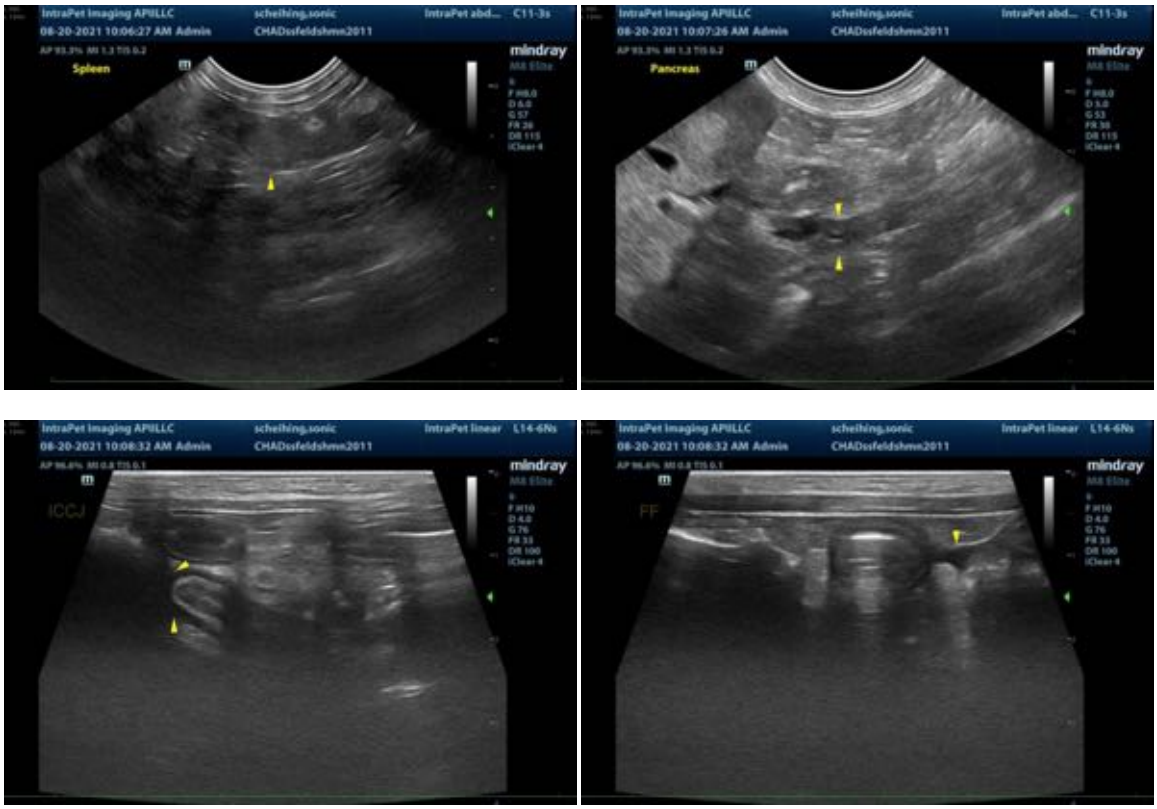

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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