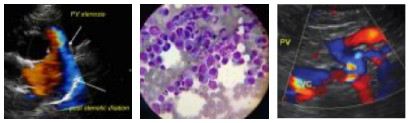
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8.22.2022

PATIENT

Vera Walker

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4/30/2008

WEIGHT

9.6 lbs

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. McIntyre

INVOICE

11467

PRESENTING CLINICAL SIGNS

Weight loss, decreased appetite, progressing cough. Suspected pulmonary mass on TXR.

Current Medications: Miratazgel SID.
Lab Results: 8/14/22: Alb 2.4, Remainder NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested by DVM.
Imaging Performed By: Andi Parkinson, RDMS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The **left kidney** is normal size (3.39 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. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The **right kidney** is normal size (3.95 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A 1.10 x 0.82 cm irregular, hypoechoic nodule/area is observed at the caudal pole. The lesion causes slight capsular expansion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the **left adrenal gland** is evaluated. No obvious pathology is observed.

The **right adrenal gland** is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.98 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. A >5cm irregular, hyperechoic jejunal mass effect is observed within this region. The wall is severely thickened (up to 1.74 cm) with complete loss of the normal layering pattern. The lumen in this region is mildly fluid-distended. The mesentery effacing the serosal surface in this area is hyperechoic. In

the remaining small intestinal segments, the wall is normal to mildly thickened (up to 0.32 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The colonic wall is normal.

Pancreas

The **pancreas** is diffusely prominent to slightly enlarged, with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. At least two hypoechoic nodules are observed in the left limb, the largest measuring 0.72 cm in diameter. The pancreatic duct is dilated (0.38 cm in diameter).

Free Abdomen

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

Other

A 1.86 x 1.81 cm echogenic nodule is observed in the left thoracic cavity adjacent to the diaphragm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

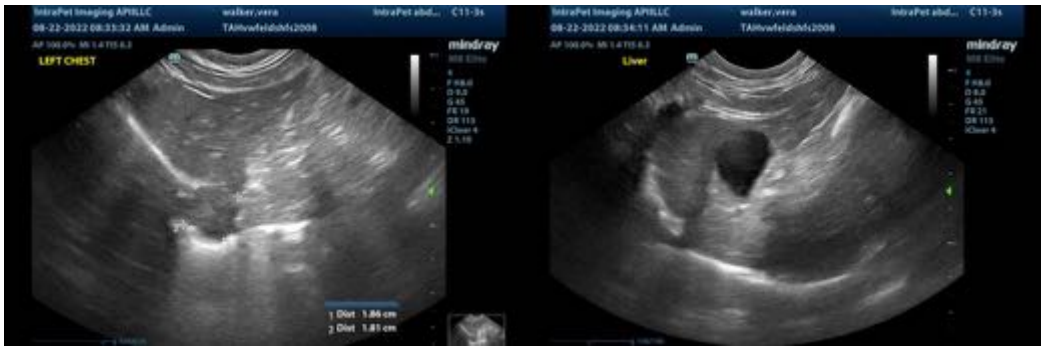
- Jejunal mass effect. Neoplasia (i.e., round cell tumor, adenocarcinoma) is suspected with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.
- Left caudal thoracic nodule/mass. Differentials include tumor, granuloma, inflammatory focus/abscess, other.
- The right renal cortical nodule could be consistent with a tumor, granuloma, emerging abscess, other. The diffuse renal changes are most consistent with age-related degenerative change, with left nonobstructive nephrolithiasis.

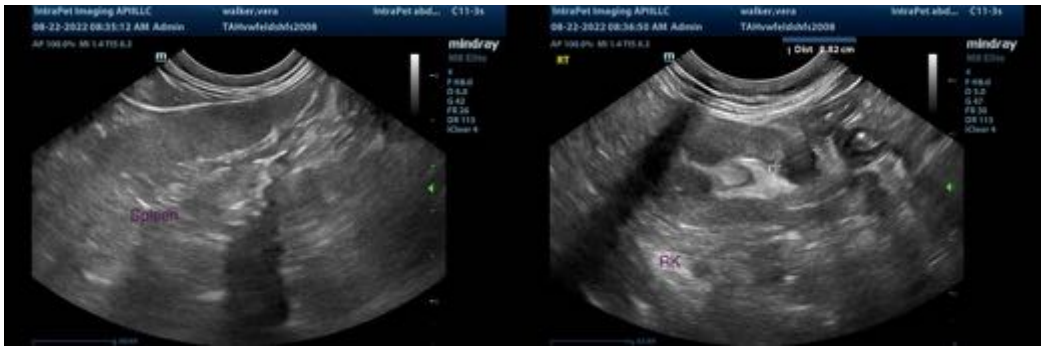
Secondary Findings

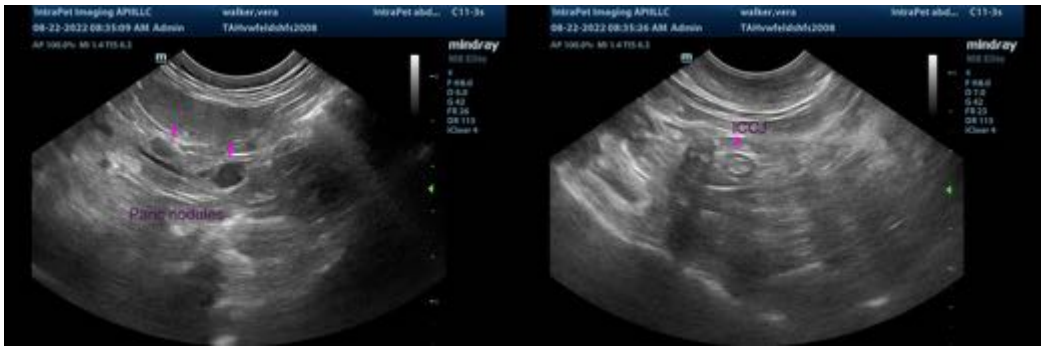
- The pancreatic changes are consistent with chronic pancreatitis, with suspected benign nodular hyperplasia, although emerging neoplasia cannot be completely excluded.

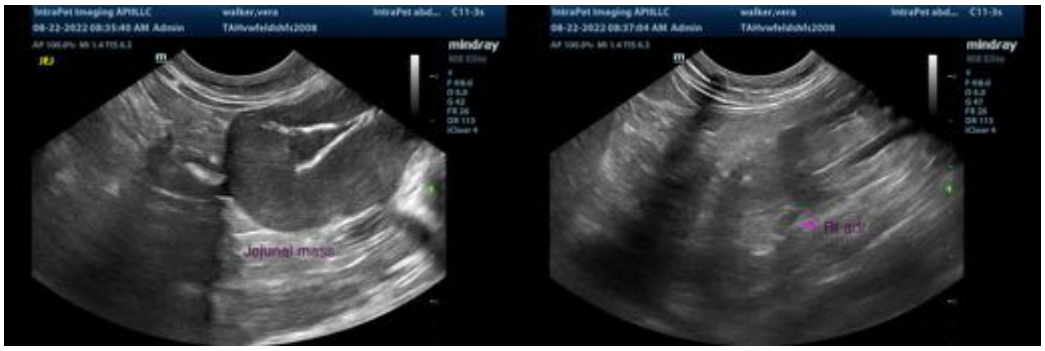
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to further assess the thoracic nodule and to evaluate for other lesions.
- Consider a fine-needle aspirate of the bowel mass if clotting status is appropriate.
- A GI panel including serum cobalamin and folate, TLI and PLI is also recommended.
- Based on the results of the x-rays and bowel cytology, further diagnostics/treatment recommended can be considered.









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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