IMAGING PERFORMED BY

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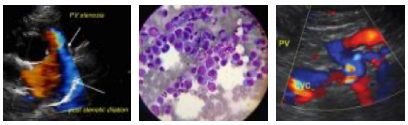

SonoPath

Clinical Sonography & Telecytology

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DATE

9/14/21

PATIENT

Oliver Goodman

SPECIES

Feline

BREED

Domestic longhair

SEX

Male, neutered

AGE

2015

WEIGHT

10 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Ruby

INVOICE

12083

PRESENTING CLINICAL SIGNS

Foreign Body, Vomiting.
History: Date: 09-13-2021 Notes: Lethargic, decreased appetite, - not been eating or drinking - vomiting water - started last night RDVM did
BW and xrays, abnormal gas pattern Increased Lymphocytes Active urine sediment Had Cardiology echo last summer. owner saw him eating paper this am. He only eats dry food, does not like soft food.

Current Medications: Ampicillin 125mg/vial Injection (Per mL), Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Buprenorphine 0.6mg/mL
Lab Results: attached
Blood Pressure = 147/132 mmHg
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

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 with anechoic urine. 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 in size (3.82 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small nephroliths are visualized. Trace pyelectasia is visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.58 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.05 cm length; 0.67 cm width) with a normal shape and smooth peripheral contours. A 0.53 x 0.16 cm irregular mineralized focus is observed within the parenchyma. The remaining parenchymal echogenicity and detail are normal. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.69 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 gall bladder lumen is distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 small intestinal wall is normal to moderately thickened (up to 0.49 cm) with questionable retention of the normal layering pattern in 1-2 segments. There is disruption in the normal 1:3 muscularis: mucosal ratio and thickening of the submucosal layer in many regions. The muscularis layer is particularly prominent in one segment with a 1:1 muscularis: mucosal ratio. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.21 cm in diameter). The mesentery effacing the serosal surface is slightly hyperechoic.

Free Abdomen

The mesentery in the mid-abdominal cavity is reactive in some regions. There is no evidence of free fluid. A few prominent mid-abdominal lymph nodes are visualized, the largest measuring 0.89 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with emerging lymphoma or severe inflammatory bowel disease.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are suggestive of chronic active pancreatitis.

Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization and left non-obstructive nephroliths.
- The right adrenal changes are most consistent with hyperplasia with benign age-related mineralization. Neoplasia is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- A malabsorption panel is also recommended.
- To obtain a definitive diagnosis, surgical gastrointestinal and abdominal lymph node biopsies would be ideal.


IntraPet Imaging RBIILLC
goodman,oliver
Abd small l
C11-3s
09-14-2021 12:51:48 PM Admin
AEHogfeldlhmm2015
mindray
Liver


IntraPet Imaging RBIILLC
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Abd small l
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AEHogfeldlhmm2015
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Spleen


IntraPet Imaging RBIILLC
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mindray
Pancreas


IntraPet Imaging RBIILLC
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Abd small l
C11-3s
09-14-2021 12:53:07 PM Admin
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mindray
CAUD
Dist 0.40 cm


IntraPet Imaging RBIILLC
goodman,oliver
linear ab
L14-6Ns
09-14-2021 12:56:16 PM Admin
AEHogfeldlhmm2015
mindray
1 Dist 0.49 cm
2 Dist 0.15 cm


IntraPet Imaging RBIILLC
goodman,oliver
linear ab
L14-6Ns
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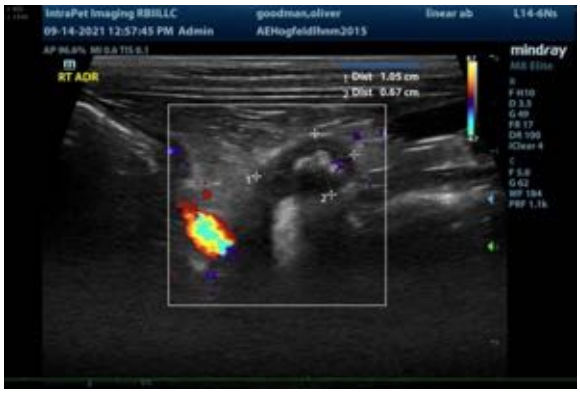
AEHogfeldlhmm2015
mindray
LADK
1 Dist 0.49 cm



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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