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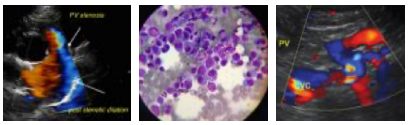

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DATE

9/16/2021

PATIENT

Missy Distlar

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

9/13/2015

WEIGHT

10.2 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Glen Burnie AH

REFERRING VET

Dr. Shah

INVOICE

12105

PRESENTING CLINICAL SIGNS

History: Losing weight, PU/PD. Not able to hold urine or feces. Long-term GI issues with loose stool. X-rays indicated a soft tissue mass effect in the cranial abdomen.
Current Medications: Metronidazole, Fortiflora, I/D Food, Mirtazapine.
Lab Results: Not provided by the veterinarian.
Radiographs: Radiographs show mass on liver or around liver. May include one kidney. The other kidney is rounded.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Gas Isoflurane.
Stat Report: Not needed.

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 mostly 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 size (3.23 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. Renal vasculature is normal.

The right kidney is normal size (3.80 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size with slightly swollen peripheral contours. 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: caudal vena cava ratio is 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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. One focal area of small intestinal wall is thickened (up to 0.49 cm) with a loss of the normal layering pattern. In the remaining small intestinal segments, the wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The ileocecal colic junction is normal. 2-3 cm distal to the ileocecal colic junction, the colonic wall becomes severely

thickened (up to 1.01 cm), irregular and hypoechoic with a loss of the normal layering pattern. The remaining colonic wall is thickened although it tapers somewhat at the level of the urinary bladder. The mesentery effacing the serosal surface of the colon is hyperechoic. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is suspected. Several prominent mesenteric lymph nodes are visualized, the largest measuring 1.27 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The colonic wall changes are concerning for infiltrative neoplasia although a severe inflammatory process (i.e., pyogranulomatous) cannot be completely excluded. Regional peritonitis is present.
- The focal small intestinal wall thickening is also concerning for infiltrative neoplasia with a lower possibility of an inflammatory process.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, lymphoid hyperplasia or reactive lymphadenitis.

Secondary Findings:

- 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 splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the thickened colonic wall is recommended (if clotting status is appropriate). Care should be taken to avoid penetrating the colonic lumen. A 25-gauge needle should be used for aspiration. If cytologic evaluation is inconclusive, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- A malabsorption panel should also be considered.


IntraPet Imaging SPIILLC IntraPet I... DISTLAR,MISSY Abd small I C11-3s
09-16-2021 12:13:03 PM Admin GBAHmdfeldshfs2015abd
Stomach
mindray


IntraPet Imaging SPIILLC IntraPet I... DISTLAR,MISSY Abd small I C11-3s
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LT Pancreas
1 Dist 0.79 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... DISTLAR,MISSY Abd small I C11-3s
09-16-2021 12:15:06 PM Admin GBAHmdfeldshfs2015abd
LT Adrenal
1 Dist 0.47 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... DISTLAR,MISSY Abd small I C11-3s
09-16-2021 12:16:08 PM Admin GBAHmdfeldshfs2015abd
Colon ICJ
1 Dist 1.27 cm
mindray


IntraPet Imaging SPIILLC IntraPet I... DISTLAR,MISSY Abd small I C11-3s
09-16-2021 12:16:54 PM Admin GBAHmdfeldshfs2015abd
Colon ICJ
mindray


IntraPet Imaging SPIILLC IntraPet I... DISTLAR,MISSY Abd small I C11-3s
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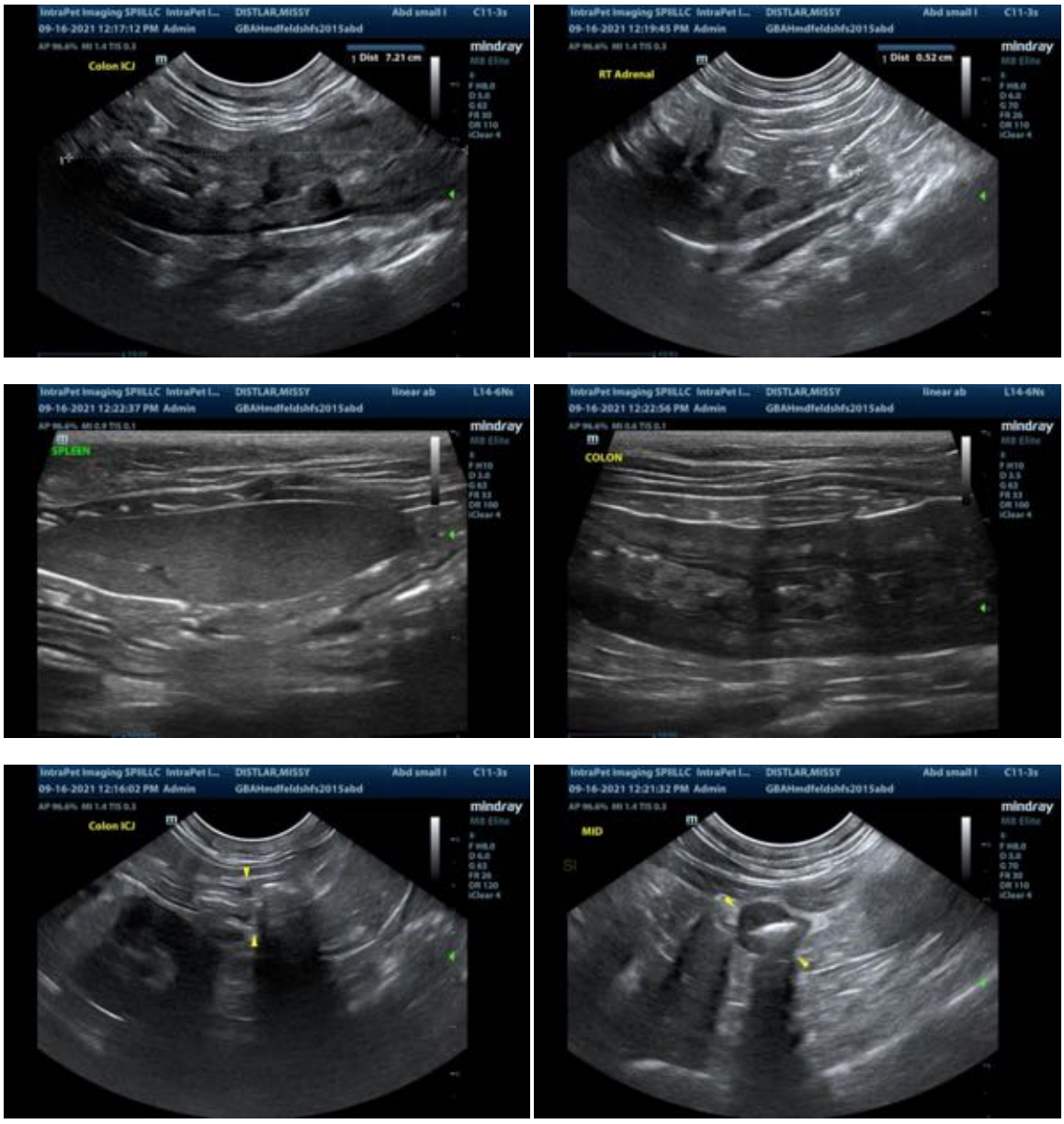
Colon ICJ
1 Dist 0.82 cm
2 Dist 0.81 cm
mindray



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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