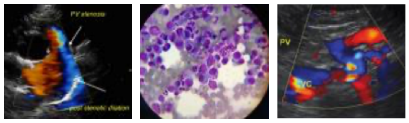
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

9.28.22

PATIENT

Moonshine Populoh

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6/13/2007

WEIGHT

7.56 lbs

INTERPRETED BY

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

HOSPITAL NAME

Belvedere Vet Ctr

REFERRING VET

Dr. Eden

INVOICE

11725

PRESENTING CLINICAL SIGNS

Presented for emesis and inappropriate defecation 4 w ago. Routine CBC and chem unremarkable. Condition progressed where emesis more regular and appetitive diminished. Follow up appointment revealed abdominal mass and routine abdominal rads found mass effect ventral to the abdominal wall and large intra-abdominal mass. Owner elected palliative care and P started on prednisolone, Cerenia and mirtazapine. Later owner requested abdominal ultrasound to investigate further.

Current Medications: All medications started a week ago: Prednisolone 2.5mg PO SID, Mirataz transdermal-SID, Cerenia 8mg PO SID

Lab Results: 08/22- Biochem WNL. CBC WNL except mild lymphopenia, BNP 112 (<100)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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 moderately 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 (3.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (3.87 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The **left adrenal gland** is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the **right adrenal gland** 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 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 moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, gravity dependent sludge is observed within the lumen. The cystic and common bile ducts are visible but not overtly dilated.

Gastrointestinal

The **gastric wall and pylorus** are normal in thickness with a normal layering pattern. In the region of the pyloric antrum, a small amount of fluid is present. 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. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb of the **pancreas** is normal in size with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic 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

There is no obvious evidence of free fluid. In the midabdominal region, an approximately 5.50 cm mass effect is infiltrating the mesenteric **lymph nodes**. Surrounding mesentery is hyperechoic.

Other

A **brief echocardiogram** reveals no obvious evidence of pericardial effusion.

Two large, cranial mediastinal lymph nodes are seen, one measuring 2.56 cm, the other measuring 1.90 cm.

A 4.50 x 1.97 cm incarcerated hernia is observed in the ventral abdomen, at the level of the urinary bladder. Abdominal fat and other tissue appears to be entrapped.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

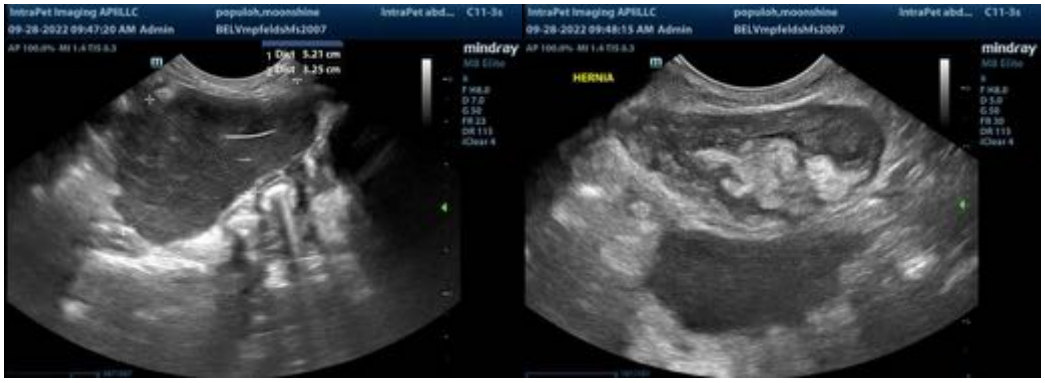
- The midabdominal lymphadenopathy is more concerning for infiltrative neoplasia. Lymphoma is the top differential. However, severe lymphadenitis (i.e., pyogranulomatous) cannot be completely excluded. Adjacent peritonitis is present.
- The cranial mediastinal lymphadenopathy is also concerning for lymphoma

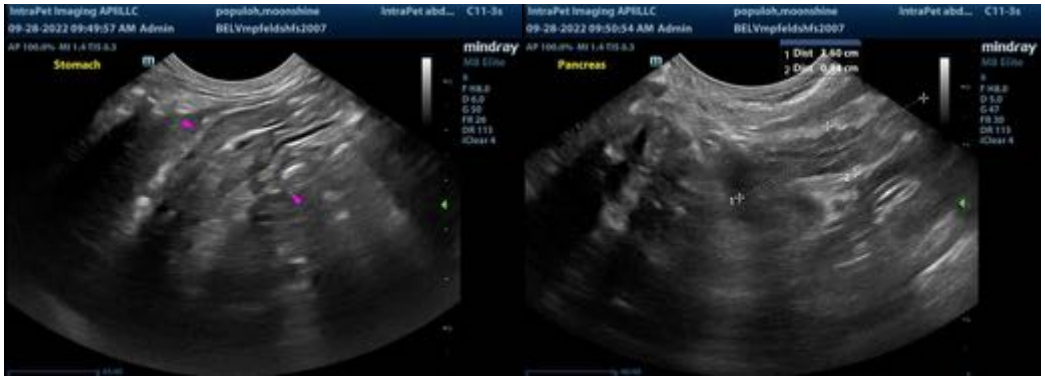
Secondary Findings

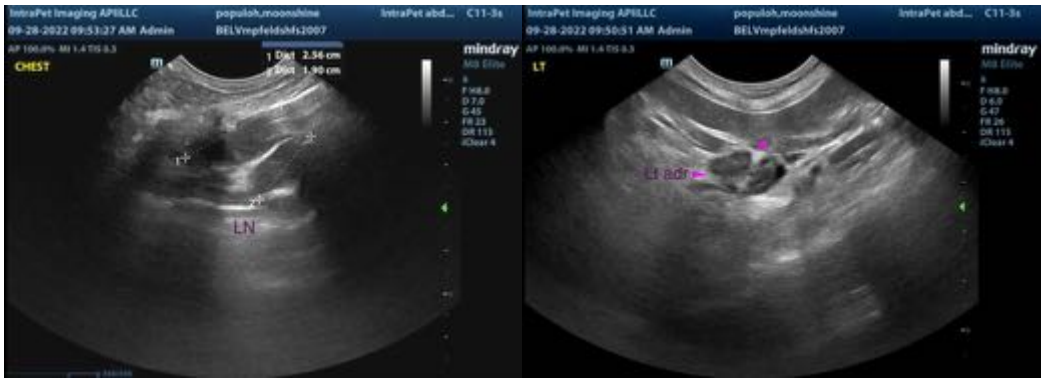
- Incarcerated hernia
- Bilateral degenerative renal changes with right dystrophic mineralization
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine-needle aspirate of the enlarged abdominal lymph node if clotting status is appropriate. If cytology results are inconclusive, further testing (i.e., or biopsy) may be warranted.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Consider consultation with a board-certified surgeon regarding the hernia.







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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