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Clinical Sonography & Telecytology
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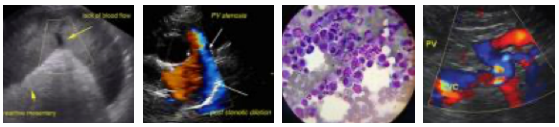

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Snickers Lese

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
13 Yrs.

WEIGHT
9.54 lbs.

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

IMAGING PERFORMED BY
Jenna Walsh

HOSPITAL NAME
West Hills AH

REFERRING VET
Dr. Cole

DATE
12/6/22

INVOICE
14319

PRESENTING CLINICAL SIGNS

History: hx of pancreatitis, typically vomits 2-3 times a week, but 2-3 weeks has been vomiting daily. Appetite decreased 2-3 weeks. Weight loss of 2# over 4 months. Hx of masses - two dermal masses removed from forelimb approx. 1 year ago. histo inconclusive - suspected histiocytic sarcoma. new pea-sized dermal mass over right hip. ABNORMAL Laboratory Findings Full GI panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A small 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 (3.94 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. Renal vasculature is normal.

The right kidney is normal size (3.91 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in width (0.86 cm in width at the level of the hilus) with an elongated contour and normal curvilinear peripheral margins. 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 approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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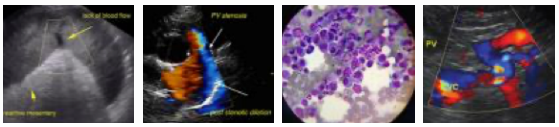

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Gastrointestinal

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 0.37 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible with normal curvilinear peripheral contours in the left limb and slightly prominent contours in the right limb. Overall, the parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. In what is thought to be the right limb, a 1.57 x 1.27 cm irregular, hyperechoic nodule/area is visualized. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. A 0.61 cm lymph node is observed in the right cranial quadrant. A few prominent mesenteric lymph nodes are also seen, the largest measuring 0.59 cm in length. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes are most consistent with inflammatory bowel disease. However, there is some potential for emerging lymphoma.
- The pancreatic changes are suggestive of age-related remodeling. The hyperechoic nodule in the right cranial quadrant is thought to be arising from pancreatic parenchyma. It may represent an inflammatory focus, granuloma, emerging tumor, other.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The elongated spleen may be a normal variant for this patient or may represent a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar). Emerging neoplasia is possible but considered less likely given the normal appearing parenchyma.
- Bilateral, chronic, age-related renal changes.

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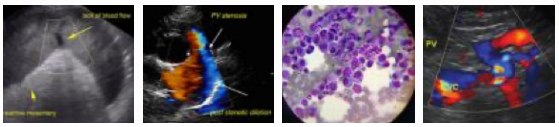

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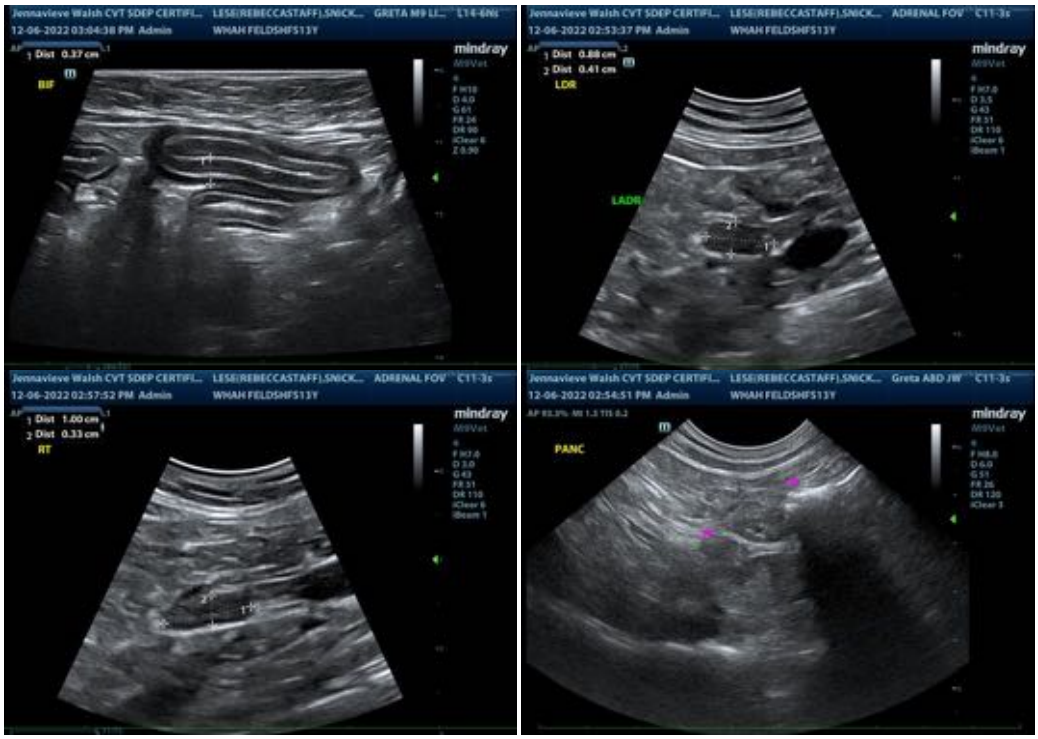
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the substantial weight loss, three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Also consider a fecal evaluation for ova and Giardia, limited antigen or hydrolyzed protein diet trial and initiation of a probiotic.
- Heartworm testing (antigen and antibody) can also be considered, as heartworm disease can be a cause of chronic vomiting in cats.
- Depending on the results of the above diagnostic/therapeutics, endoscopic or GI biopsies may be necessary to get a definitive diagnosis.
- Regarding the hyperechoic nodule that is suspected to be in the right limb of the pancreas, a fine needle aspirate can be considered, if clotting status is appropriate. Alternatively, consider a repeat ultrasound in 4-6 weeks to assesses for progression.



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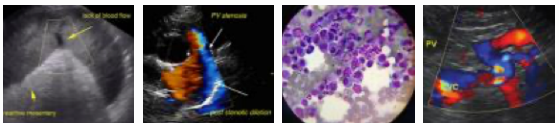

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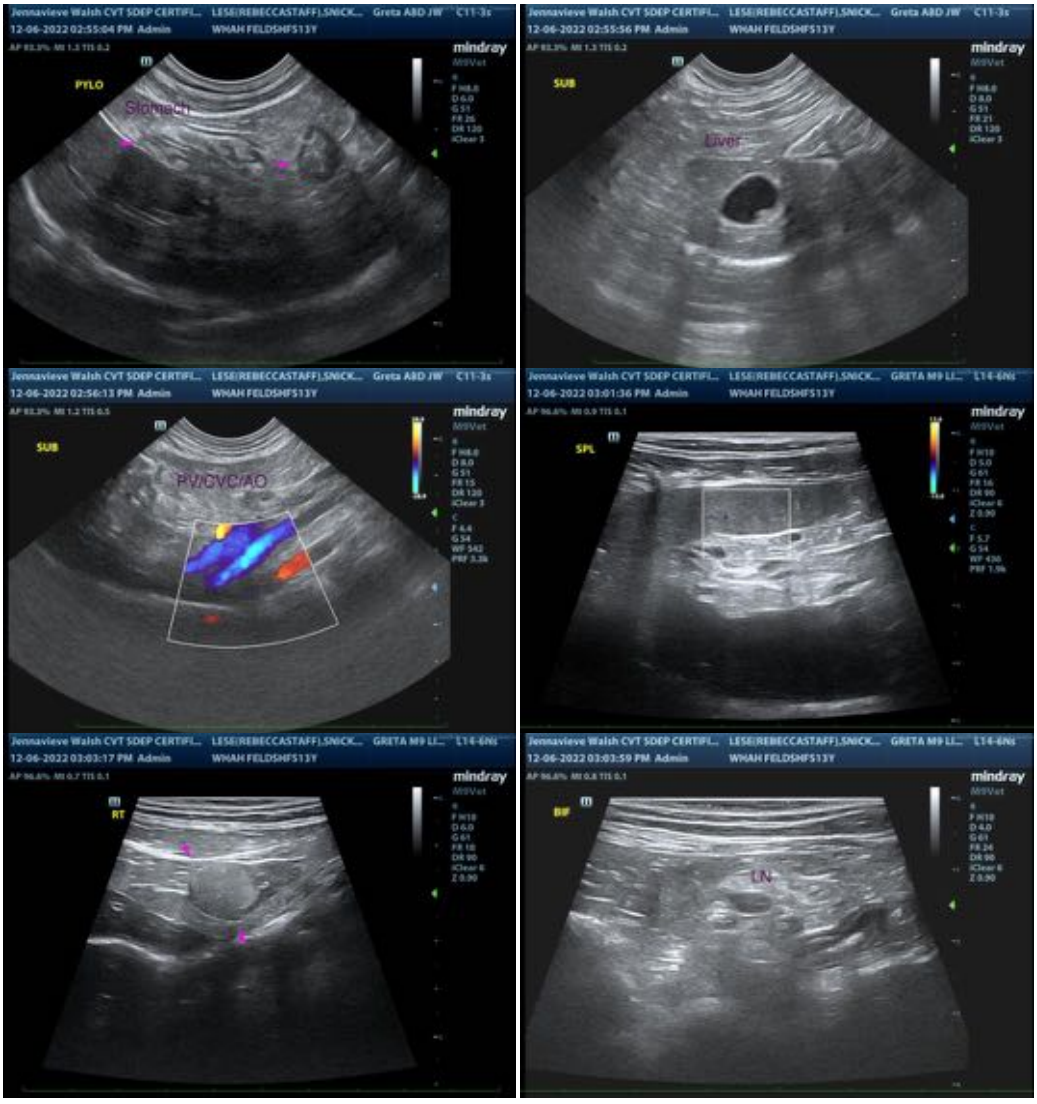

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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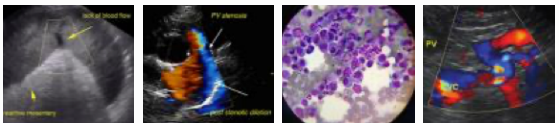

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