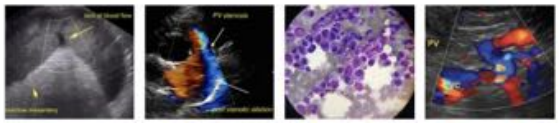


PATIENT

Buddy Lauten

SPECIES

Feline

BREED

Domesitc shorthair

SEX

Male, neutered

AGE

8/1/2010

WEIGHT

17.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Coastal VC

REFERRING VET

Dr. Black/Dr. Finian

INVOICE

14754

DATE

3/21/23

PRESENTING CLINICAL SIGNS

Patient presented for intermittent vomiting over the last few weeks but he is still eating/drinking.

Bloodwork is pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.47 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.46 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

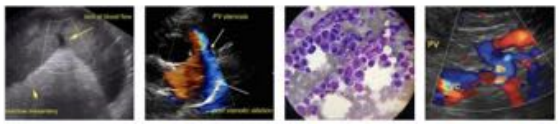
The spleen is normal in size (0.94 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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. A small amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is minimally fluid 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 borderline thickened (up to 0.27 cm). There is slight



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disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In the ileocecocolic junction/proximal colon, a 4.25 x 2.69 cm irregular hypoechoic mass is visualized. There is complete loss of the normal layering pattern in this region. The mesentery effacing the serosal surface is hyperechoic. The remaining colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is enlarged with slightly irregular 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.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent rounded hypoechoic colic lymph nodes are visualized, the largest measuring 0.72 cm in diameter. Surrounding mesentery is hyperechoic.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

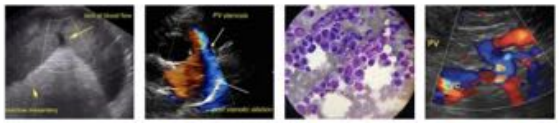
- Mass at the ileocecocolic junction/ proximal colon. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of a focal inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis is present.
- The regional lymphadenopathy could be consistent with infiltrative neoplasia, lymphoid hyperplasia or lymphadenitis.
- The diffuse small intestinal wall changes could be consistent with inflammatory bowel diseases or emerging lymphoma.

Secondary Findings:

- Bilateral chronic age-related renal changes.
- The pancreatic changes are most consistent with chronic pancreatitis +/- age-related remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider the following:
  1. Fine needle aspirate of the bowel mass
  2. Three-view thoracic radiographs to evaluate for evidence of lymphadenopathy or metastatic lesions in the chest.



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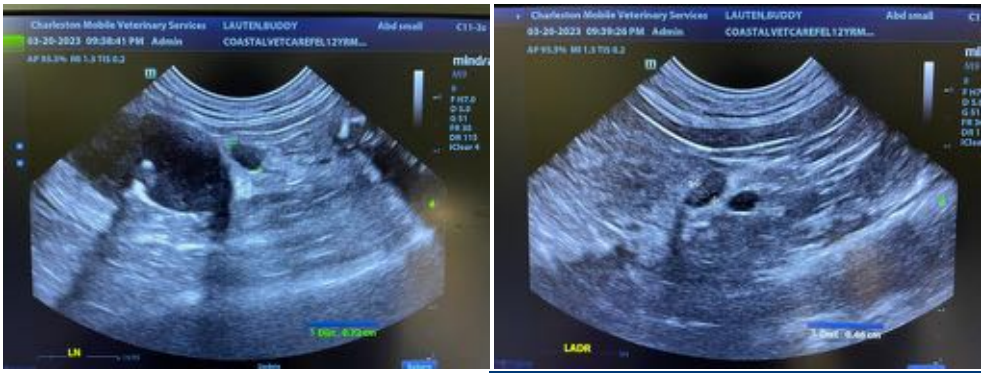
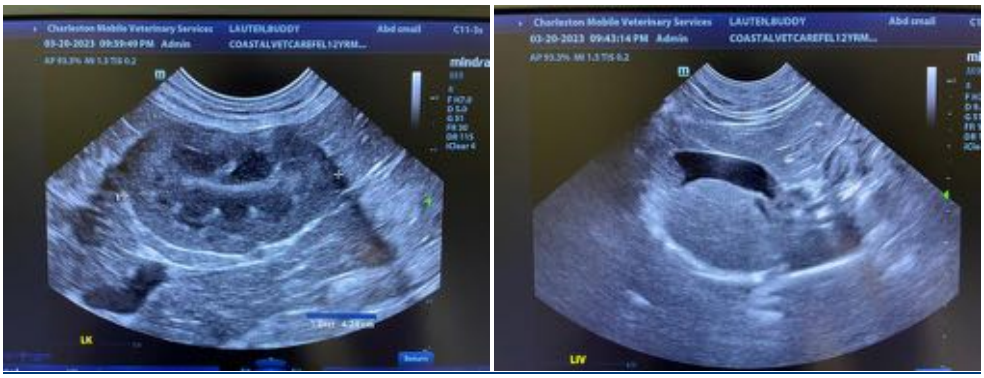
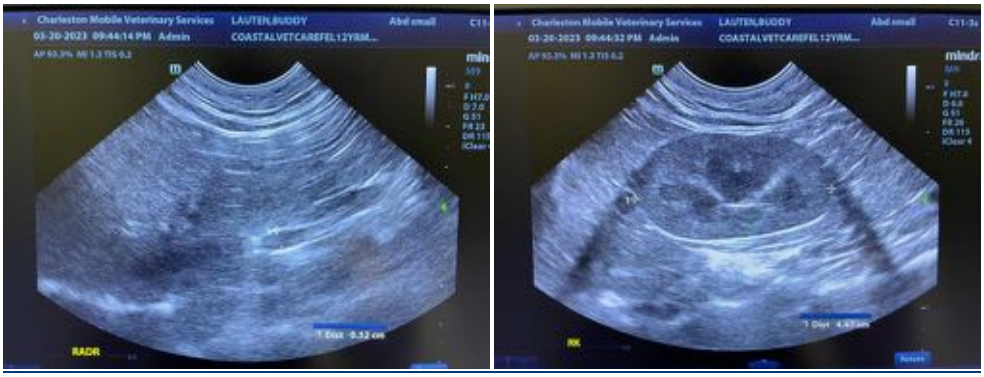
3. Feline leukemia and FIV testing
4. Depending on the results of the above diagnostics, consultation with a board certified oncologist may be warranted.

- If palliative treatment is desired, empirical therapy with Prednisolone can be considered as long as the client understands the risks of treatment without a definitive diagnosis.







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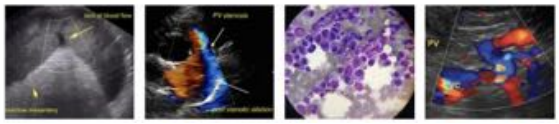

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

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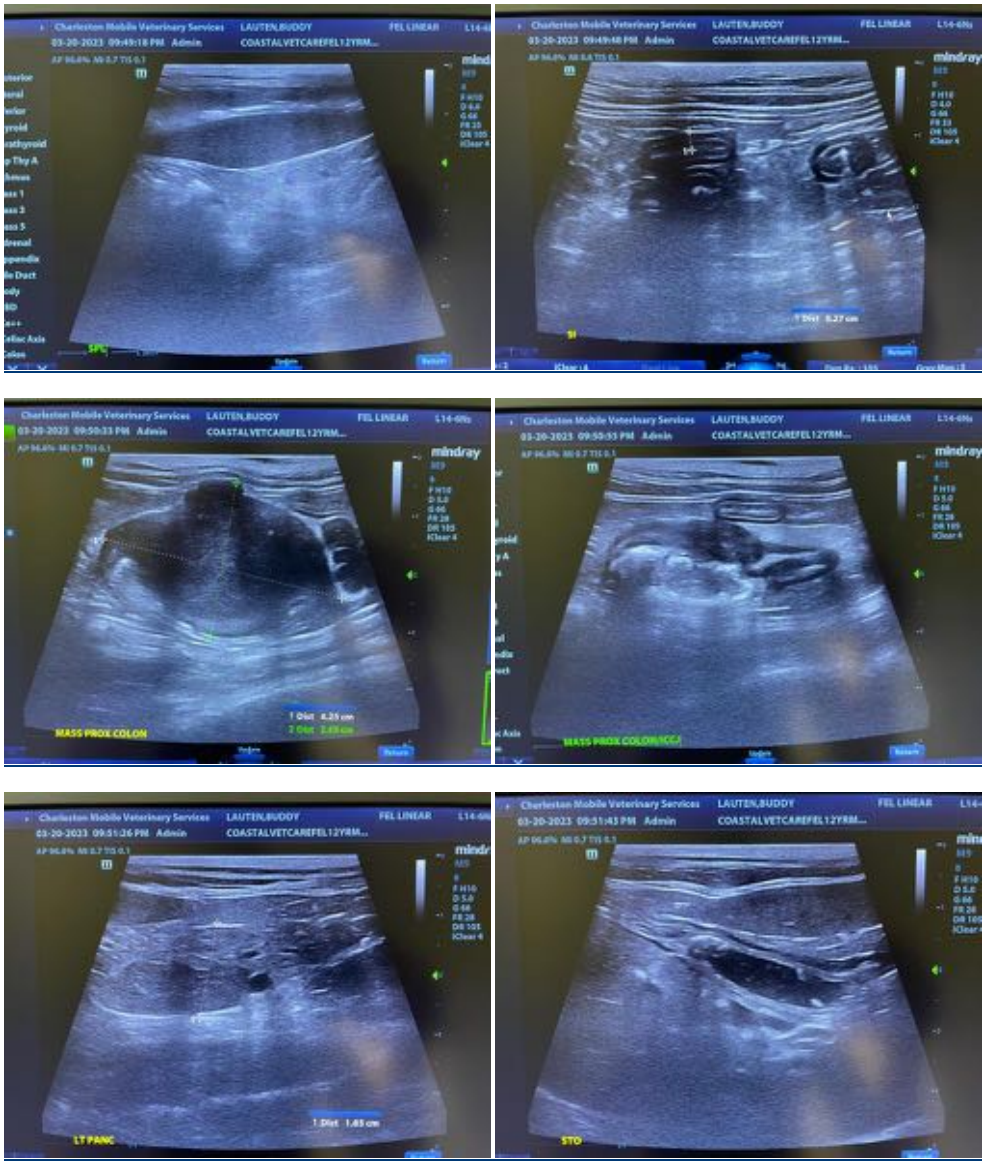

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com