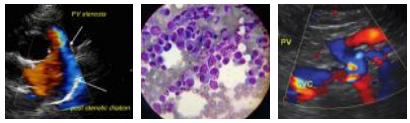
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

1/16/23

PATIENT

Gaelic Scharf

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

10/6/08

WEIGHT

8.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Goodman

INVOICE

20610

PRESENTING CLINICAL SIGNS

History: Anemia and weight loss.

Current Medications: Dex/Val 0.2mLs PO EOD for 10 days- started 1/12/23.
Lab Results: Mildly elevated BUN, mild to moderate chronic anemia. Normal thyroid.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measured 4.11 cm. The right kidney measured 2.88 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is diffusely empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

In the mid abdomen, appearing to at least partially involve the ileocecocolic junction, there is a hypoechoic heterogenous bowel mass, measuring approximately 3.0+ x 4.0+ cm in size. This area is surrounded by enhanced hyperechoic mesenteric fat.

Pancreas
The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen
There is no evidence of peritoneal effusion.

The mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A mid abdominal, suspect ileocecocolic-junction-involving mass, most concerning for infiltrative neoplasia, such as lymphoma vs adenocarcinoma vs other.
- Aggressive mesenteric lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Chronic Kidney Disease – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

Secondary Findings

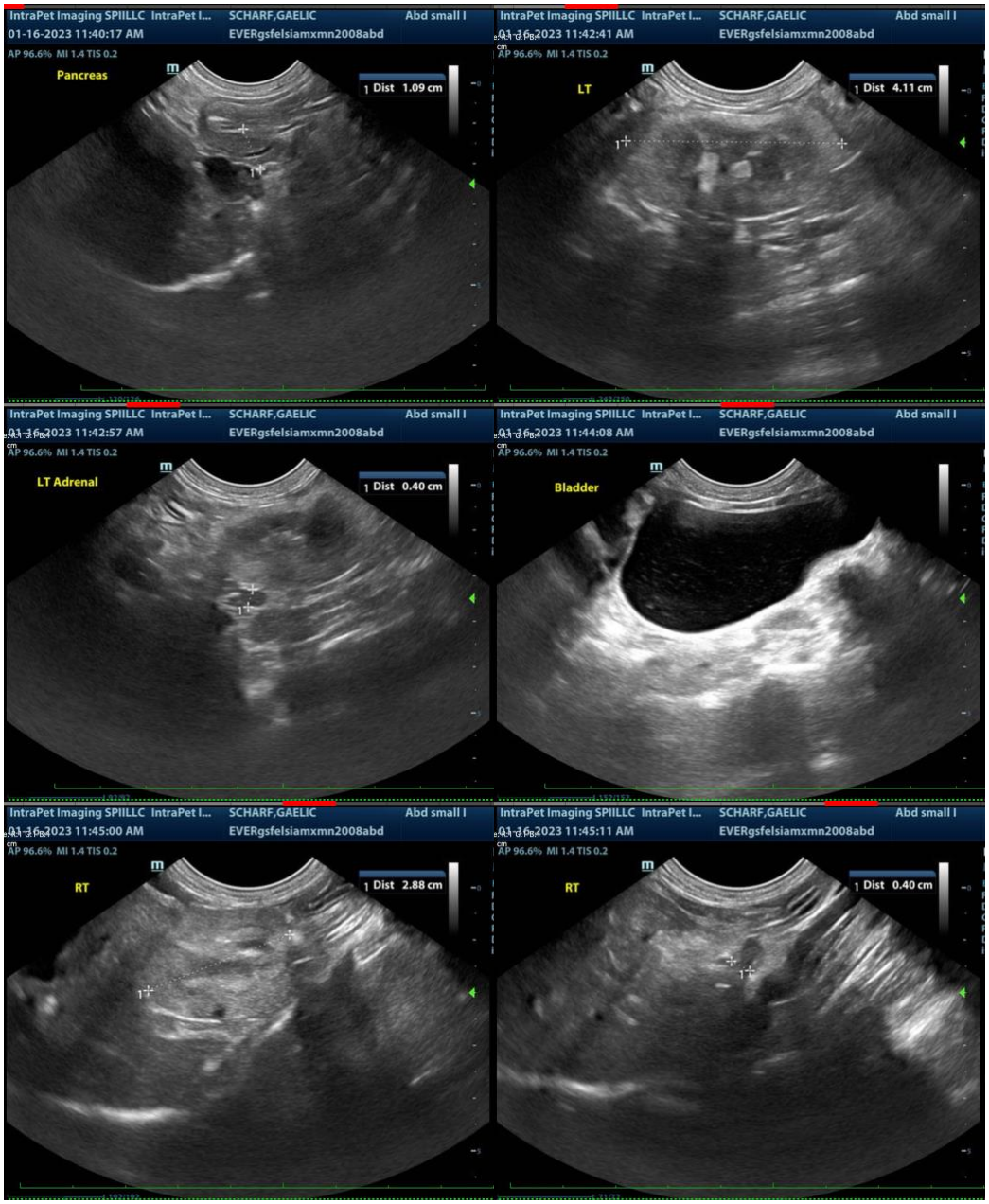
- Urinary bladder debris
- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

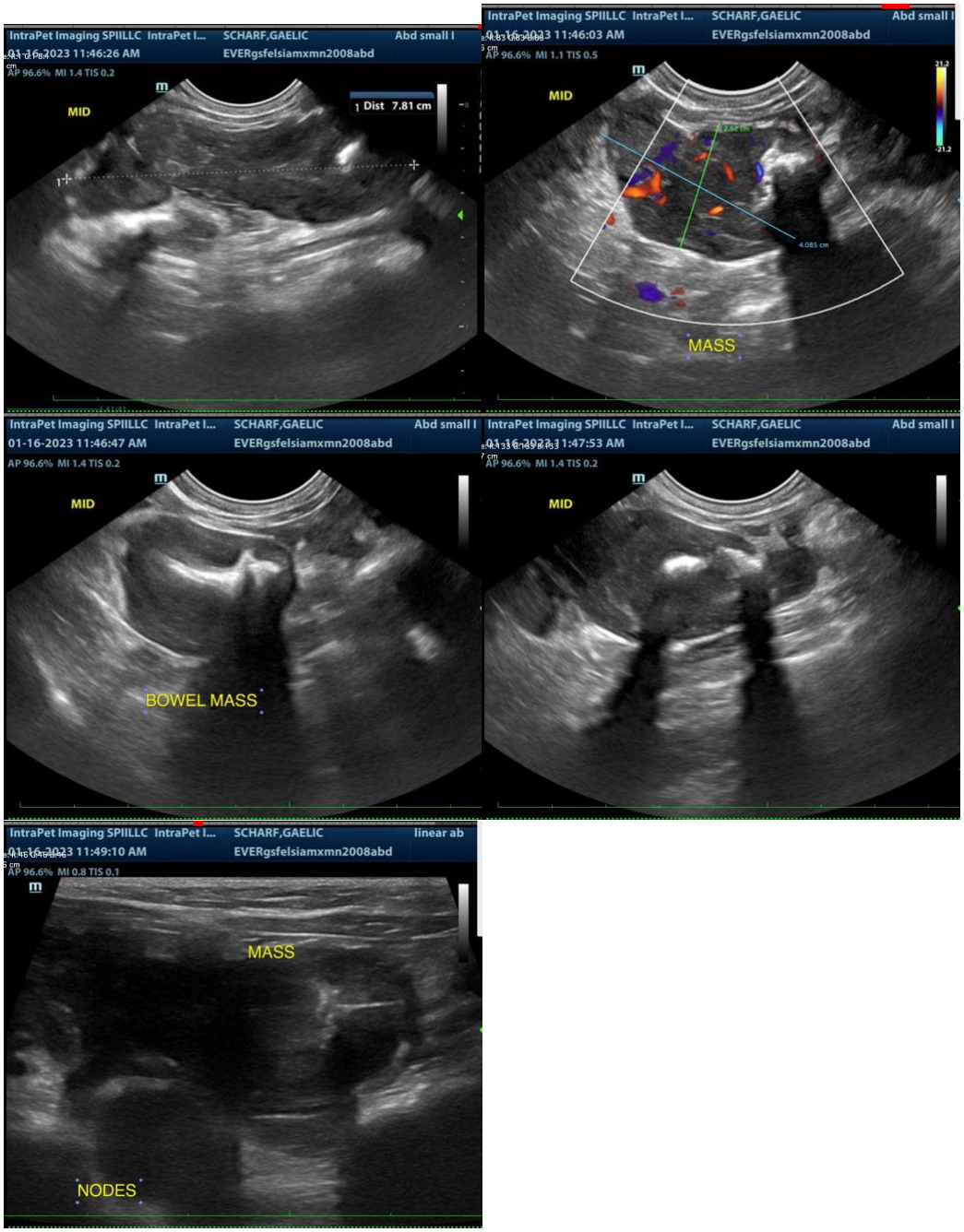
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the bowel mass +/- the suspected enlarged lymph nodes is recommended if patients coagulation status is appropriate.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Alternatively, and/or if a diagnosis is not obtained or cannot be obtained cytologically, an exploratory laparotomy for planned bowel mass removal/resection and anastomosis could be considered. Given the location and the suspect involvement of the ileocecocolic junction, surgery may be more complicated than a routine resection and anastomosis and consultation with a veterinary surgeon may be warranted.





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.

Beth Johnson, DVM DACVIM
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