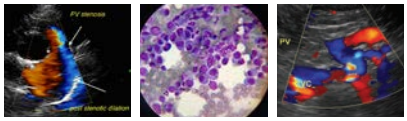
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

1/5/23

PATIENT

Rocket Cody

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11/29/16

WEIGHT

8.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Glen Burnie AH

REFERRING VET

Dr. Shah

INVOICE

43978

PRESENTING CLINICAL SIGNS

Off and on vomiting and weight loss since November.

Current Medications: Cerenia 16mg, Famotidine 10mg and I/D food.
Radiographs: See attached report.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Declined.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.74 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.76 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The areas of the adrenal glands are examined without evident adrenal gland pathology.

Spleen

Spleen is largely normal in appearance (shape, echotexture and echogenicity); however, it is volume contracted. Hydration status assessment is recommended.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as moderate suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is diffusely thick, measuring 1.2 cm in thickness with a hypoechoic wall and loss of layering. The lumen of the stomach is 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The left pancreas is prominent/enlarged, hypoechoic to surrounding tissue, and has an irregular contour and diffusely coarse parenchyma with a focal heterogeneous, hypoechoic mass noted caudal to the stomach, measuring 2.0 cm in diameter.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is a round, hypoechoic, 0.82 cm in diameter cranial abdominal lymph node near the gastric and pancreatic masses.

PRIMARY FINDINGS

- **Gastric mass** – concerning for infiltrative neoplasia such as lymphoma. Benign inflammatory change is possible but considered much less likely, especially given the concurrent pathology.
- **Heterogeneous pancreatic mass** – Equally concerning for infiltrative neoplasia.
- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- **Cranial abdominal lymphadenopathy** – concerning for metastatic disease or infiltrative neoplasia such as lymphoma. A benign reactive lymph node can't be ruled out without tissue sampling.

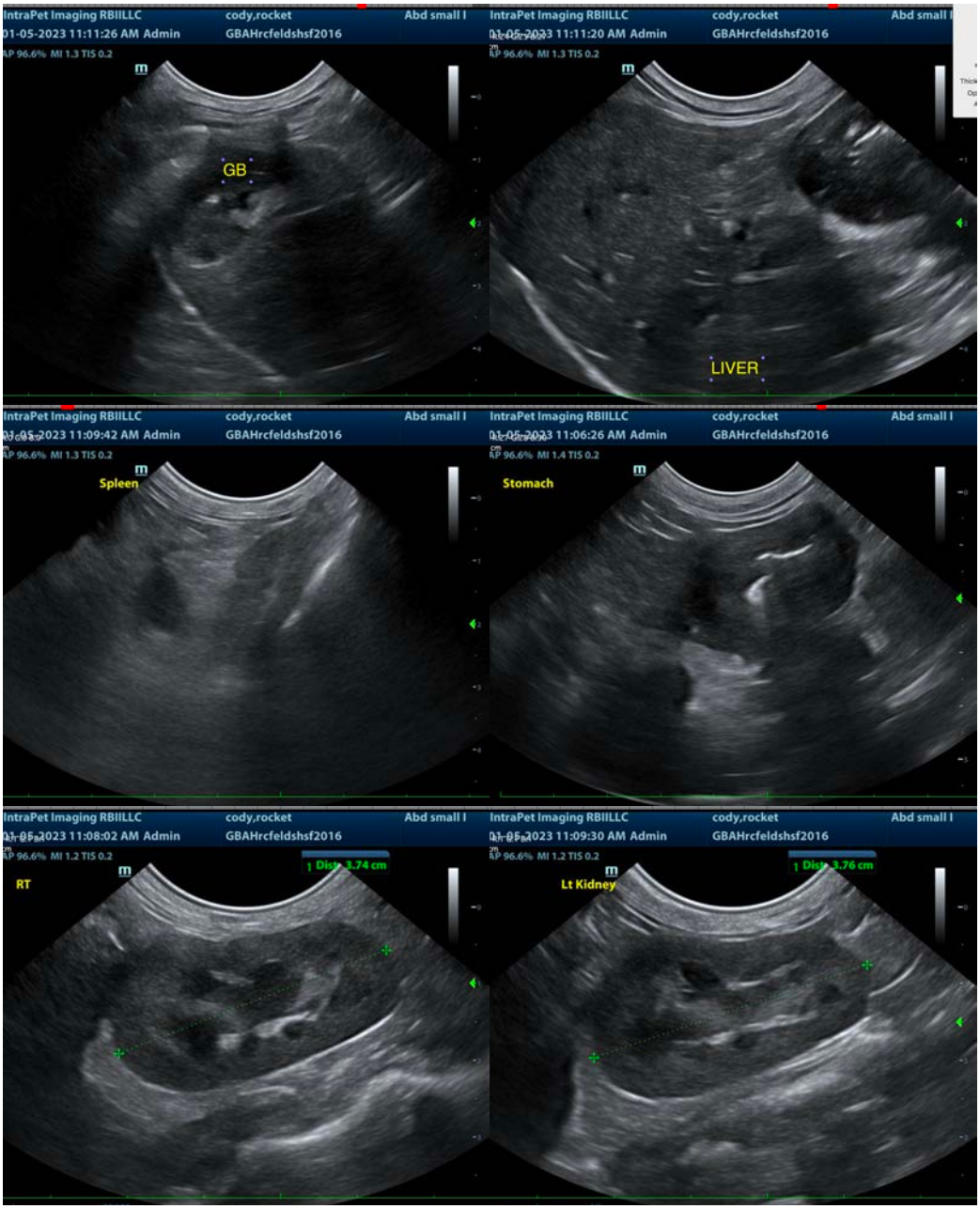
SECONDARY FINDINGS

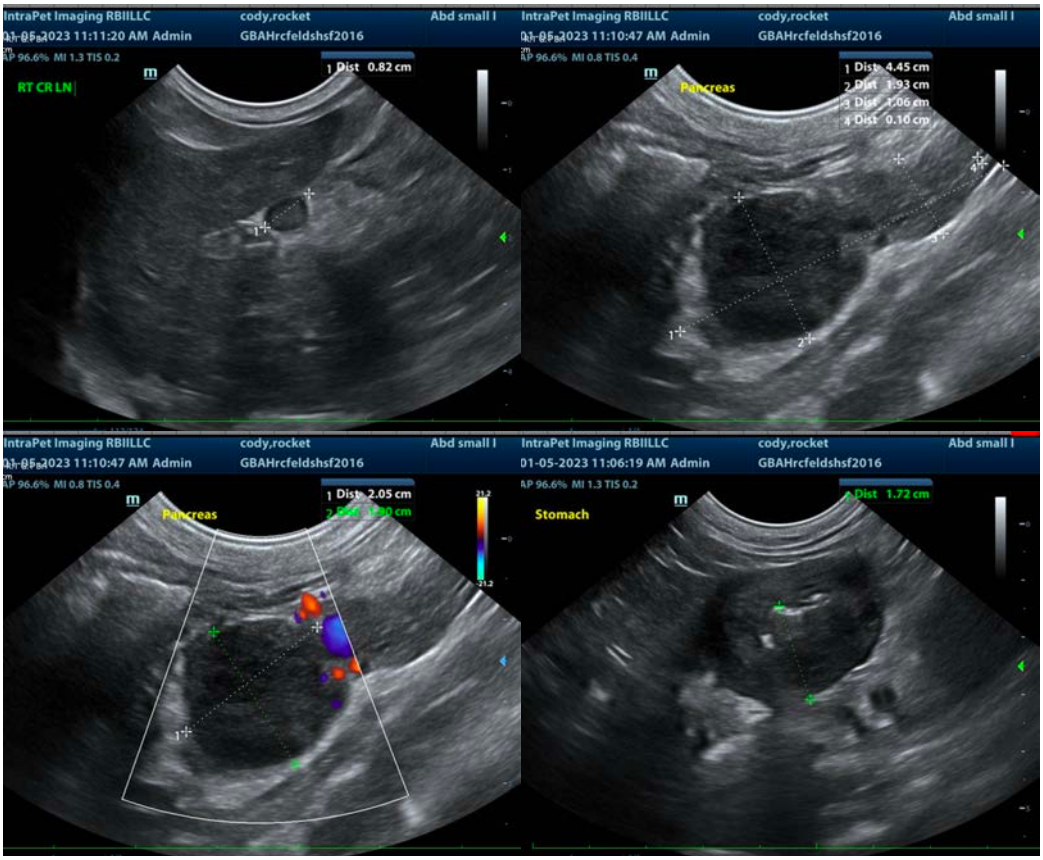
- **Moderate gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Fine needles aspirates of the gastric mass and pancreatic mass are recommended if patient's coagulation status is appropriate.


IntraPet Imaging RBIILLC
cody,rocket
Abd small I
GBAHrcfeldshsf2016
GB
LIVER
Spleen
Stomach
RT
Lt Kidney
1 Dist 3.74 cm
1 Dist 3.76 cm



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.

Beth Johnson, DVM, DACVIM
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