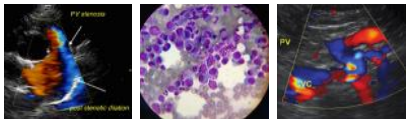
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
10/24/22

PATIENT
Stewart Bell

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
2/18/09

WEIGHT
9 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Warm & Fuzzy VC

REFERRING VET
Dr. Weber

INVOICE
17895

PRESENTING CLINICAL SIGNS

History: P presented 8/24/22 for V on/off for about 2 weeks. P also urinating outside box but there is a stray cat coming close to the house. P given cerenia injection to help. P presented 10/12 - for wt loss, V, decreased appt, and lethargy - cerenia given again and mirtaz PRN. 10/14 - P was given B12 injection and prednisone injection (all this information is from previous clinic).

Current Medications: Prescribed at previous clinic - mirtaz transdermal ointment PRN
Lab Results: 8/24/22 - Full bloodwork – WNL. 8/24/22 - U/A - WNL
Radiographs: performed 10/12 at another clinic - reported to be WNL. Quick U/S performed at another clinic per O Dr reported enlarged LNs and thickened bowel but no written notes.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV: 0.04 – 0.08cc Torb.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal is size (3.59 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.

Right kidney is normal is size (3.7 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

Left adrenal gland is normal in size (0.56 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.41 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. 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, except for a focal intramural mass/hypoechoic loss of layering, that appears to be in the body of the stomach along the greater curvature, measuring 1.5 cm long x 0.8 cm thick. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. 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.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

There is no evidence of peritoneal effusion. Large round hypoechoic gastric lymph nodes are noted, measuring between 1.0 and 1.5 cm in diameter. Mesenteric lymph nodes are also notably enlarged and hypoechoic but maintain a normal elongated shape.

ULTRASONOGRAPHIC FINDINGS

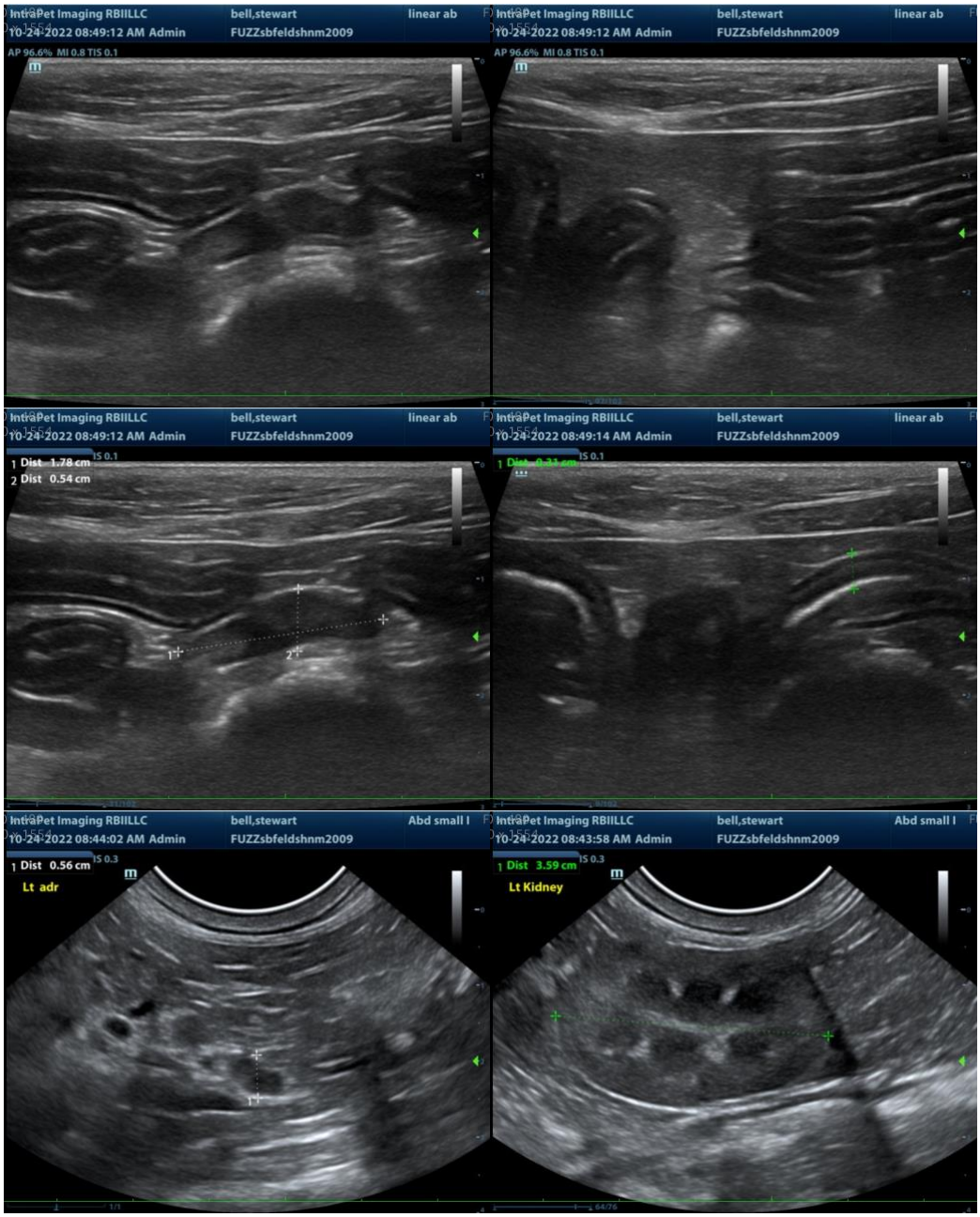
- An intramural gastric mass, concerning for infiltrative neoplasia such as lymphoma, especially given the concurrent bowel and lymph node changes. Other neoplasia is also possible. Benign inflammatory disease is possible but considered much less likely.
- Gastrointestinal lymphoma (suspect) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. Given the concurrent pathology noted, infiltrative neoplasia is considered more likely, but benign IBD cannot be ruled out without tissue sampling.
- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Aggressive gastric lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture. As well as, mesenteric lymphadenopathy, which may be reactive or indicative of infiltrative neoplasia.
- Chronic active pancreatitis

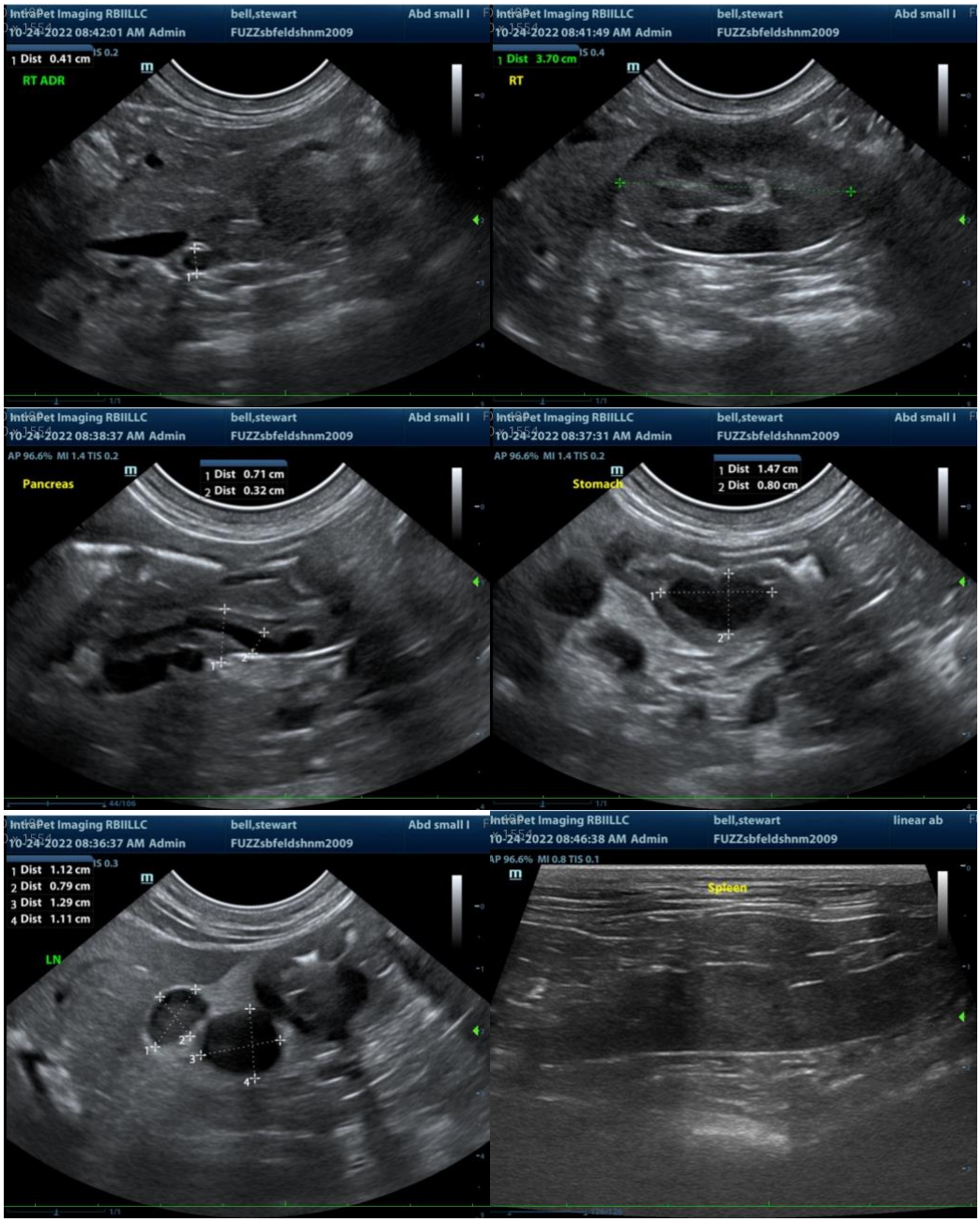
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fine needle aspirate of the gastric mass, as well as the gastric lymph nodes +/- spleen is recommended if patients coagulation status is appropriate.





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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