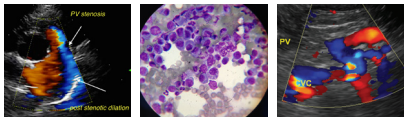
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/15/22

PATIENT

June Russo

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

2014

WEIGHT

13.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INVOICE

35659

PRESENTING CLINICAL SIGNS

History: v+ on/off since saturday 2/12. App is decreased, able to keep food down this am, v+ today was pink tinged bile yesterday was clear mucus and before then p had ben v+ undigested food. Went for a walk last tuesday in the woods with O other than that unknown if she go into anything or ate something during that. u/bm normal. Sedated PE-no palpable masses, 5% dehydration

Current Medications: 2/14 cerenia 1mg/kg SC & metronidazole 50mg 1 1/2 tab PO BID for 5 days.

Lab Results: See attached.
Radiographs: 1. Caudoventral abdominal mass. A specific origin is not determined from the study. This could simply be secondary to a mesenteric cyst or lymphadenopathy (reactive or due to lymphoma). This also could be involving the small bowel. However the rest of the small bowel are normal in appearance. 2. Constipation. 3. Unremarkable thorax. See attached report.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Dexdomitor/Torbugesic.
Stat Report: Not requested.

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 (3.61 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 (3.46 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 right adrenal gland is normal in size (0.38 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.40 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The 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.

The 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. 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 pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

No evidence of a caudal abdominal mass was present in these images, as was reported to be suspected on radiographs.

ULTRASONOGRAPHIC FINDINGS

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

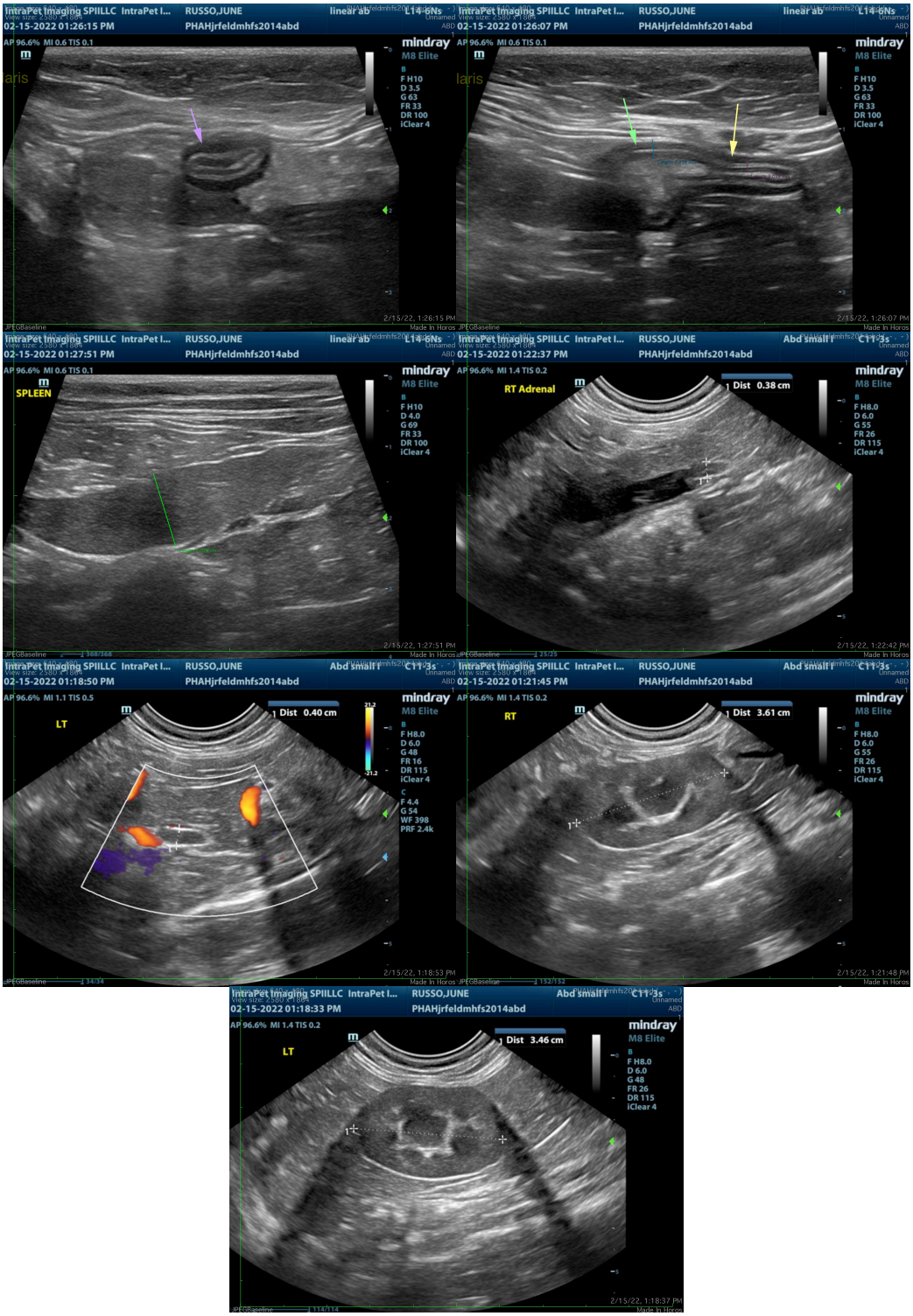
- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

**There was no evidence of the reported abdominal mass in these images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the clinical signs combined with bowel changes, recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess the gastrointestinal tract as well as the pancreas. Ultimately, biopsies of the intestines (being sure to include ileum if possible) may be necessary to definitively diagnosis and therefore manage the underlying bowel disease.

A fine needle aspirate of the spleen is also recommended if patient's coagulation status is appropriate. In the meantime, therapeutic recommendations include empirical deworming with a 5 day course of Panacur as well as medical management of constipation if clinically significant (constipation is being reported radiographically per the reported history). Other empirical therapies could include transition to a novel or hydrolyzed protein diet.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SPLEEN
Abd small f
C11-3s
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LT
Dist 0.40 cm
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RT
Dist 3.61 cm
02-15-2022 01:18:33 PM
Dist 3.46 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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