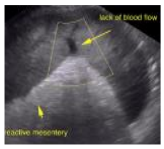

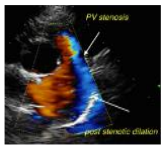

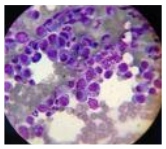
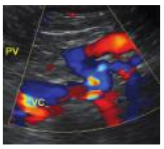

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1-800-838-4268 info@sonopath.com

PATIENT

Isadore Newcomb

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

18.5

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Shelley Parker, DVM

INVOICE

21519

DATE

3/9/23

PRESENTING CLINICAL SIGNS

History: Periodic episodes of vomiting and anorexia. Weight loss without trying.

Abnormal PE/Chem/CBC/UA Results: ^ PSL 58, ^ Alk Phos 208, ALT 271

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 in size, shape and echogenicity. It has smooth peripheral margination. There Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.4 cm. The right kidney measures 4.2 cm.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

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.

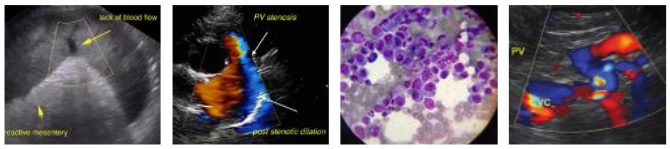
Gastrointestinal

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

The visible small intestine demonstrates areas of diffusely 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, but focally, in the mid caudal abdomen, there is a large 5.0+ cm in diameter, heterogenous mass that encompasses bowel. The bowel is adjacent to/if not involving the ileocecocolic junction.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas



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The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a small amount of anechoic free fluid, as well as enhanced hyperechoic mesenteric fat surrounding the bowel mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A large heterogenous bowel mass that is at least adjacent to, if not involving/encompassing the ileocecocolic junction, most concerning for infiltrative neoplasia, such as lymphoma vs adenocarcinoma vs other. Free fluid and enhanced mesenteric fat around the bowel mass are concerning for a focal peritonitis.

- Diffusely Inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

Secondary Findings

- Age-related kidney changes

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.

A fine needle aspirate of the bowel mass could be considered if patients coagulation status is appropriate, however, if that approach is elected, sampling of the free abdominal fluid should also be considered to look for, and rule out, a septic abdomen from bowel mass rupture/seepage, because if there is a septic abdomen, a fine needle aspirate should be skipped in lieu of an exploratory laparotomy for planned bowel mass removal, resection and anastomosis, etc.

If surgery is elected, consultation with a veterinary surgeon is recommended due to the inability to rule out involvement of the ileocecocolic junction.

Additionally, to help guide medical management following mass removal, 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.

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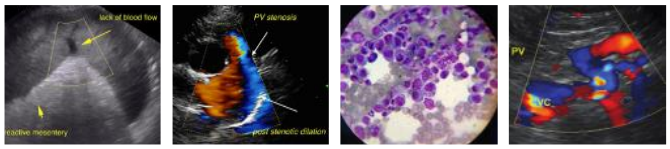

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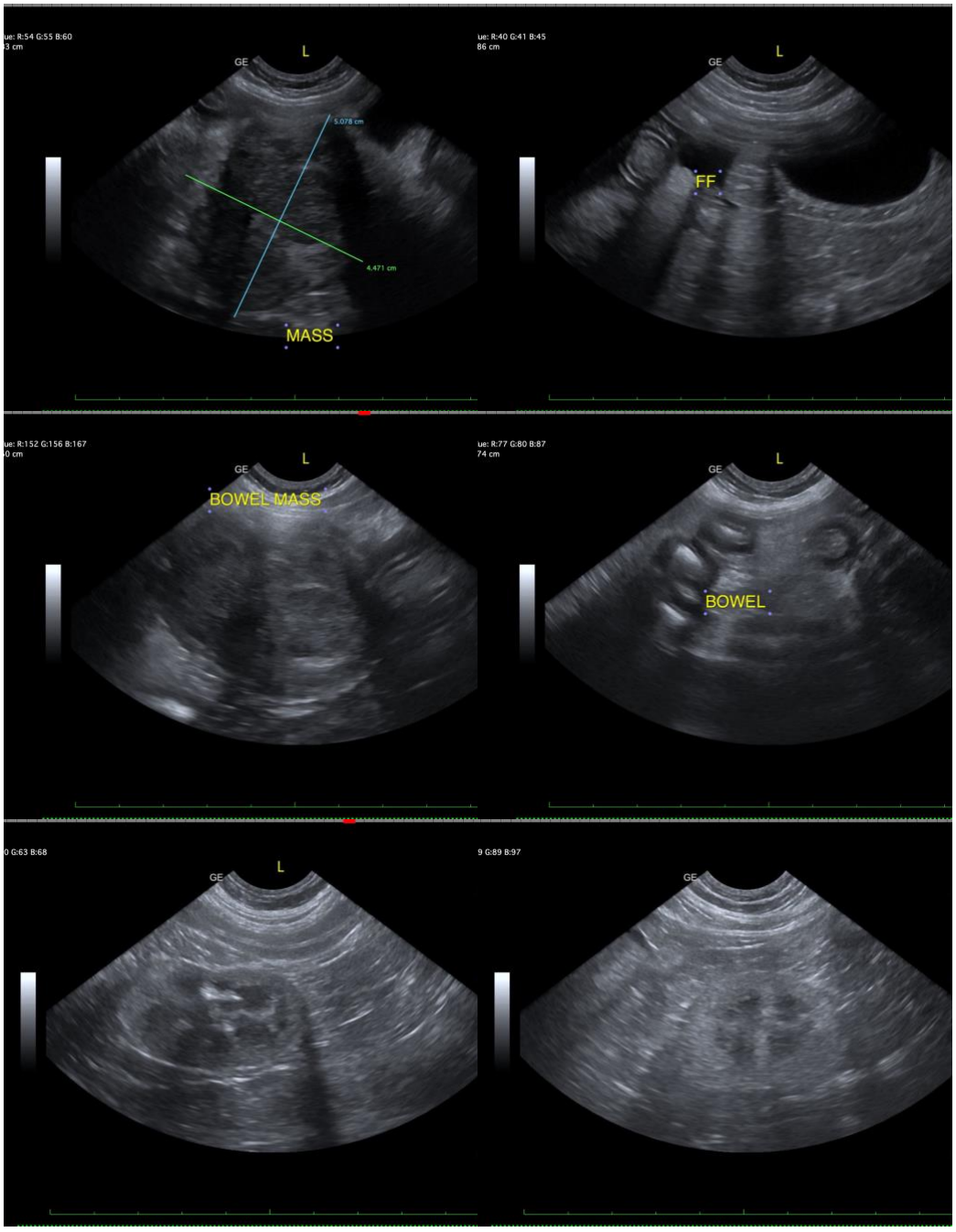

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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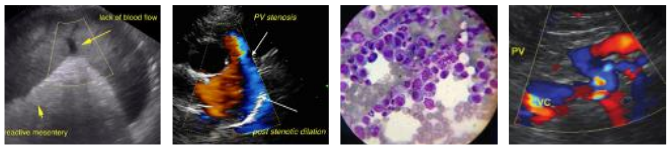

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