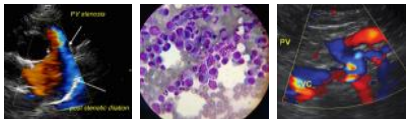
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4/24/23

PATIENT

Tiny Simpson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8/7/11

WEIGHT

8.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Essex Middle River VC

REFERRING VET

Dr. Franchini

INVOICE

22181

PRESENTING CLINICAL SIGNS

History: Presented on 4/21/2023 for vomiting and diarrhea. Lethargic. Still eating.
Pet has lost 2 lbs since 1/2023, 10% dehydrated. Firm mass palpated mid-abdomen.

Current Medications: Cerenia and SQ fluids given at appt.
Lab Results: WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
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.

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 (in the right), mineral or infarcts observed. The left kidney measures 4.23 cm. Pyelectasia is noted in the left kidney, measuring 0.3 cm in the sagittal view. The right kidney measures 4.09 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.59 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.46 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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are diffusely normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty. However, focally, there is a large mid to caudal abdominal/small bowel mass that appears to end/include the ileocecocolic junction, and its characterized by heterogenous hypoechoic wall and complete loss of mural detail, measuring at least 5.0+ cm long and 4.0 cm thick.

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

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. Some of what is presumed to be enlarged lymph nodes may actually be part of the bowel mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A large, small bowel mass, up to and appearing to incorporate the ileocecocolic junction, is most concerning for infiltrative neoplasia, such as round cell neoplasia, i.e., lymphoma vs other, i.e., adenocarcinoma. Benign differentials are considered highly unlikely.
- 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.

Secondary Findings

- 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.
- Age-related kidney changes with mild left pyelectasia- Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

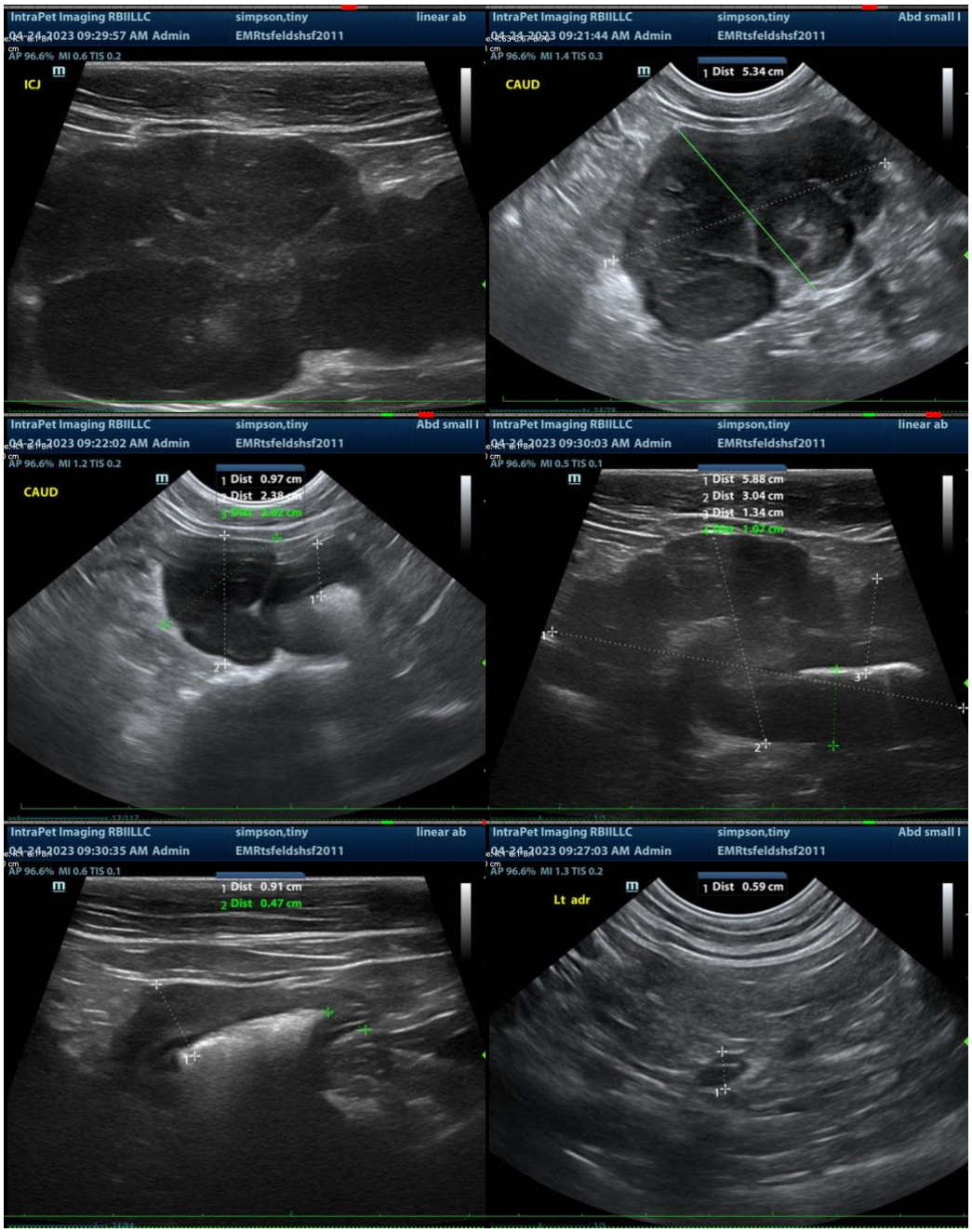
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

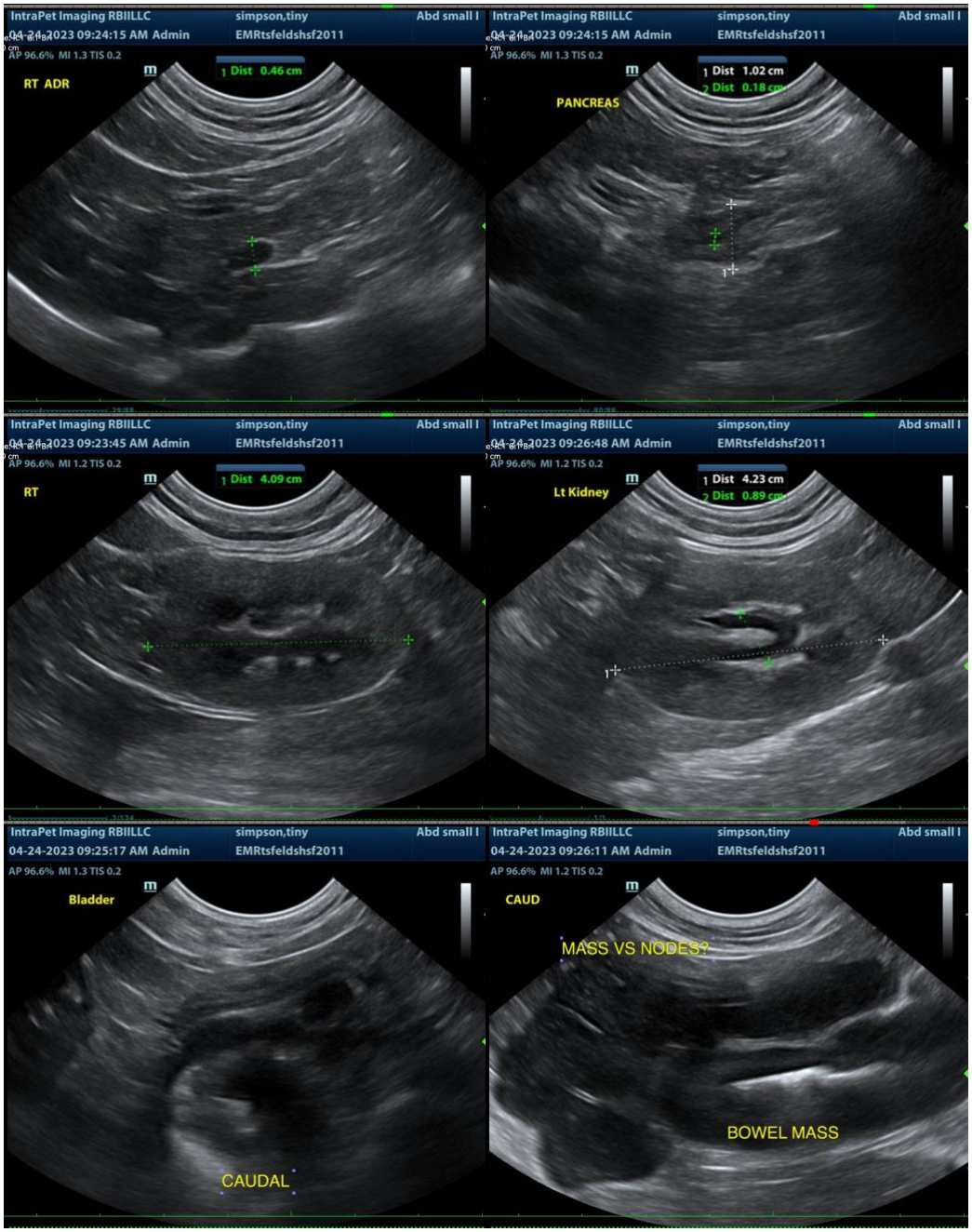
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the bowel mass is recommended if patients coagulation status is appropriate.

Alternatively, or if a diagnosis cannot be obtained cytologically, an exploratory laparotomy could be considered for bowel mass resection and anastomosis. However, given the size, location and concurrent lymphadenopathy, full resectability may not be possible, and even if it is, will likely involve the ileocecocolic

junction. Therefore, if surgery is pursued, a presurgical planning abdominal CT scan may be helpful, and consultation with a veterinary surgeon is recommended.




IntraPet Imaging RBIILLC
simpson,tiny
Abd small I
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EMRtsfeldshsf2011
AP 96.6% MI 1.3 TIS 0.2
RT ADR
1 Dist 0.46 cm
IntraPet Imaging RBIILLC
simpson,tiny
Abd small I
04-24-2023 09:24:15 AM Admin
EMRtsfeldshsf2011
AP 96.6% MI 1.3 TIS 0.2
PANCREAS
1 Dist 1.02 cm
2 Dist 0.18 cm
IntraPet Imaging RBIILLC
simpson,tiny
Abd small I
04-24-2023 09:23:45 AM Admin
EMRtsfeldshsf2011
AP 96.6% MI 1.2 TIS 0.2
RT
1 Dist 4.09 cm
IntraPet Imaging RBIILLC
simpson,tiny
Abd small I
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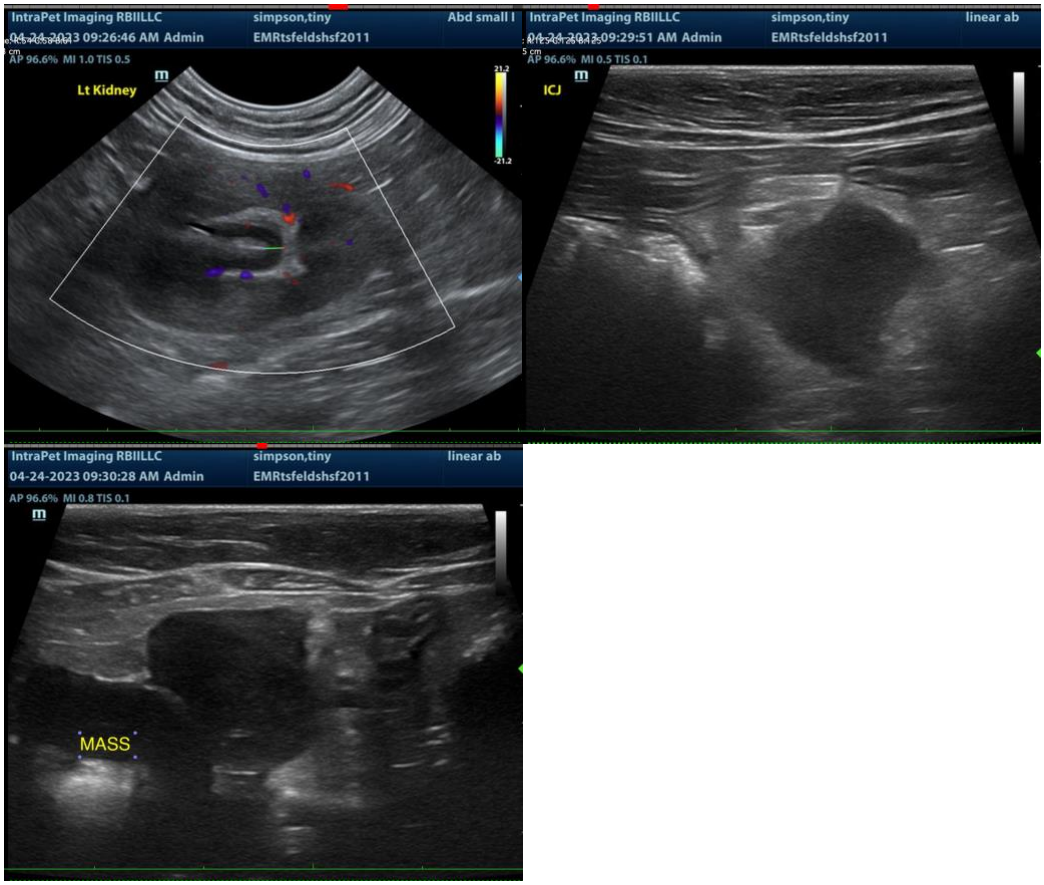
EMRtsfeldshsf2011
AP 96.6% MI 1.2 TIS 0.2
Lt Kidney
1 Dist 4.23 cm
2 Dist 0.89 cm
IntraPet Imaging RBIILLC
simpson,tiny
Abd small I
04-24-2023 09:25:17 AM Admin
EMRtsfeldshsf2011
AP 96.6% MI 1.3 TIS 0.2
Bladder
CAUDAL
IntraPet Imaging RBIILLC
simpson,tiny
Abd small I
04-24-2023 09:26:11 AM Admin
EMRtsfeldshsf2011
AP 96.6% MI 1.2 TIS 0.2
CAUD
MASS VS NODES?
BOWEL MASS



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
Beth.Johnson@SonoPath.com