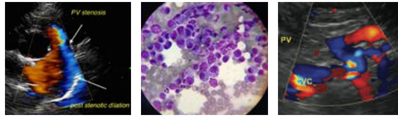
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
6/27/22

PATIENT
Gandolf Eichwald

SPECIES
Feline

BREED
Tonkinese

SEX
Neutered male

AGE
6/7/14

WEIGHT
7.4 lbs

INTERPRETED BY
Beth Johnson, DVM
DACVIM

HOSPITAL NAME
Belvedere VC

REFERRING VET
Dr. Eden

INVOICE
31256

PRESENTING CLINICAL SIGNS

Presented to veterinary emergency facility for ADR- hiding and loss of appetite. Diagnosed with intra-abdominal mass with abdominal rads- suspected GI origin. Started on palliative care.
Current Medications: Since diagnosis (June 7th): Prednisolone 7.5mg PO SID, Gabapentin 30mg PO q8-12hrs, Entyce PO SID
Lab Results: HT 29.1 (>30.3), neuts 16.19 (<10.29), Alb 2.2 (>2.3)
Radiographs: Irregular mid abdominal mass causing deviation of gut loops.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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 (3.69 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 (3.82 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 area of the adrenal glands were imaged with no overt pathology.

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 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 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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty except for a heterogenous, midabdominal believed to be jejunal, hypoechoic, irregular 4.0 x 7.0 cm bowel mass.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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 no evidence of peritoneal effusion noted in these images. 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.

Markedly enhanced, hyperechoic clumped fat and mesentery surrounding the bowel mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

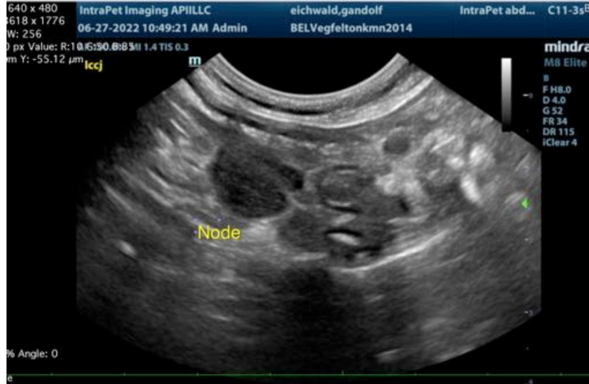
- Midabdominal, suspect jejunal bowel mass. This is most concerning for infiltrative neoplasia such as round cell neoplasia versus adenocarcinoma cannot be ruled out. Benign, inflammatory or infectious diseases such as FIP are possible, but considered less likely.

- Aggressive lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. 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.

2. FNA of the bowel mass +/- enlarged lymph nodes and liver is recommended if the patient's coagulation status is appropriate. In this case an aspirate of the mass is reportedly already pending and visualized occurring in these images. Therefore, further recommendations are pending the results of that aspirate. If a diagnosis is not obtained an exploratory laparotomy with bowel mass removal, resection and anastomosis, etc. may be required.



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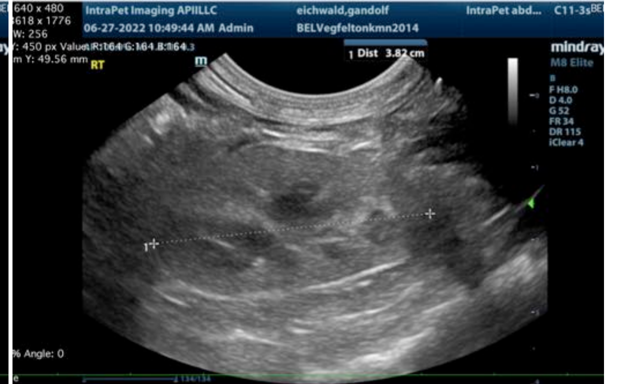
eichwald,gandolf
BELVegfeltonkmn2014
IntraPet abd...
C11-3s
mindray
M8 Elite
Iccj
Node
Angle: 0



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mindray
M8 Elite
RT
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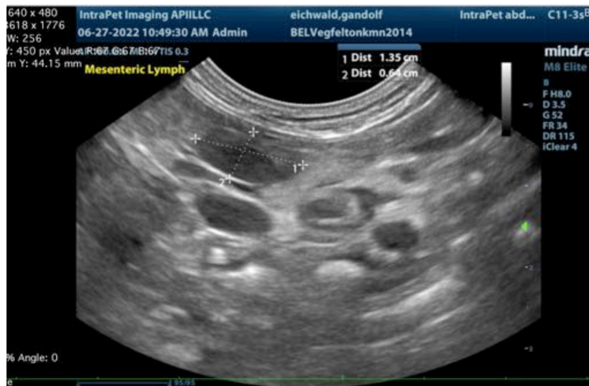

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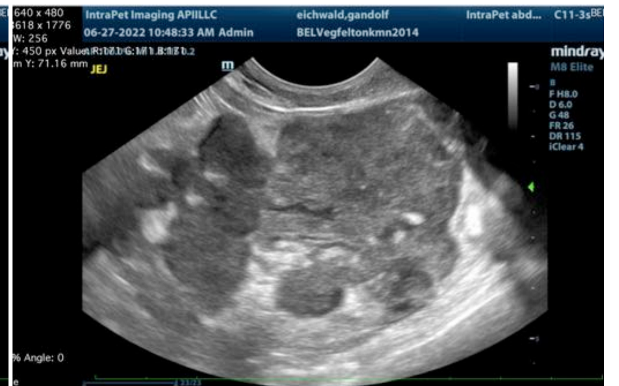
C11-3s
1 Dist 1.35 cm
2 Dist 0.64 cm
mindray
M8 Elite
Mesenteric Lymph
Angle: 0



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mindray
M8 Elite
JEJ
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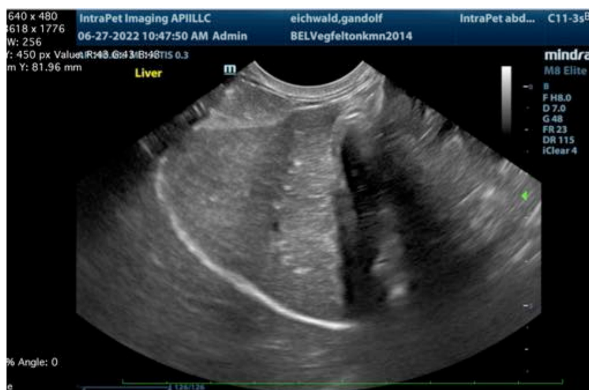

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C11-3s
mindray
M8 Elite
Liver
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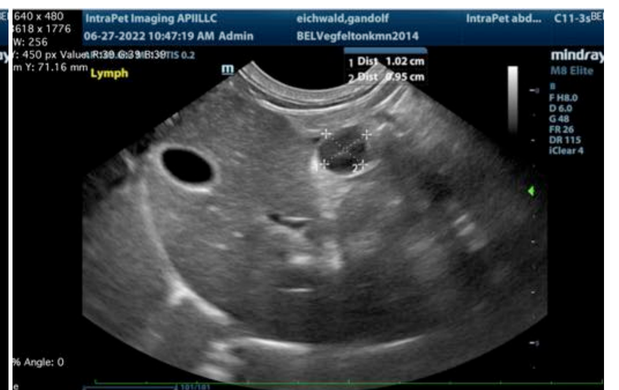

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mindray
M8 Elite
Lymph
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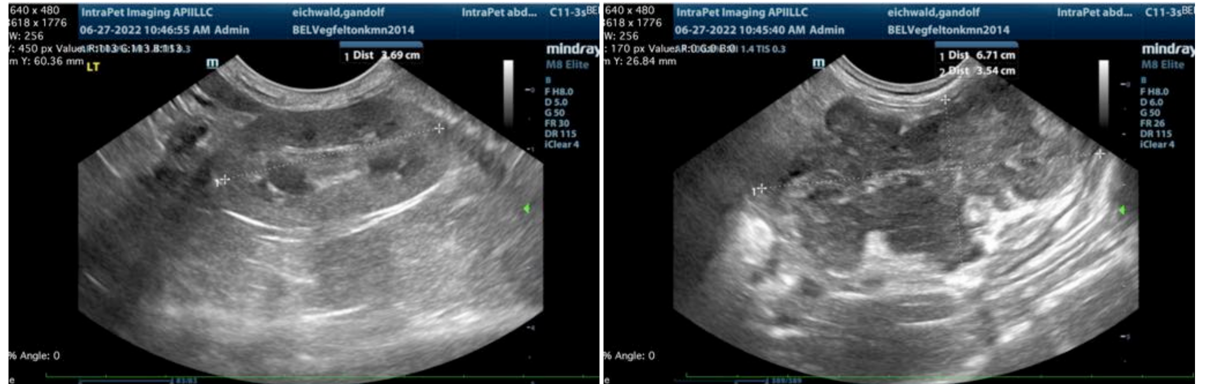

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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