IMAGING PERFORMED BY

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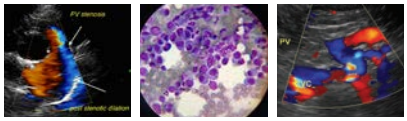

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

7/5/23

PATIENT

Shiya Scarborough

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7/4/12

WEIGHT

9.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Willer

INVOICE

43777

PRESENTING CLINICAL SIGNS

Last 4-5 days- lethargic, straining in the litter box- not sure if it is urine or feces- believes she defecate yesterday has been eating and drinking prior to this starting- the lethargy- had vomited 1-2 days- then stopped does tend to eat things- like plastic indoor only- lives with 6 other cats none of the cats go outside no other health issues. On PE slightly dehydrated, abdomen tense/mild discomfort, small bladder, grade 3 out of 6 murmur.

Current Medications: Gabapentin, Oral Buprenorphine.
Lab Results: Attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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.

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 meaures 3.55 cm. The right kidney measured 3.7 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.31 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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

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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 colon appears diffusely mildly thick with the descending colon measuring between 0.56-0.64 cm thick with a heterogeneous, primarily hypoechoic loss of layering in a section that measures at least 4.0 cm long.

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

Aggressive 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.

Additionally, there is a trace amount of free fluid and enhanced hyperechoic mesenteric fat surrounding the colon and enlarged lymph nodes.

PRIMARY FINDINGS

- A colonic thickening with the lymphadenopathy described above is concerning for infiltrative neoplasia such as lymphoma versus other. A benign infectious or inflammatory disease is possible but considered less likely.

- Free fluid and mesenteric fat changes are concerning for inflammation/focal peritonitis surrounding the pathology.

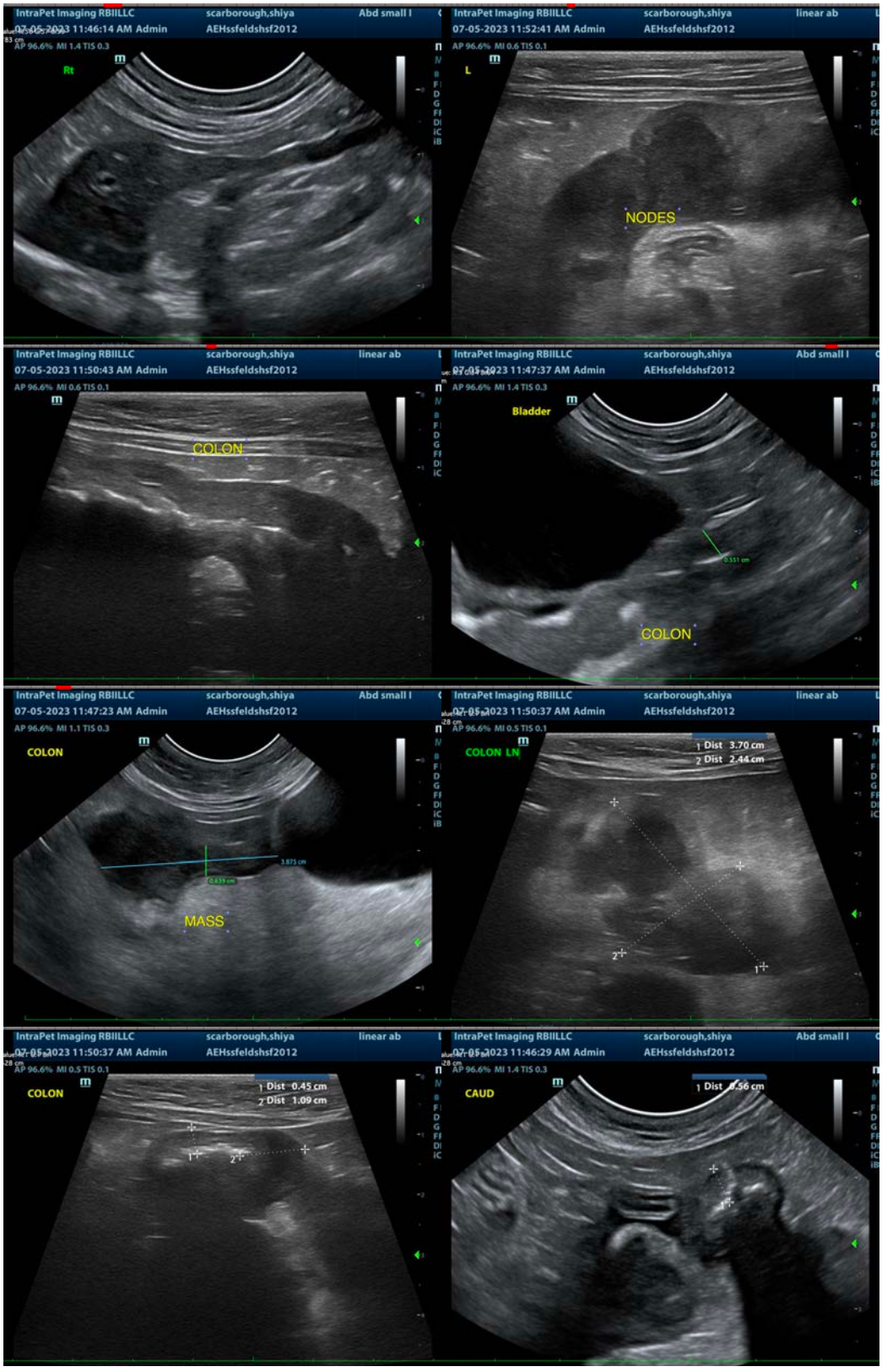
SECONDARY FINDINGS

- Age related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the enlarged lymph nodes as well as potentially the colon wall (if it can safely be reached and if patient's coagulation status is appropriate) could be considered. If a diagnosis cannot be obtained cytologically, colonoscopy would be recommended for further visual evaluation and biopsies of the colon.

If biopsies cannot be obtained, empirical therapies could include diet change, empirical deworming with a 5 day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.). Other supportive therapeutic considerations could include fiber supplementation, especially with large bowel diarrhea and/or a probiotic.


IntraPet Imaging RBIILLC
scarborough,shiya
Abd small I
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linear ab
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NODES
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AP 96.6% MI 0.6 TIS 0.1
COLON
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scarborough,shiya
Abd small I
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AP 96.6% MI 1.4 TIS 0.3
Bladder
COLON
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COLON
MASS
IntraPet Imaging RBIILLC
scarborough,shiya
linear ab
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AP 96.6% MI 0.5 TIS 0.1
COLON LN
1 Dist 3.70 cm
2 Dist 2.44 cm
IntraPet Imaging RBIILLC
scarborough,shiya
linear ab
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AEHssfeldshsf2012
AP 96.6% MI 0.5 TIS 0.1
COLON
1 Dist 0.45 cm
2 Dist 1.09 cm
IntraPet Imaging RBIILLC
scarborough,shiya
Abd small I
07-05-2023 11:46:29 AM Admin
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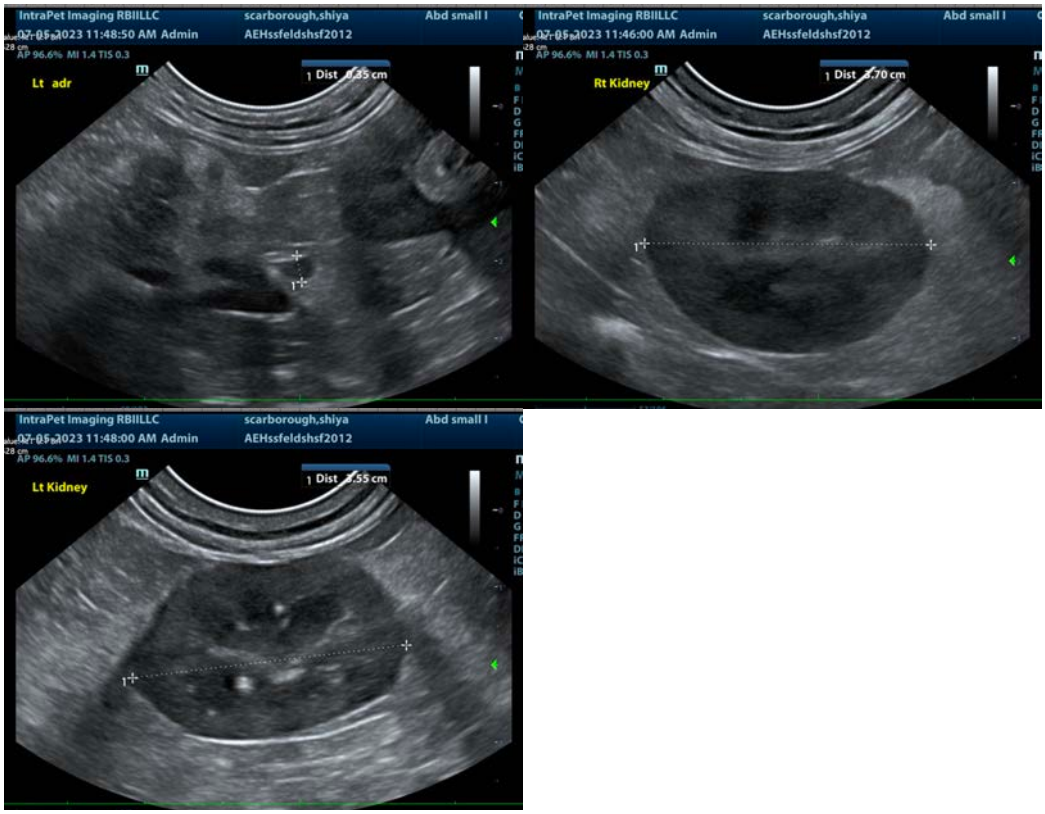
AP 96.6% MI 1.4 TIS 0.3
CAUD
1 Dist 0.56 cm



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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