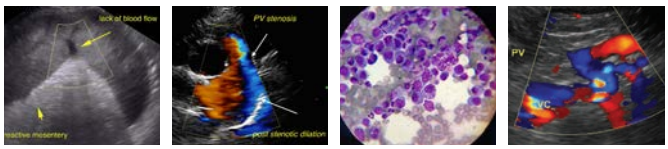
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Pumpkin Rickards

SPECIES
Feline

BREED
Maine Coon X

SEX
Neutered Male

AGE
7 Years

WEIGHT
4.4 kg

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Moser

INVOICE
39303

DATE
7/8/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for AUS. Started over 1-2 weeks, stopped eating dry food, still eating wet food but less and less each day. Now past 3 days just eating treats. Went to rdvm yesterday, treated outpatient, still NE much, rec AUS. Vomited hairball last week, vomited once Tuesday AM. Has lost 4lbs in 6mo. Previous Health Concerns: no Current Medications: given Convenia Inj 7/7; Vit B12 Inj; Dexamethasone Inj
Abnormal PE/Chem/CBC/UA Results: Rdvm bloodwork: GLU 195; HCT 29.2; RBC 5.02; MCV 58.1; MCH 24.3; FELV/FIV negative. Rdvm rads 7/7: Variable soft tissue opacity in stomach, more than I'd expect for a hyporexic P, opacity in body of stomach consistent with ingesta but opacity in fundus concerning for FB/mass. Small intestines mildly inflammed, mild moderate spinal stenosis. 7/8 repeat rads: Digesta moved through from yesterday's films, abnormal stomach lining profile on L lateral - suspicious of tumor, could not visualize stomach well on US.

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 (3.9 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 (4.0 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 areas of the adrenal glands are evaluated bilaterally without evident 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). Multifocal well-demarcated hyperechoic homogenous nodules are present. Splenic vasculature appears normal.

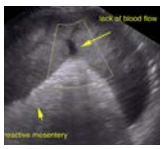
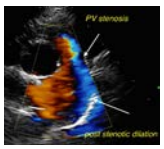
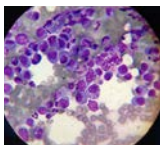
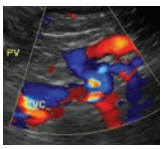
Liver

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 moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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

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with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent. A gastric mass is not appreciated in these images.

The visible small intestines are largely normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). However, in the mid abdomen, there is a focal concentric loss of layering, characterized by a 0.65 cm thick, hypoechoic bowel wall. 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

See other.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

A 1.5 cm x 2.5 cm cystic structure is noted in the area of the left limb of the pancreas, between the spleen and the left kidney, differentials for which include a cystic cavitated lymph node versus pancreas, in which case pancreatic nodular hyperplasia would be a differential.

PRIMARY FINDINGS

- Focal concentric small bowel mass – most concerning for infiltrative neoplasia such as lymphoma or adenocarcinoma.
- A cystic structure in the cranial abdomen consistent with either a cystic lymph node or pancreatic nodular hyperplasia (infiltrative neoplasia is possible but considered less likely).

SECONDARY FINDINGS

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are less likely.
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the bowel mass is recommended, if possible, and if patient's coagulation status is appropriate.
- If a more aggressive approach is elected, an exploratory laparotomy with bowel mass removal, resection and anastomosis is warranted.

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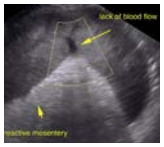
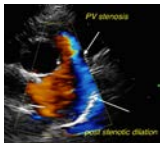
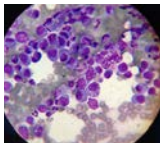
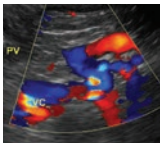

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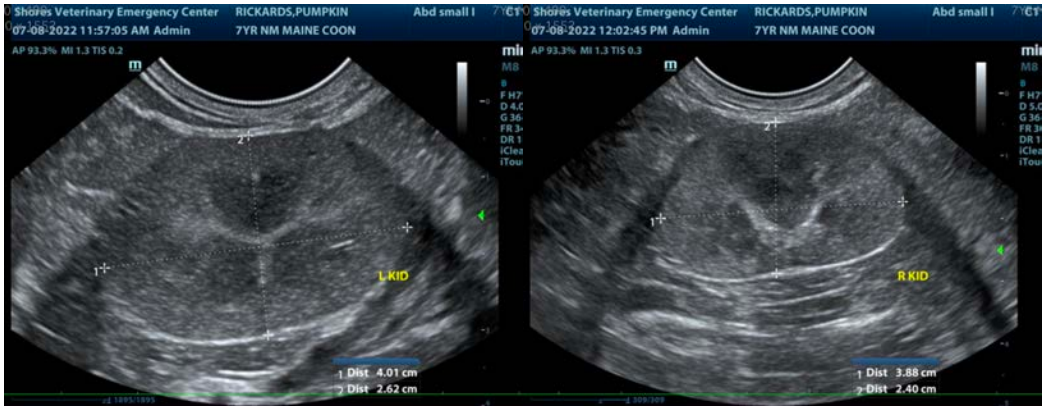

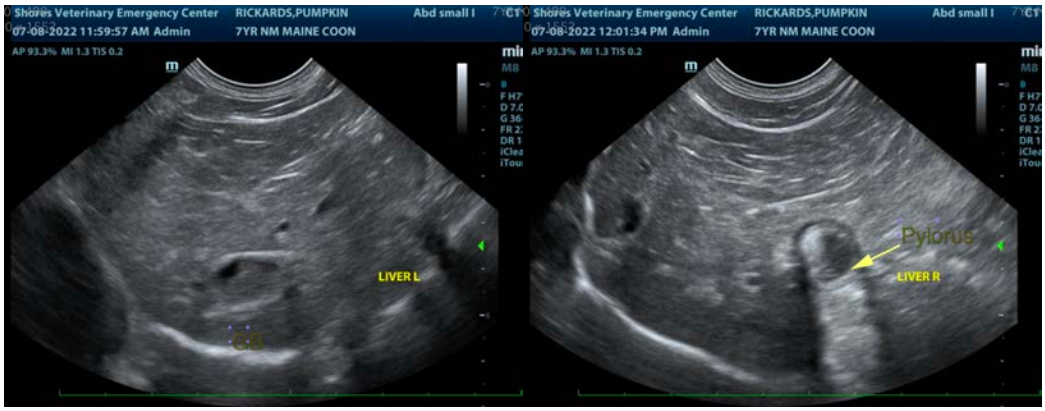

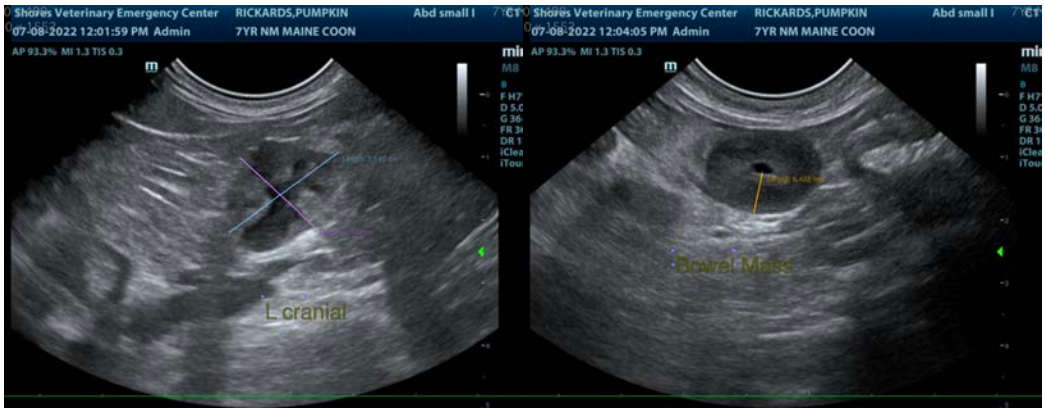

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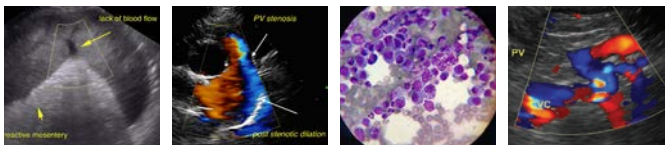

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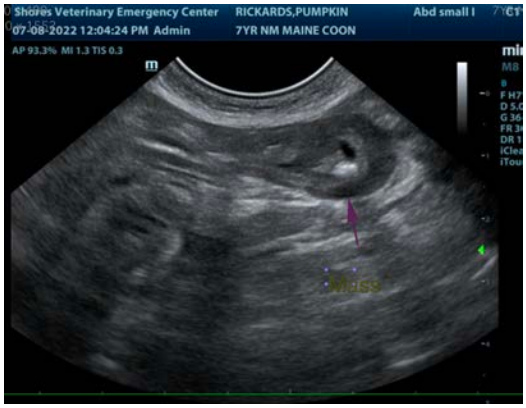

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com