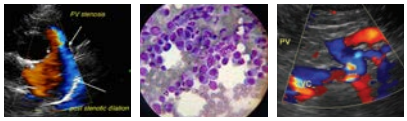
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/10/22

PATIENT

Shade Kazmierski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5/3/11

WEIGHT

10.26 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Cross

INVOICE

40312

PRESENTING CLINICAL SIGNS

P lost a lot of weight over the past couple of months, throwing up brown liquid that smells like sewer per O. Throwing up was once or twice a week but is now everyday. eating fine, acting normal. P is an indoor/outdoor cat so O doesn't know how urine or feces is.

Current Medications: None listed.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (4.12 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 (3.66 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 right adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. 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 intestine demonstrates areas of 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 is empty with no evidence of obstruction or foreign material.

The colon is diffusely thick with emerging loss of layering noted and a focal mass in the area of the Ileocecocolic junction, characterized by complete loss of layering and a hypoechoic, irregular appearance.

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

There is a scant amount of anechoic free fluid and hyperreactive mesentery surrounding the bowel mass.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Bowel mass at the level of the Ileocecocolic junction** – most concerning for infiltrative neoplasia such as round cell neoplasia/lymphoma versus adenocarcinoma versus other. The concurrent diffusely thick muscularis relative to other layers is suggestive of lymphoma. However, concurrent benign inflammatory bowel disease can't be ruled out without tissue sampling. The ultrasonographic changes are suggestive of a focal peritonitis surrounding the bowel mass.

- **Scalloped spleen –** can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.

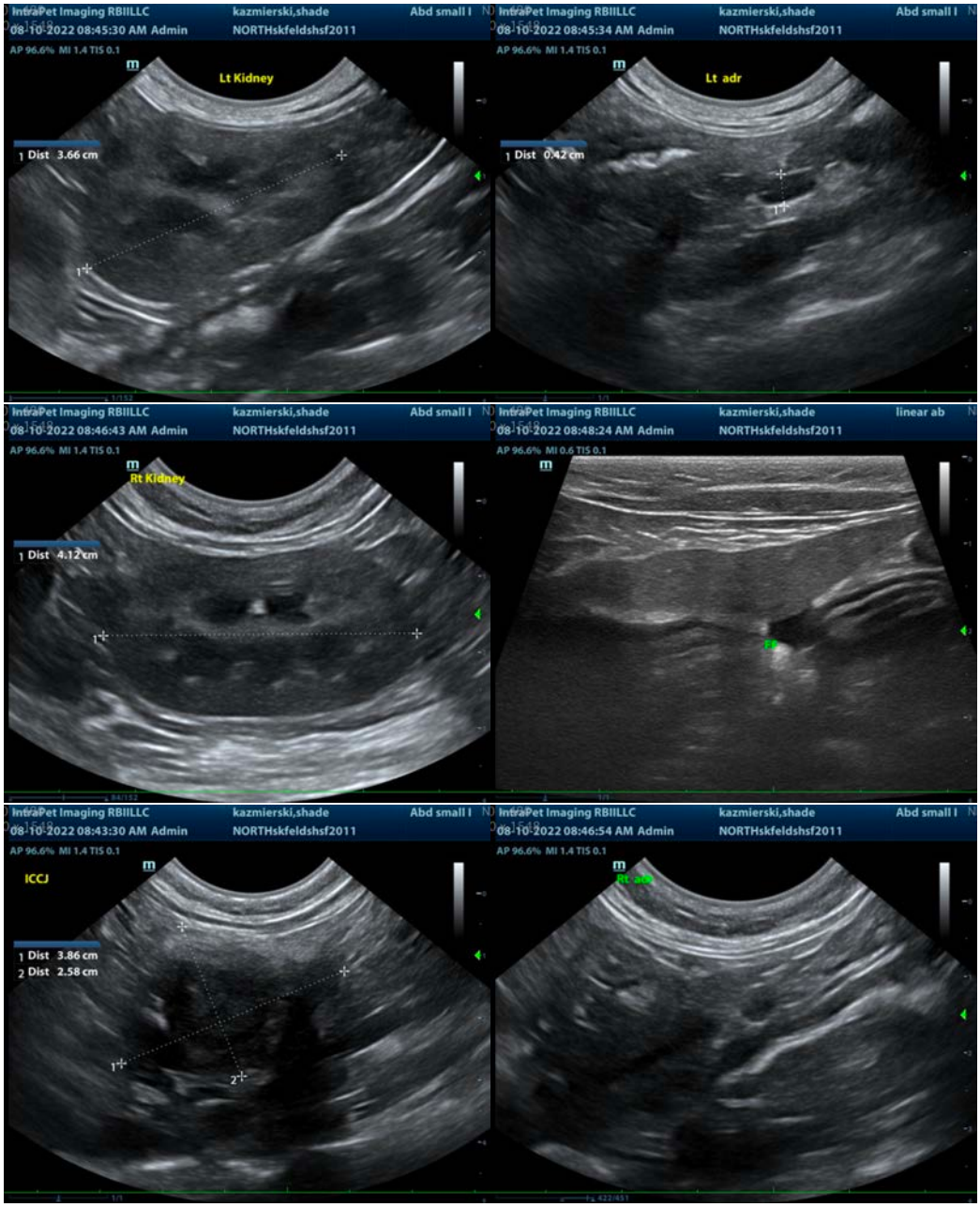
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the bowel mass +/- the spleen could be considered if patient's coagulation status is appropriate. Ultimately, if a cytologic diagnosis cannot be obtained, an exploratory laparotomy for biopsies of the gastrointestinal tract as well as excisional biopsy/removal of the bowel mass would be recommended.

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.

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.

Incidentally, given the included T4 value, beginning medical management for hyperthyroidism is also recommended and may help alleviate some of the reported clinical signs.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kazmierski,shade
Abd small I
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NORTHskfeldshsf2011
AP 96.6% MI 1.4 TIS 0.1
Lt Kidney
1 Dist 3.66 cm
IntraPet Imaging RBIIILLC
kazmierski,shade
Abd small I
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NORTHskfeldshsf2011
AP 96.6% MI 1.4 TIS 0.1
Lt adr
1 Dist 0.42 cm
IntraPet Imaging RBIIILLC
kazmierski,shade
Abd small I
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NORTHskfeldshsf2011
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Rt Kidney
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IntraPet Imaging RBIIILLC
kazmierski,shade
linear ab
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AP 96.6% MI 1.4 TIS 0.1
ICCJ
1 Dist 3.86 cm
2 Dist 2.58 cm
IntraPet Imaging RBIIILLC
kazmierski,shade
Abd small I
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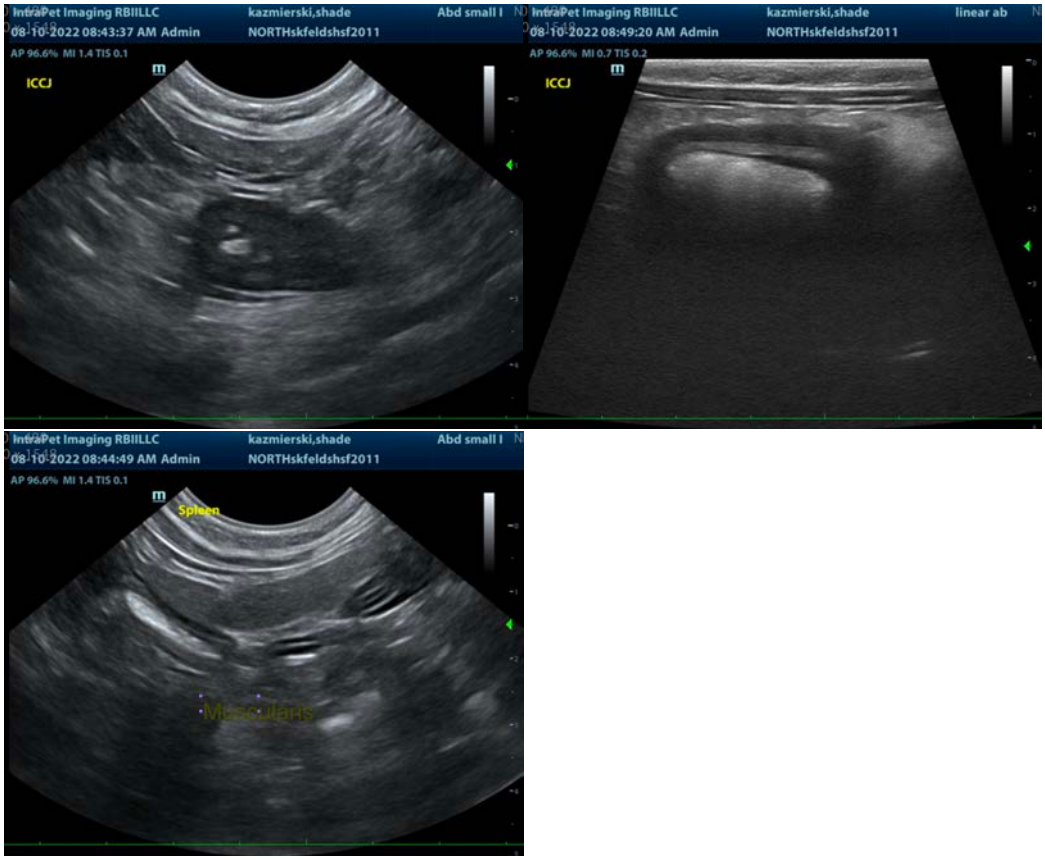
NORTHskfeldshsf2011
AP 96.6% MI 1.4 TIS 0.1
Rt adr



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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