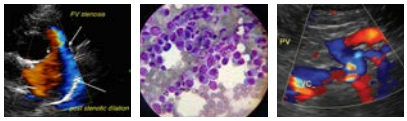
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8/2/22

PATIENT

Fiore Criss

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/11/13

WEIGHT

9 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Homeward Bound VH

REFERRING VET

Dr. Vance

INVOICE

40074

PRESENTING CLINICAL SIGNS

Was seen at ER this weekend for likely UTI but they felt a mass and thought they saw mass effect. Did have subtotal colectomy two years ago.

Current Medications: Cisapride/Lactulose.
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 (3.64 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 (3.46 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 (0.50 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is unable to be well visualized in the images.

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. In the caudal abdomen, there is a hypoechoic, heterogeneous lesion attached to the bowel wall that appears to be a focal small 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

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

There is a small amount of anechoic free fluid throughout these images as well as enhanced hyperechoic fat and mesentery. There is a large, heterogeneous, poorly differentiated mass at the mesenteric root, believed to be a lymph node. However, association with bowel cannot be ruled out.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Gastrointestinal lymphoma (suspect) pattern –** Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. Given the concurrent pathology noted, infiltrative neoplasia is considered more likely, but benign IBD cannot be ruled out without tissue sampling. A focal small bowel loss of layering is present, consistent with a small bowel mass.

- **Large, heterogeneous, poorly differentiated mass at the mesenteric root –** Believed to be an enlarged lymph node, most concerning for infiltrative neoplasia.

- **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.

SECONDARY FINDINGS

- Chronic active pancreatitis

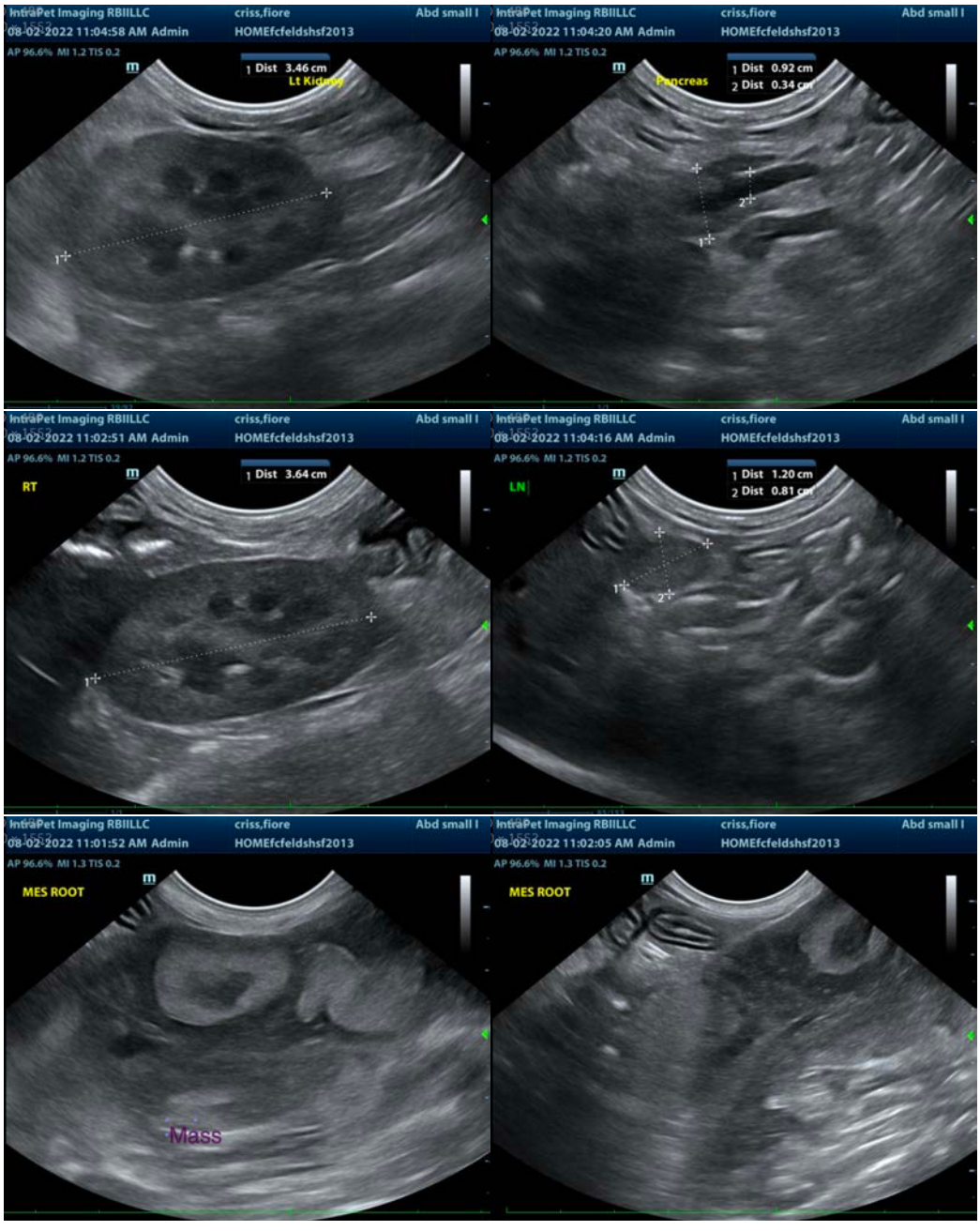
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

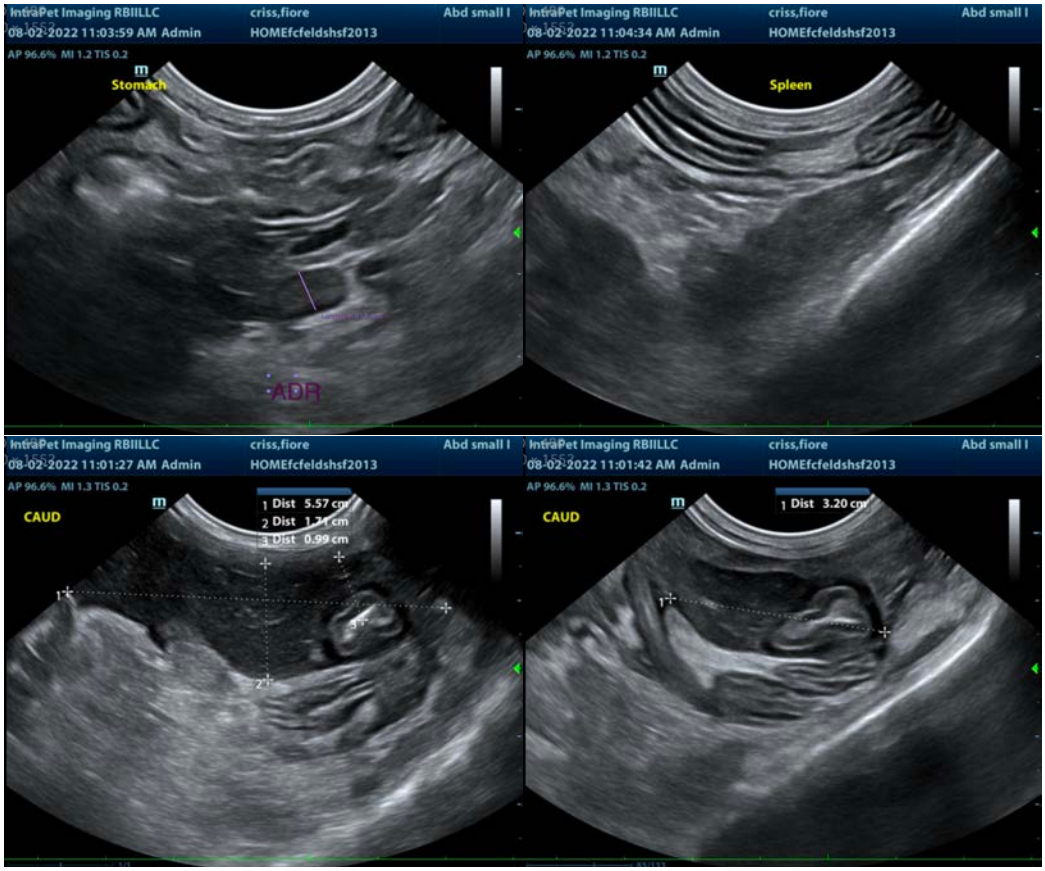
Recommendations include three view thoracic radiographs for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the mesenteric root mass/enlarged lymph node +/- the focal loss of layering/small bowel mass is recommended if possible and if patient's coagulation status is appropriate.

If a cytologic diagnosis of infiltrative neoplasia such as round cell neoplasia cannot be diagnosed, an exploratory laparotomy for bowel mass removal/resection and anastomosis, lymph node biopsy, as well as diffuse GI tract biopsies (given the diffuse muscularis changes), may be indicated to definitively diagnose and therefore manage this patient's disease.

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.


IntraPet Imaging RBIILLC
criss,fiore
Abd small I
08-02-2022 11:04:58 AM Admin
HOMEfcfeldshsf2013
AP 96.6% MI 1.2 TIS 0.2
1 Dist 3.46 cm
Lt Kidney
IntraPet Imaging RBIILLC
criss,fiore
Abd small I
08-02-2022 11:04:20 AM Admin
HOMEfcfeldshsf2013
AP 96.6% MI 1.2 TIS 0.2
Pancreas
1 Dist 0.92 cm
2 Dist 0.34 cm
IntraPet Imaging RBIILLC
criss,fiore
Abd small I
08-02-2022 11:02:51 AM Admin
HOMEfcfeldshsf2013
AP 96.6% MI 1.2 TIS 0.2
RT
1 Dist 3.64 cm
IntraPet Imaging RBIILLC
criss,fiore
Abd small I
08-02-2022 11:04:16 AM Admin
HOMEfcfeldshsf2013
AP 96.6% MI 1.2 TIS 0.2
LN
1 Dist 1.20 cm
2 Dist 0.81 cm
IntraPet Imaging RBIILLC
criss,fiore
Abd small I
08-02-2022 11:01:52 AM Admin
HOMEfcfeldshsf2013
AP 96.6% MI 1.3 TIS 0.2
MES ROOT
Mass
IntraPet Imaging RBIILLC
criss,fiore
Abd small I
08-02-2022 11:02:05 AM Admin
HOMEfcfeldshsf2013
AP 96.6% MI 1.3 TIS 0.2
MES ROOT



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