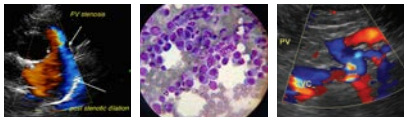
IMAGING PERFORMED BY

IntraPet.com



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

DATE

8/2/22

PATIENT

Moe Pie

SPECIES

Feline

BREED

Tonkinese

SEX

Neutered Male

AGE

4/3/2004

WEIGHT

11 lbs 4 oz

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Brand

INVOICE

40077

PRESENTING CLINICAL SIGNS

Decreased appetite and vomiting since April. Vomiting frequency has increased from once a week to now daily. Weight gradually decreasing- was 14.13 in 1/19, 12.07 in 5/22, 11.25 today 8/22.

Current Medications: 8/22- SQF 150mL LRS, Cerenia 0.5mL SQ, Convenia 0.5mL SQ, Famotidine 0.5mL SQ.
Lab Results: 5/22- Creat 2.5, BUN 35, USPG 1.020, T4 1.8. 8/22- Creat 2.6, BUN 31, USPG 1.018, WBC 21.75, fPli on Vcheck- 4.6 (interpretation:suspected).
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.

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 measures 3.4 cm. The right kidney measures 3.38 cm. A cortical cyst is noted in the left kidney with echogenic contents within the cyst, no blood flow appreciated.

Adrenal Glands

The area of the adrenal glands is examined without evident pathology.

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 diffusely thick (1.5 cm) with loss of layering. The lumen is empty with no evidence of obstruction or foreign material.

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

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 no evidence of free peritoneal effusion noted in these images.

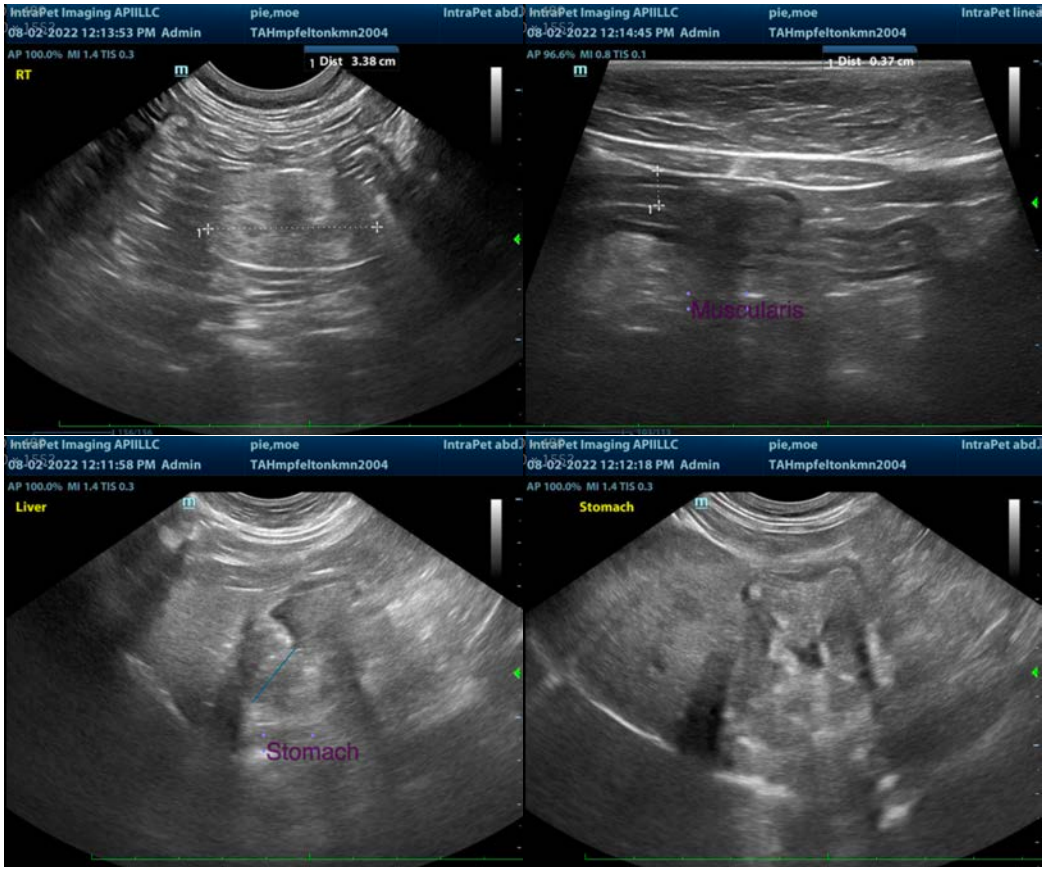
Enlarged, hypoechoic cranial abdominal/pancreaticoduodenal lymph nodes are present, rule outs for which include both reactive as well as infiltrative neoplastic disease.

ULTRASONOGRAPHIC FINDINGS

- **Diffusely thick stomach wall** – This finding is concerning for infiltrative neoplasia such as lymphoma. Benign inflammatory disease can't be ruled out, but is considered less likely given the loss of layering.
- **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.
- Cranial abdominal lymphadenopathy
- Suspect complicated cortical cyst in the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the gastric wall could be considered if patient's coagulation status is appropriate. If a cytologic diagnosis is not obtained, and/or an aspirate cannot be performed, either endoscopic or surgical biopsies of the stomach and small bowel, being sure to include ileum, if possible, may be necessary to definitively diagnose and therefore manage this patient's infiltrative disease.



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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