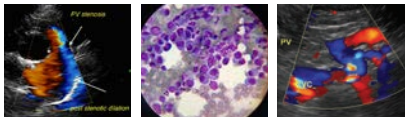
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/24/23

PATIENT

Scarlet Gregory

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/24/09

WEIGHT

3.77 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

AH of Southgate

REFERRING VET

Dr. Jones

INVOICE

44948

PRESENTING CLINICAL SIGNS

Diarrhea and weight loss. Increased appetite.

Current Medications: Metronidazole 250mg/mL 0.05mL SID started 8/15/23, Proviable 1 cap SID started 8/15/23.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Bup IV.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 3.14 cm. The right kidney measures 3.38 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 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. Multifocal nodules/masses of mixed echogenicity, primarily hyperechoic in echogenicity but containing multiple cysts of varying size, are noted throughout the parenchyma. 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 visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. However, given the reported history of fasting, delayed

gastric emptying could be considered. Soft (cloth) fluid absorbing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Diffusely, 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), except for in the mid cranial abdomen, where there is a 3.0 cm long small bowel mass characterized by concentrically thick 1.0 cm thick wall and complete loss of mural detail. 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

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

A trace amount of anechoic free fluid is noted adjacent to the bowel mass.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Small bowel mass – concerning for infiltrative neoplasia such as lymphoma versus carcinoma versus other. A benign inflammatory lesion is possible but considered much less likely. A trace amount of anechoic free fluid is present adjacent to the mass.

- The full stomach could represent normal ingesta secondary to an unknown meal, or could represent some delayed gastric emptying secondary to the mass. Foreign material is considered less likely but can't be definitively ruled out.

- Feline biliary cystadenomas – In a senior cat, these liver lesions are most consistent with benign biliary cystadenomas. Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.

SECONDARY FINDINGS

- Age related kidney changes

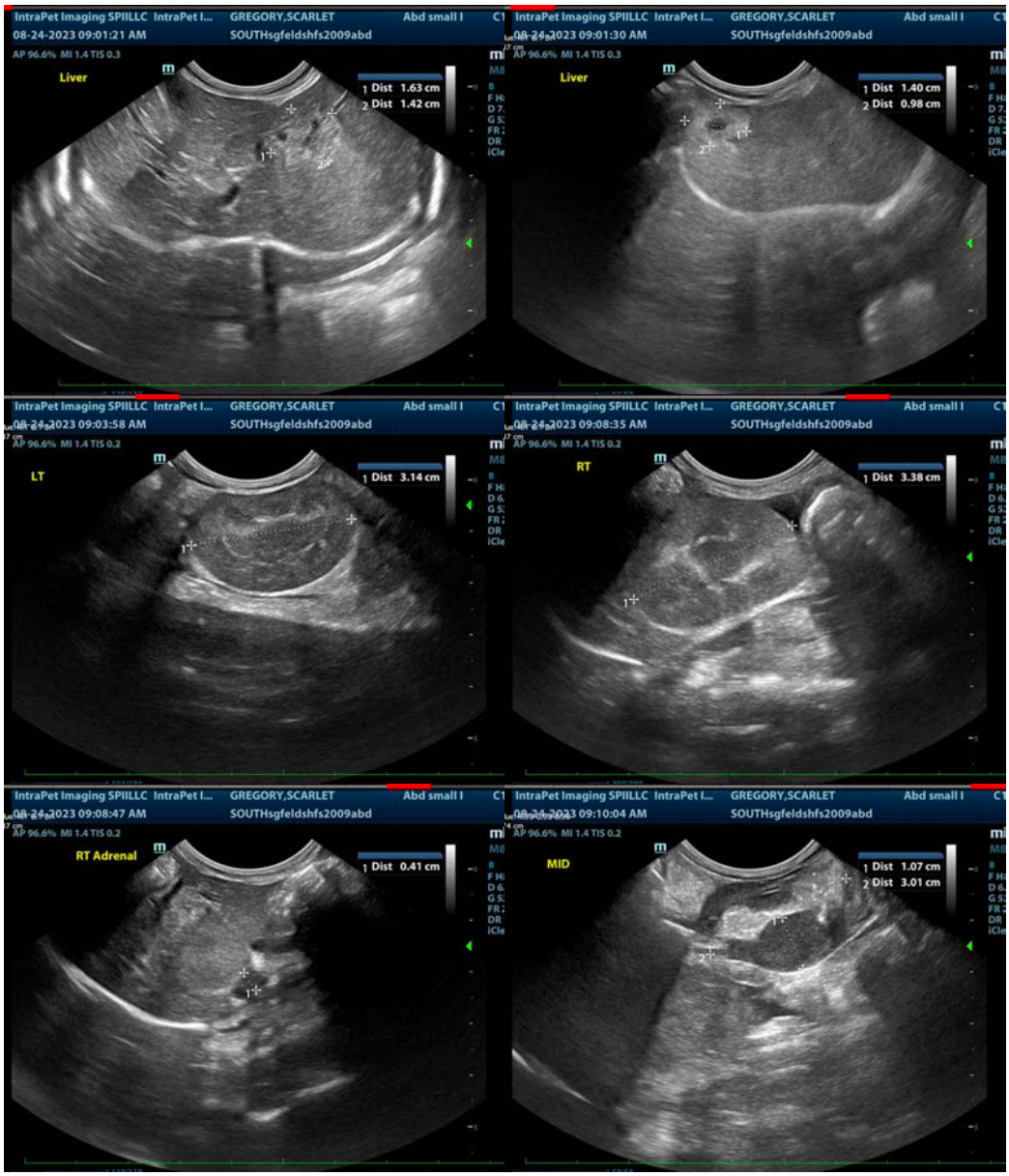
- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

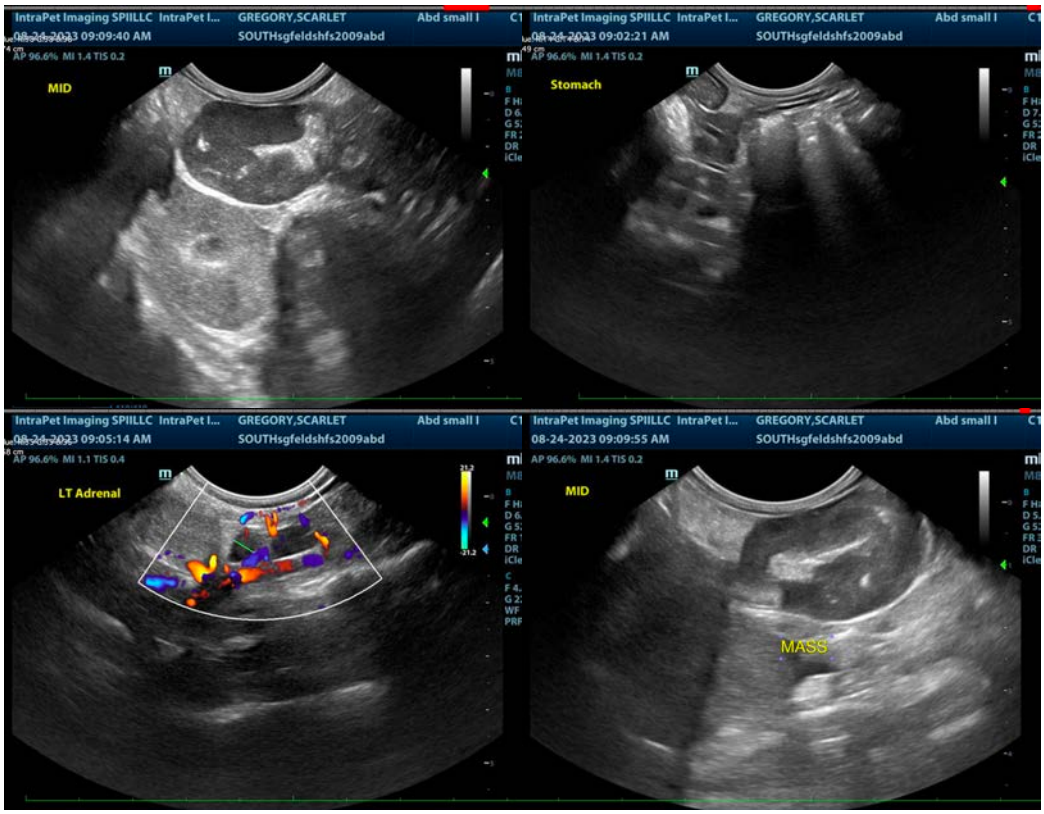
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the bowel mass is recommended if patient's coagulation status is appropriate.

Additionally, 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.

Pending results and/or if a diagnosis cannot be obtained cytologically, an exploratory laparotomy for planned excisional biopsy/bowel mass removal/resection and anastomosis could be considered. While resectability can't be guaranteed ultrasonographically, full resectability appears probable based on these images.





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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