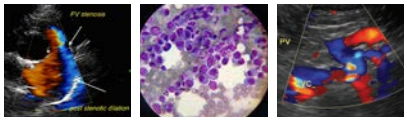
IMAGING PERFORMED BY

IntraPet.com



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

DATE

10/20/22

PATIENT

Momo Starr

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/15/11

WEIGHT

9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Slaughter

INVOICE

42219

PRESENTING CLINICAL SIGNS

Chronic diarrhea.

Current Medications: N/A.
Radiographs: Suspicious mass artifact? Mass?
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IM sedation.
Stat Report: STAT requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.47 cm with slight hyperechoic medullary rim sign noted. The right kidney measured 3.1 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.34 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Minor gallbladder debris noted.

Gastrointestinal

The **ileocecal** junction revealed an undifferentiated, expansive, cystic, complex 7.4 cm x 3.92 cm mass occupying the ileocecal junction and proximal colon with multiple areas of mineralization. Cystic component measured 2.55 cm. Regional lymph nodes were enlarged. Reactive mesentery present. Regional expansion into the surrounding mesentery noted. This appears to be entering into a carcinomatosis or lymphomatosis type presentation, given the abdominal spread. Variable small intestinal thickening noted elsewhere yet without neoplastic criteria. The stomach was unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

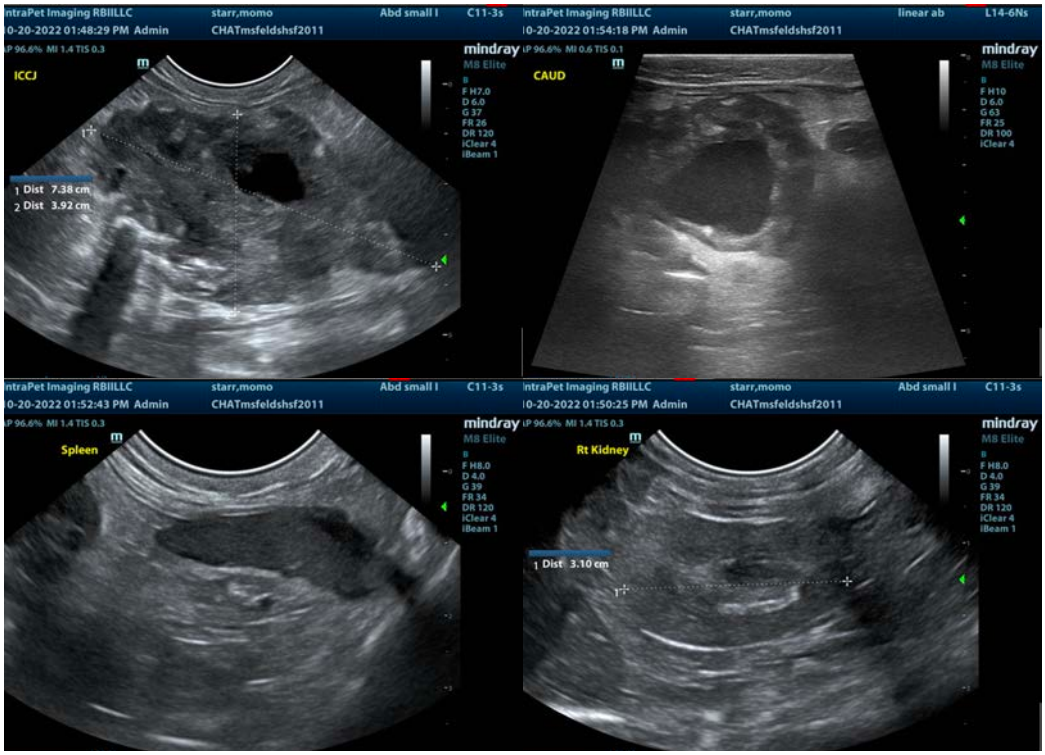
Areas of free fluid noted.

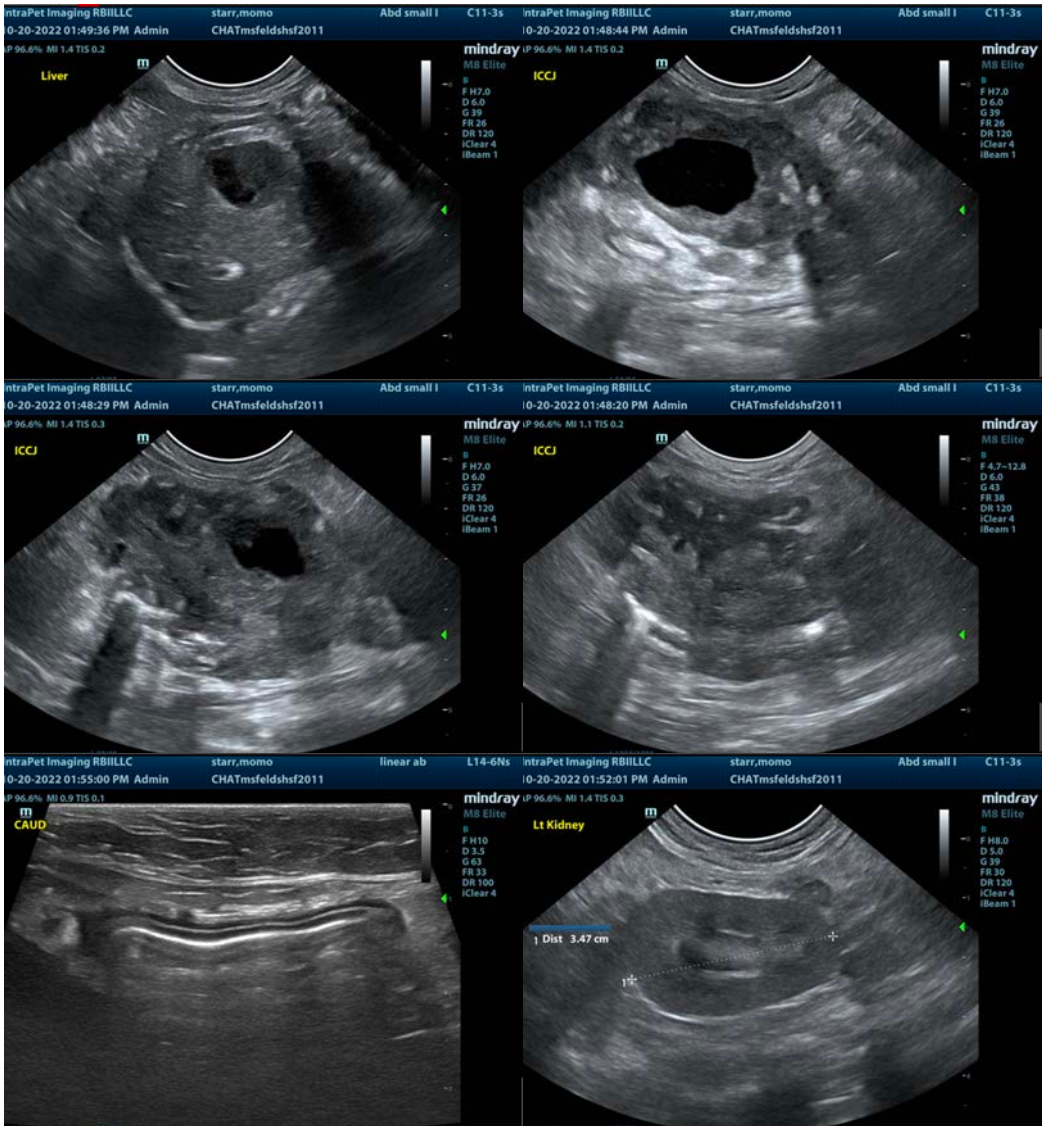
ULTRASONOGRAPHIC FINDINGS

- Extensive ileocecocolic mass with cystic component
- Free fluid
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This does not appear resectable. Drainage of the cystic portion and culture with FNA of the parenchymal portion of the mass warranted. I do not believe surgery is an option, as omental spread is evident. Chest radiographs warranted to assess for comorbidities. Prognosis long-term is poor. There is a very mild potential for underlying granulomatous disease. Therefore, FNA is strongly encouraged, yet carcinomatosis/lymphomatosis deriving from primary ileocecocolic mass is most likely





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.

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