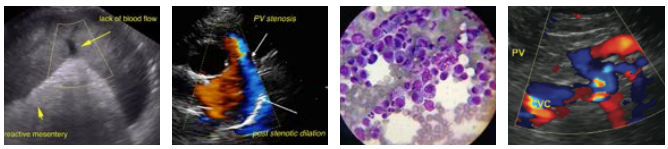
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Puma Albanese

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
4 years

WEIGHT
11 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Pascucci

HOSPITAL NAME
American AH

REFERRING VET
Dr. Pascucci

INVOICE
42352

DATE
12/27/22

PRESENTING CLINICAL SIGNS

History: presented this morning for anorexia and vomit found on basement floor. Has not been acting himself over the weekend. Lives in finished basement with 2 other cats (semi-feral). Survey rads suspicious for intestinal foreign body.
Abnormal PE/Chem/CBC/UA Results: pending

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 was noted. Ureteral papillae were normal.

The **kidneys** was largely normal with minor, increased cortical echogenicity. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.9 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.

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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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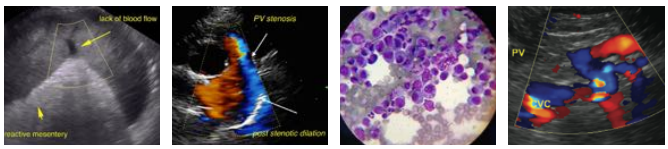

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. Echotexture of material inn the stomach is that of hair or ingesta. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. The mid to upper small intestine revealed a particularly aggressive intestinal mass. The mass appears to be partially obstructive and measured 5.3 cm. The mass appears to be jejunal in origin with expansive, irregular contour into the regional omentum. Regional lymph nodes were enlarged, rounded and hypoechoic with enhanced mesentery. The largest lymph node measured 1.5 cm. Escape into the regional omentum with nodular changes were noted.

Pancreas

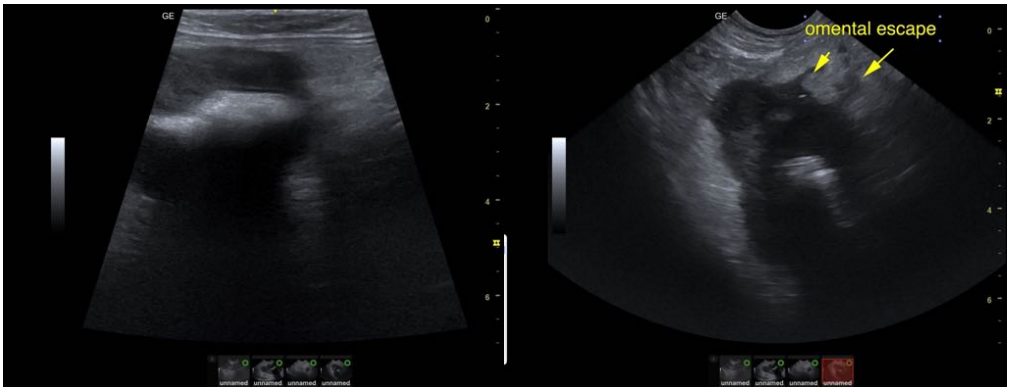
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Intestinal mass with regional lymphadenopathy and omental presentation/escape. Lymphomatosis type presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is not surgical. FNA of the intestinal mass and or regional lymph nodes is warranted. Immediate chemotherapeutic intervention is recommended. Chemo reduction may prove fruitful regarding reducing the obstructive pattern. Chest radiographs are warranted to assess for comorbidity.



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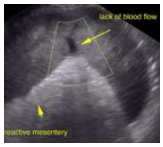
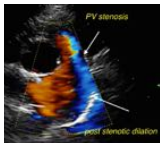
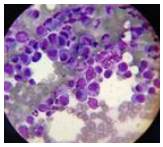
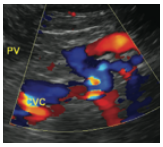

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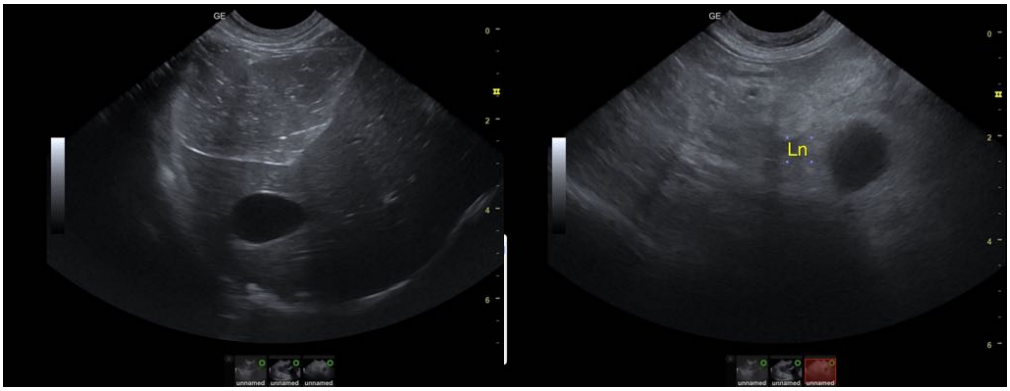

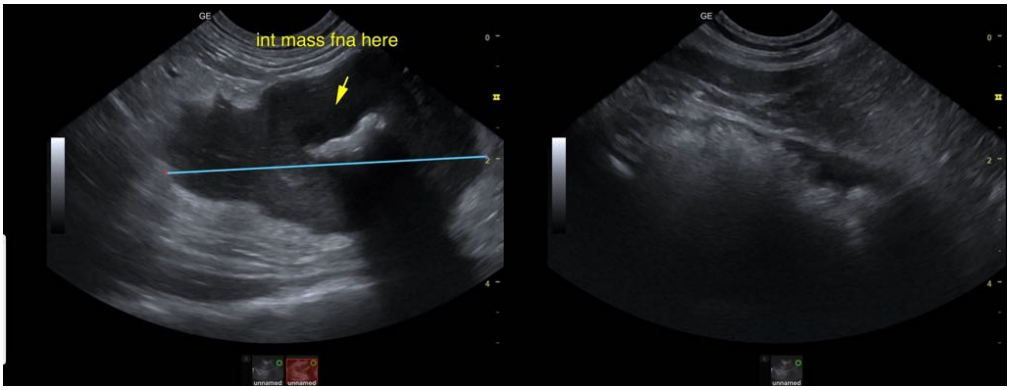

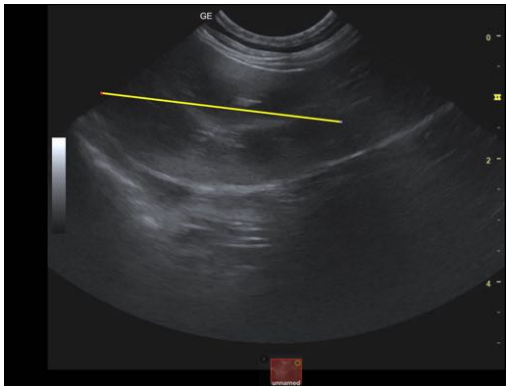

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com