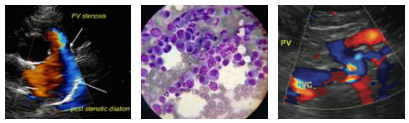
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
2/25/22

PATIENT
Jasmine Koenig

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
2006

WEIGHT
4.7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Kalwa

INVOICE
96352

PRESENTING CLINICAL SIGNS

Presenting Complaint: Possible Intestinal Obstruction. Dehydrated.
History: Date: 02-24-2022 Notes: Referred for continued care and AUS. For past few months Jasmin's stool has been soft/mushy/stinky but appetite has been good and otherwise she has been normal except some weight loss noted; owner attributed to her age. No recent vomiting but has done a few times over past month. For past 48 hours has not been eating well. Saw rDVM; bloodwork and xrays done; they noted gas dilated bowel and possible obstruction in GI tract.
Assessment: r/o IBD, neoplasia, obstruction in GI tract (mass vs Fb).
Current Medications: Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL) 0.21 Metoclopramide 5mg/mL Injection (Per mL) 0.17 Buprenorphine 0.6mg/mL 0.07
Lab Results: Attached.
PCV - 24; TS - 8.4
Possible cocci on UA; no other abnormalities
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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** 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.82 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 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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative

pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** was empty. The ileocecal junction revealed a 3.6 x 2.0 cm hypoechoic mass with disrupted mural architecture. The mass involves the ileum, cecum and proximal colon. This is strongly consistent with lymphoma with the possibility of carcinoma. Mild reactive mesentery was noted around the mass. Minor regional lymph nodes were slightly enlarged.

Pancreas

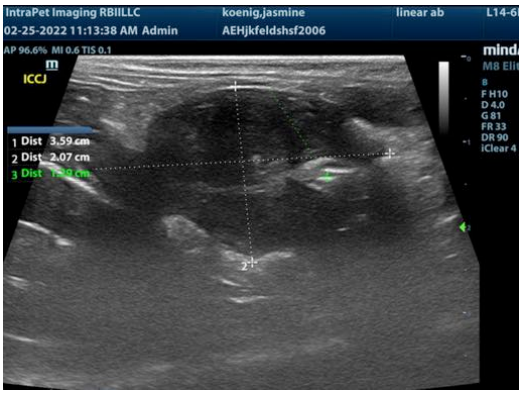
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

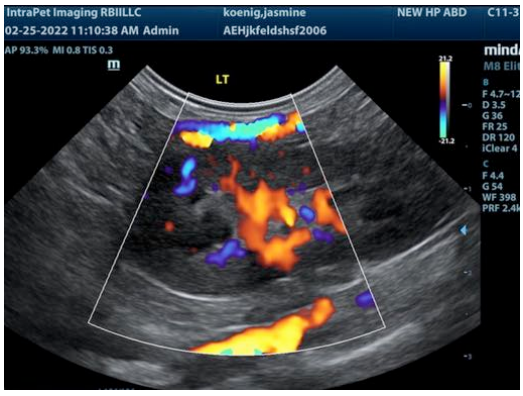
ULTRASONOGRAPHIC FINDINGS

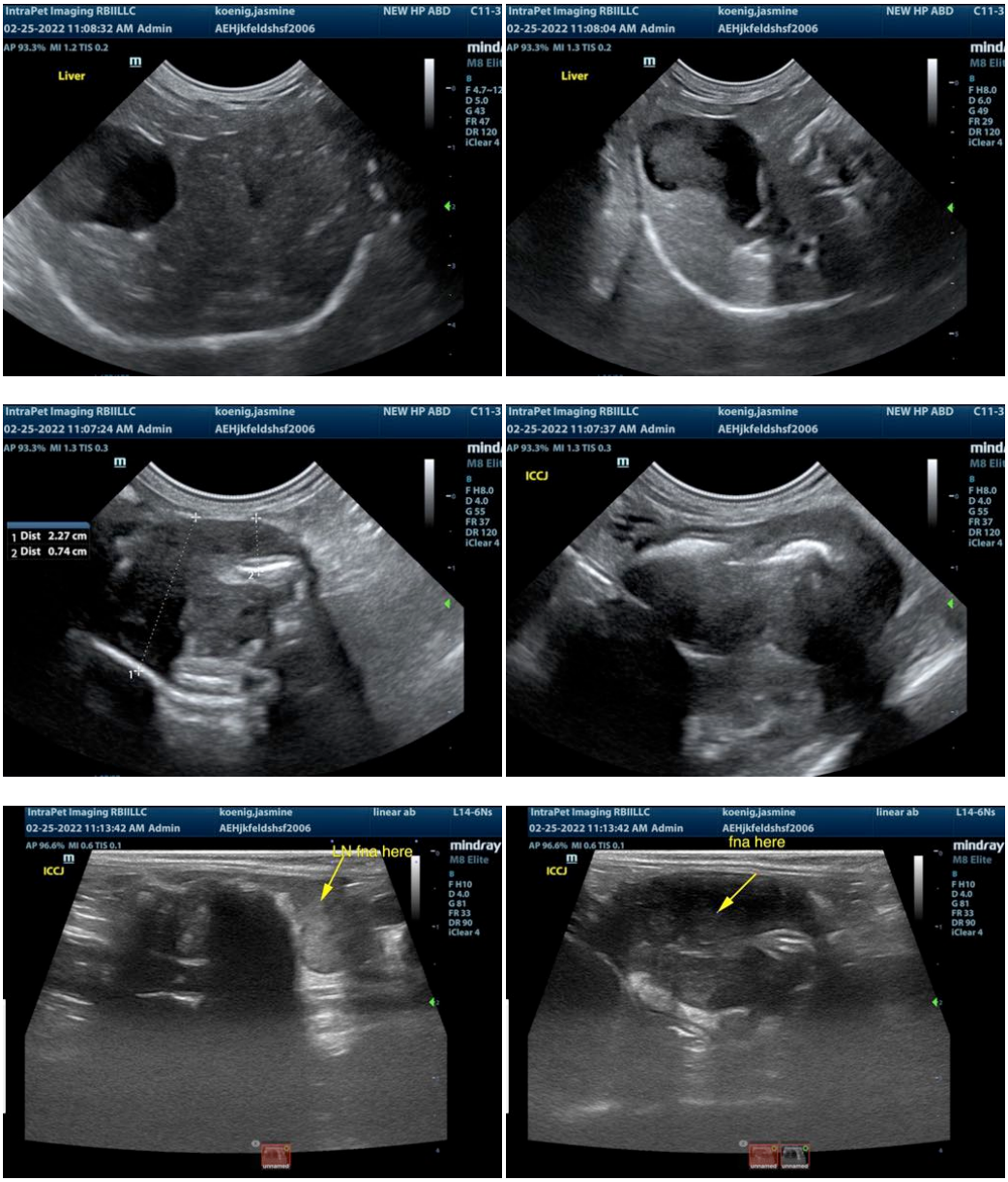
Ileocecal junction mass. Lymphoma versus carcinoma. This appears isolated with slight, regional lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with expectations towards resection and anastomosis can be considered or ultrasound-guided FNA of both lymph nodes and mass. The largest lymph node measured 1.0 cm. If lymphoma is confirmed then chemoreduction can be considered and may provide MST similar to that of a surgical approach. It is debatable on whether the lymph nodes are directly involved or may be simply reactive as they are somewhat rounded, yet the length to width ratio is fairly normal, which is suggestive of reactive nodes. However, FNA of both lesions are recommended for staging purposes.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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