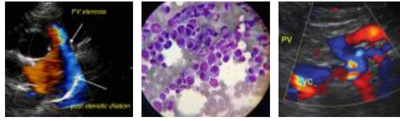
IMAGING PERFORMED BY
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
05/09/2022

PATIENT
Autumn Godat

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
2 years

WEIGHT
11.3 pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Cat Hospital at Towson

REFERRING VET
Dr. Brunt

INVOICE
10554ag

PRESENTING CLINICAL SIGNS

Chronic vomiting. Low Cobalamin (273 on 11/24/21). O supplementing with B12 injections successfully.

Current Medications: B12 innjection monthly.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Gabapentin PO. Torbugesic and Dexdomitor IV.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearec RDCS, RVT.

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 normal size and contour with slight hyperechoic medullary rim sign and areas of corticomedullary mineralization.

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 were 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.

Gastrointestinal

Examination of the gastrointestinal tract revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The distal small intestine revealed a regional infiltrative mass measuring 4.4 cm x 2 cm.

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

A grouping of reactive mesenteric lymph nodes measuring 3.5 cm was present. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The largest lymph node measured 1.5 cm.

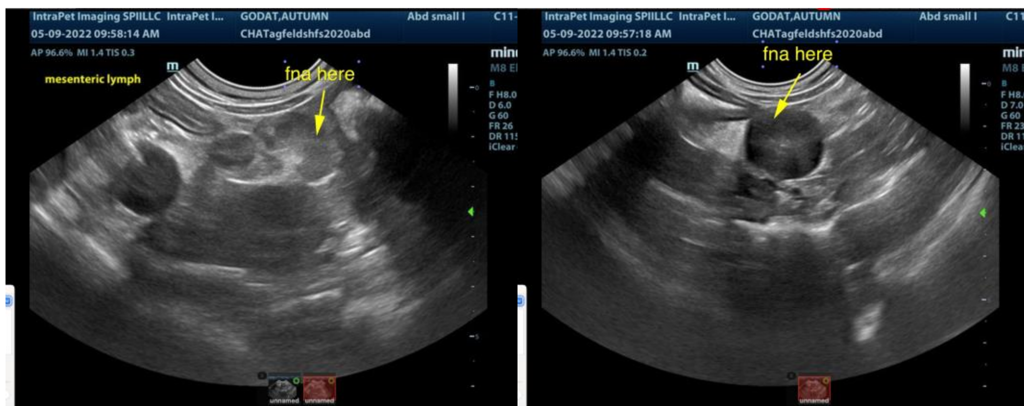
ULTRASONOGRAPHIC FINDINGS

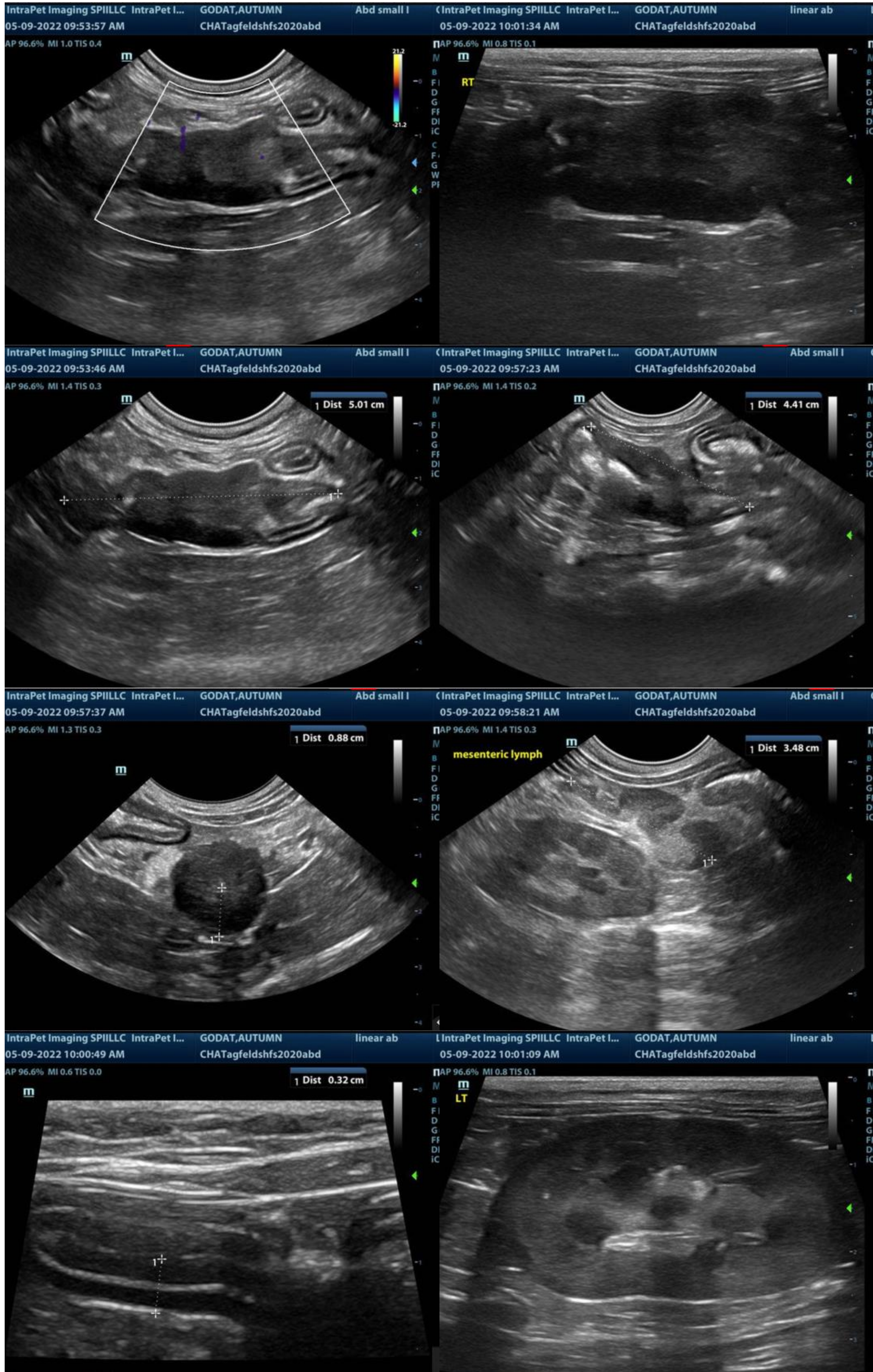
- Small intestinal mass
- Regional lymphadenopathy
- Slight pinpoint renal mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small intestine presentation include lymphoma, FIP or granulomatous non neoplastic disease possible with carcinoma less likely. The mass appears to be jejunal in nature/position and potentially resectable however local spread to the lymph nodes may be an issue. Intraoperative ultrasound resection and anastomosis would be ideal. An ultrasound guided FNA of the mass and lymph nodes is warranted for further definition. Three view chest radiographs recommended if not already done to assess for thoracic pathology.

A renal biopsy could be considered to ensure FIP is not an issue given the medullary rim sign.





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AP 96.6% MI 1.0 TIS 0.4
IntraPet Imaging SPIILLC IntraPet I... GODAT,AUTUMN linear ab
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AP 96.6% MI 0.8 TIS 0.1
RT
IntraPet Imaging SPIILLC IntraPet I... GODAT,AUTUMN Abd small I
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1 Dist 5.01 cm
IntraPet Imaging SPIILLC IntraPet I... GODAT,AUTUMN Abd small I
05-09-2022 09:57:23 AM CHATagfeldshfs2020abd
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mesenteric lymph
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1 Dist 0.32 cm
IntraPet Imaging SPIILLC IntraPet I... GODAT,AUTUMN linear ab
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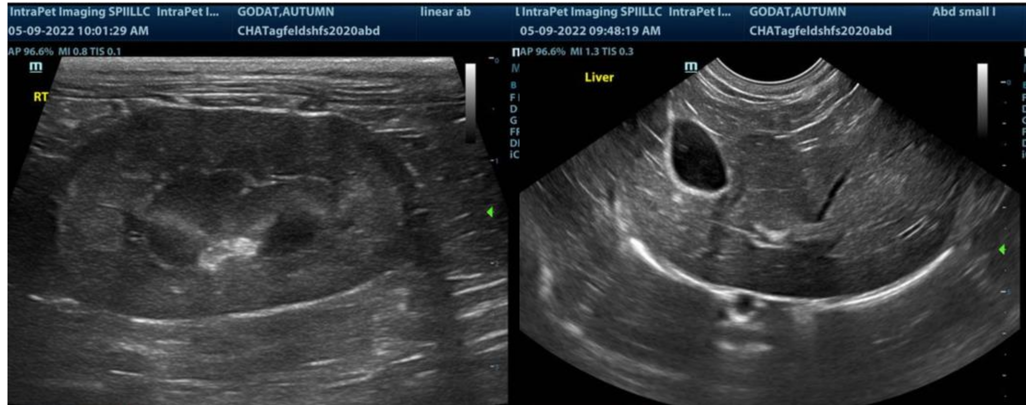
AP 96.6% MI 0.8 TIS 0.1
LT



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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