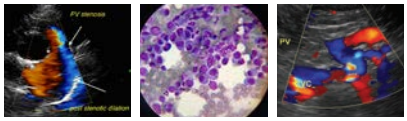
IMAGING PERFORMED BY

IntraPet.com



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

DATE

7/18/22

PATIENT

Lilly Berk

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11/1/13

WEIGHT

9 lb 13 oz.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Mallick

INVOICE

39617

PRESENTING CLINICAL SIGNS

Anorexic, one episode of vomiting, lethargy, fever. x rays showed possible plication of small intestines and possible peritonitis

Current Medications: None.
Lab Results: CBC - WNL except neutrophilia. Chem - WNL except hyperglobulinemia and hypocalcemia
Radiographs: possible plication of intestines and possible peritonitis
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
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 right kidney measured 4.63 cm. The left kidney measured 4.63 cm. Occasional cortical cysts noted in the kidneys.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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

The **stomach** itself was unremarkable. Variable distal small intestinal thickening noted with reactive mesentery and localized free fluid. The ileocecal junction revealed a mixed hypoechoic, ill-defined mass measuring 3.16 cmx 1.8 cm with reactive surrounding mesentery. Heterogeneous mesenteric changes noted throughout the mid caudal abdomen, suggestive for carcinomatosis or similar neoplasia.

Pancreas

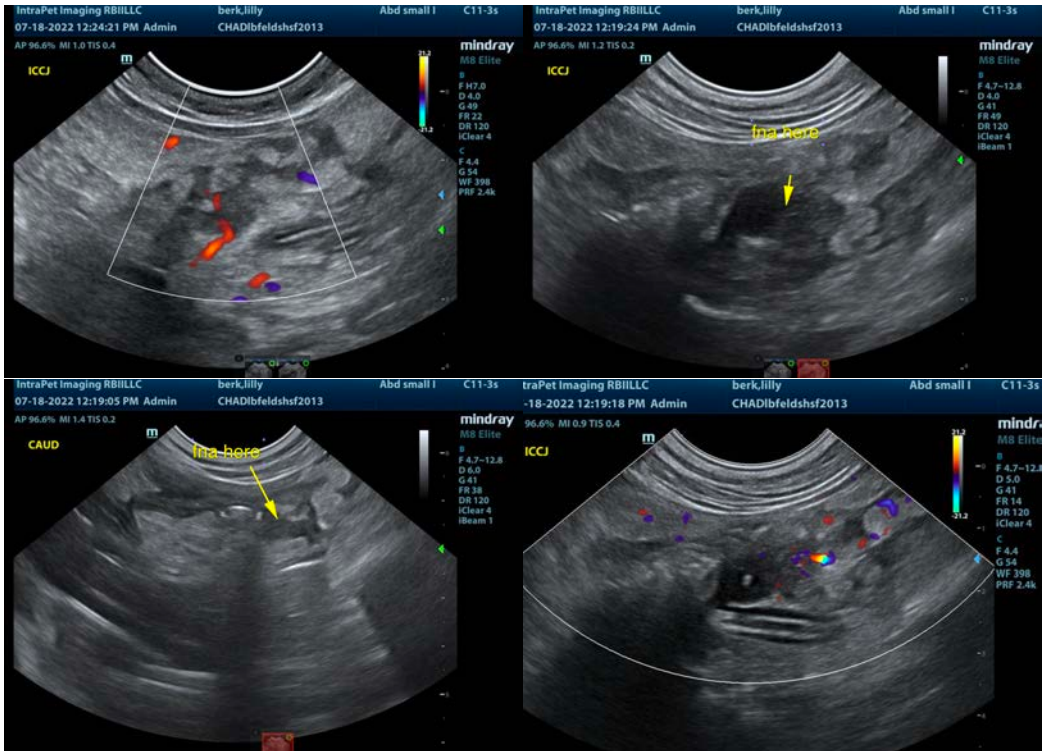
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

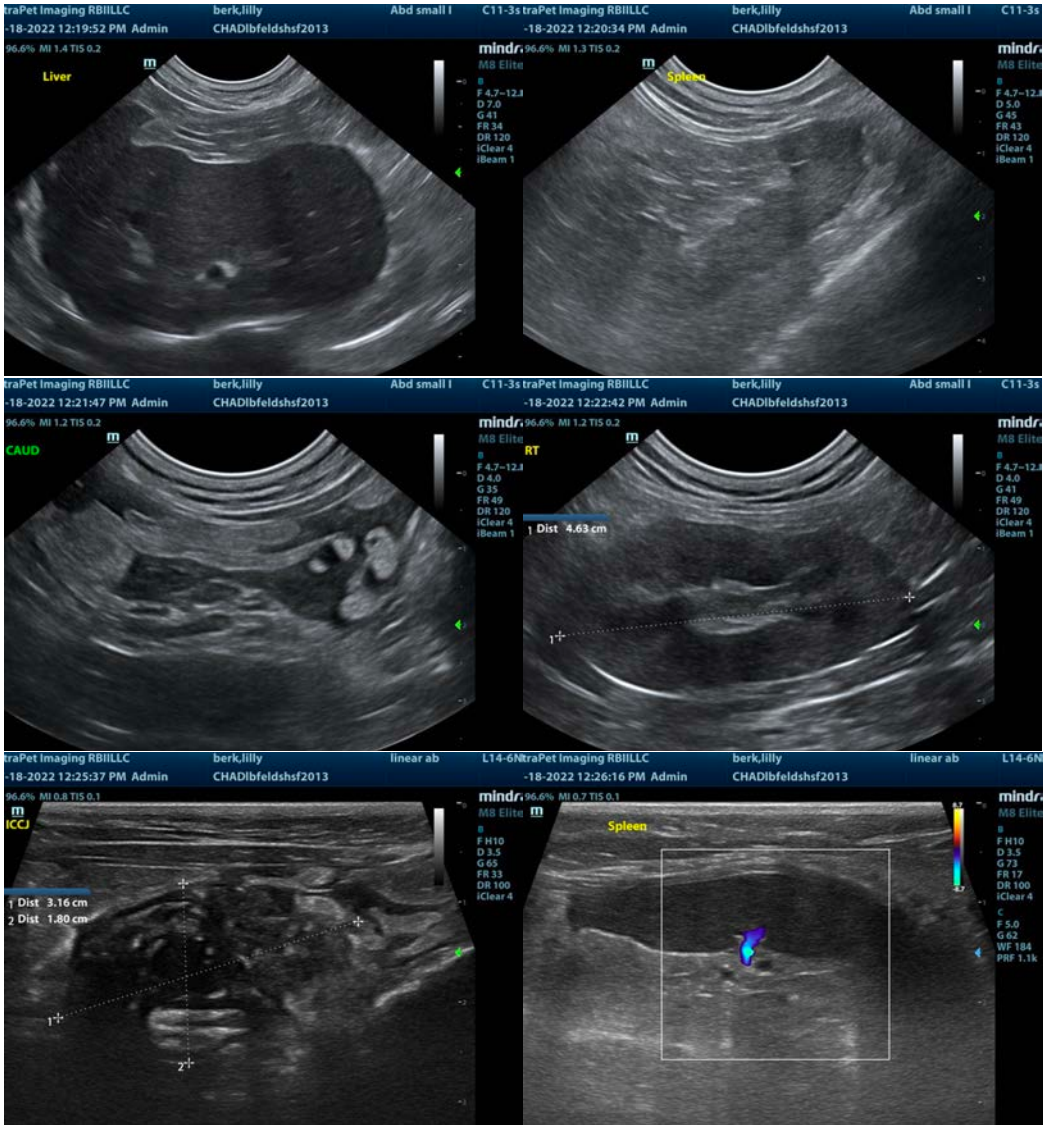
ULTRASONOGRAPHIC FINDINGS

- Undifferentiated ileocecal junction mass with variable intestinal thickening and nodular omentum – suspect intestinal carcinoma/carcinomatosis. Other forms of neoplasia of granulomatous disease possible.
- Age related renal changes with cortical cysts
- Folded spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the ileocecal junction recommended, and the hypoechoic ill-defined nodular changes. Exploratory surgery could be considered. However, the pathology does not appear resectable, as it infiltrates in finger-like fashion into the regional omentum. FIP minor potential. Mast cell disease, lymphomatosis, carcinomatosis all possibilities.





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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info@SonoPath.com