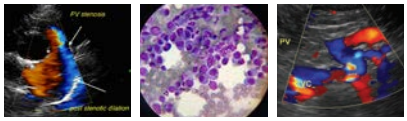
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

8/24/21

PATIENT

Church Hamilton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2006

WEIGHT

13 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Essex Middle River VC

REFERRING VET

Dr. Hicks

INVOICE

24911

PRESENTING CLINICAL SIGNS

History: Follow-up US to check progression of mass seen in earlier US (1.5 cm x 1.1 cm); owner concerned is losing weight.
Current Medications: Lactulose/Mitazapine PRN
Lab Results: 6/21: SDMA-15. BUN- 42. ALP- 100. HCT- 27.2.
Date of Previous IntraPet Ultrasound: 05/18/2021.
Sedation: Not needed.
Stat Report: Not 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 3.33 cm. Cortical infarcts noted in the kidneys and areas of 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. The right adrenal gland measured 0.43 cm. The left adrenal gland measured 0.5 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 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. The intestinal stricturing lesion measured 0.82 cm x 0.66 cm. Loss of structural detail noted. It appears to be tapering less than the prior sonogram, and appears to be more focal. The remainder of the gastrointestinal tract was unremarkable with normal curvilinear patterns. An enlarged mesenteric lymp node measured 1.3 cm x 0.6 cm. Length to width ratio was maintained. Smaller lymph nodes were also mildly enlarged. Enhanced mesentery noted around the lymph nodes.

Pancreas

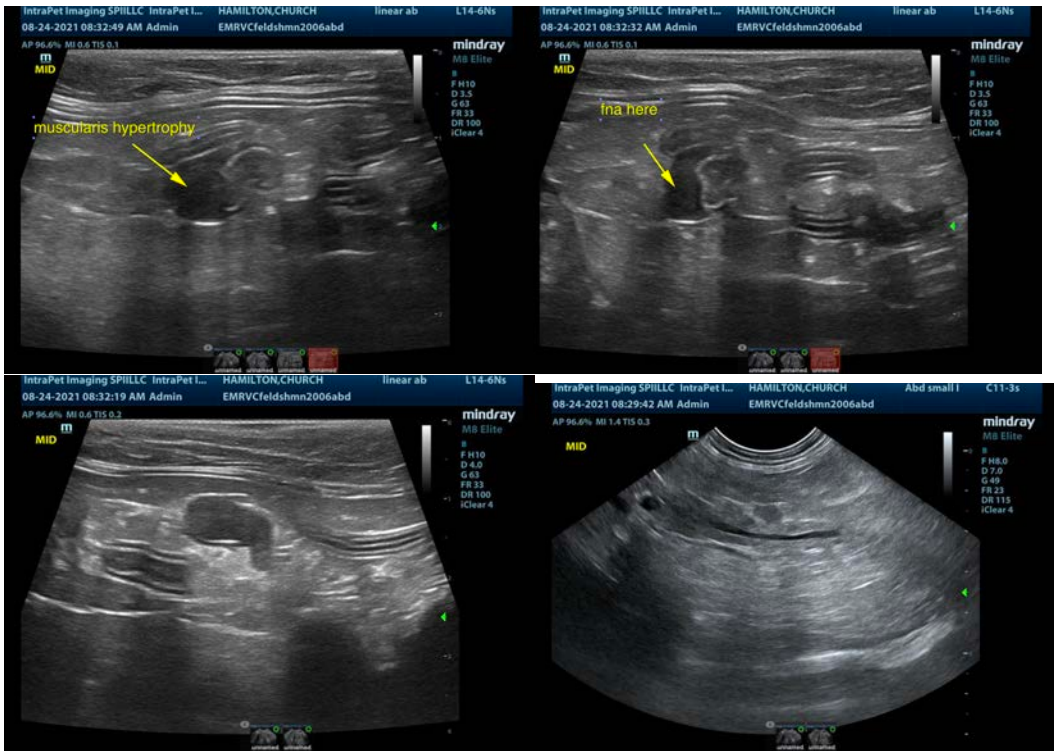
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Isodchoic nodular changes noted and duct dilation. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The left limb measured 1.13 cm.

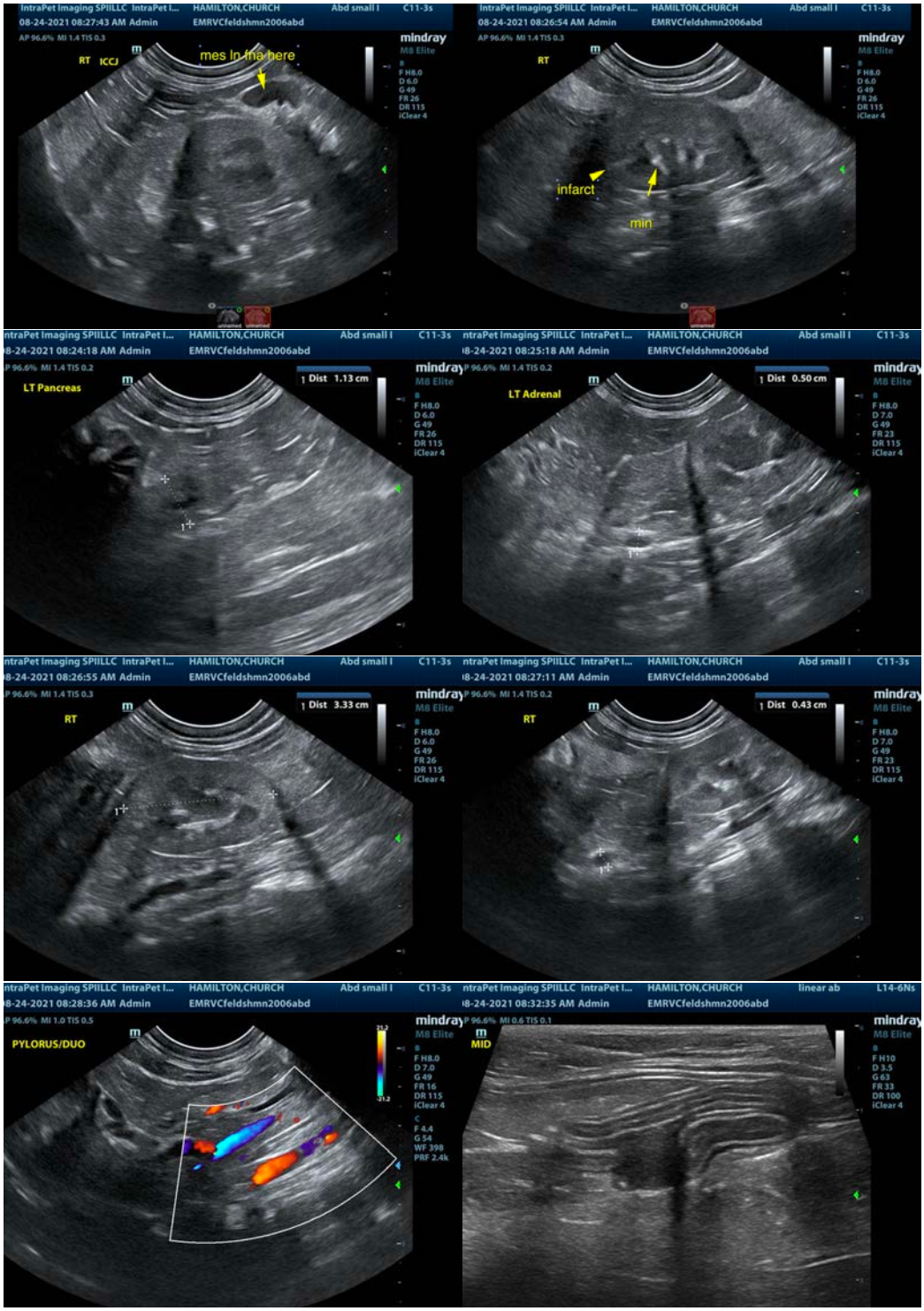
ULTRASONOGRAPHIC FINDINGS

- Persistent stricturing small intestinal lesion, non-obstructive
- Enlarged mesenteric lymph node
- Renal infarcts and mineralization
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend ultrasound guided FNA of the mesenteric lymph node and attempt at FNA of the annular intestinal lesion for further definition. The intestinal lesion appears to derive from the muscularis layer and may be an idiopathic muscularis hypertrophy.

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RT ICCJ
infarct
min
LT Pancreas
Dist 1.13 cm
LT Adrenal
Dist 0.50 cm
RT
Dist 3.33 cm
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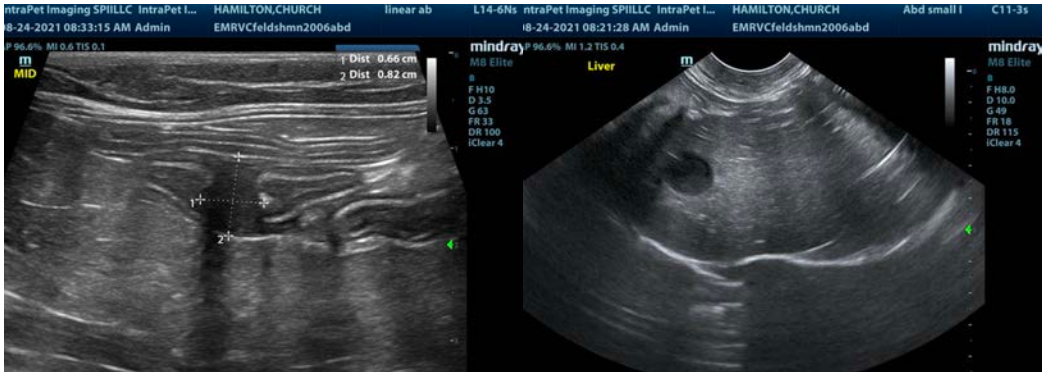
MID
mindray
M8 Elite



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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