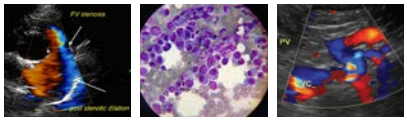
IMAGING PERFORMED BY

IntraPet.com



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

DATE

10/25/22

PATIENT

Voodoo Polletto

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

4/28/10

WEIGHT

8.75 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Brand

INVOICE

42313

PRESENTING CLINICAL SIGNS

Decreased appetite, weight loss. Suspect cranial abdominal mass- possibly intestinal.

Current Medications: Miratz gel apply SID PRN for appetite.
Lab Results: HCT 30.9- was 51 last year.
Radiographs: Fluid filled loops of bowel, not overtly distended, some mineral density which may be cat litter.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.01 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.18 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic lesion with a slightly hypoechoic exterior (possible target lesion?) visualized on the right side of the liver, measuring approximately 1.08 cm in diameter.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and there appears to be abnormal hypoechoic tissue in the region of the distal ileum/ileocecal junction. This mass lesion measures approximately 3.13 cm x 2.21 cm with a possible wall thickness of 1.29 cm. There is some intact layering persisting. Sections of distal colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

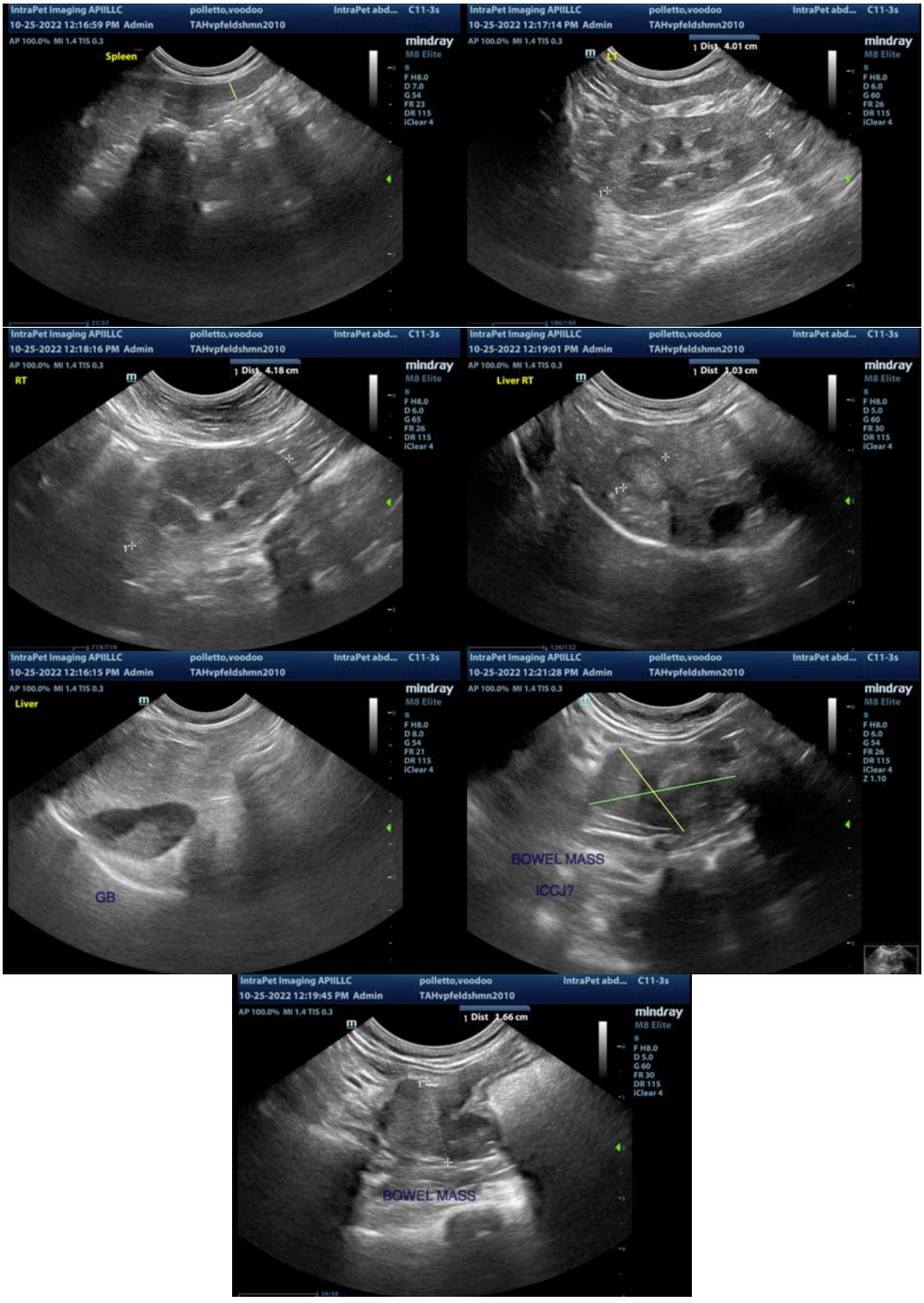
- Ill-defined target type lesion visualized in the right side of the liver – This lesion is relatively small but has some criteria of malignancy.
- Thickened irregular tissue associated with the distal ileum/ileocecal junction – Findings are concerning for a mass lesion. Consider carcinoma, adenoma, round cell neoplasia, granulomatous tissue, etc.
- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is thickened abnormal tissue associated with the ileocecal junction. This area is a common area for malignancies in cats. Consider a fine needle aspirate of this abnormal tissue. Additionally, there is an abnormal lesion/mass lesion in the liver. This would be a difficult aspirate, but a window may be possible if evaluated at the time of the ileocecal junction aspirate.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

If a diagnosis cannot be obtained based on cytology, consider surgical biopsies.


IntraPet Imaging APIILLC
polletto,voodoo
IntraPet abd... C11-3s
10-25-2022 12:16:59 PM Admin
TAHvpfeldshmn2010
Spleen
mindray
M8 Elite
10-25-2022 12:17:14 PM Admin
Dist 4.01 cm
10-25-2022 12:18:16 PM Admin
RT
Dist 4.18 cm
10-25-2022 12:19:01 PM Admin
Liver RT
Dist 1.03 cm
10-25-2022 12:16:15 PM Admin
Liver
GB
10-25-2022 12:21:28 PM Admin
BOWEL MASS
ICCJ?
10-25-2022 12:19:45 PM Admin
Dist 1.66 cm
BOWEL MASS

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com