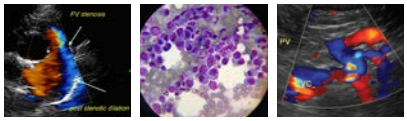
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

10/28/22

PATIENT

Diesel Gorman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/5/10

WEIGHT

14 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. Montessi

INVOICE

42460

PRESENTING CLINICAL SIGNS

Hx of IBD- thickened muscularis layer on prev. AUS. Hx of V+- resolved as of now, chronically intermittent. Hx of D+- current. Hx of environmental allergies- managed by DACVD. PE: subjectively distended abdomen, no obv. masses but difficult to palpate

Current Medications: Cyclosporine 60mg every 2-3 days
Lab Results: Regenerative anemia- autoagglutination. Leukocytosis 43k- Neutrophils 23k with mild toxicity, monocytosis 14k, basophilia 4.7k
TP 5.5, hypoalbuminemia 2.3
Date of Previous IntraPet Ultrasound: 8/6/21. See attached.
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 (3.98 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 (4.57 cm) with pyelectasia measuring 0.27 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 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. No focal nodules or cystic lesions are observed.

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 moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There is a focal section of small bowel that appears significantly thickened, measuring 0.50 cm with a hypoechoic wall and reduced detail of wall layering.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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

There is scant free abdominal fluid. There is a significant mesenteric lymphadenopathy with a very large mass/lymph node at the mesenteric root measuring 7.36 cm x 4.74 cm. There is a cranial mesenteric lymph node measuring 0.64 cm. The omentum is hyperechoic around the enlarged lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Moderate 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.

- Pyelectasia of the right kidney – The appearance is concerning for partial obstruction of the right kidney by the large abdominal mass/lymph node.

- Focal bowel thickening with reduced detail of wall layering – This finding is concerning for possible infiltrative disease to the small intestine or severe IBD.

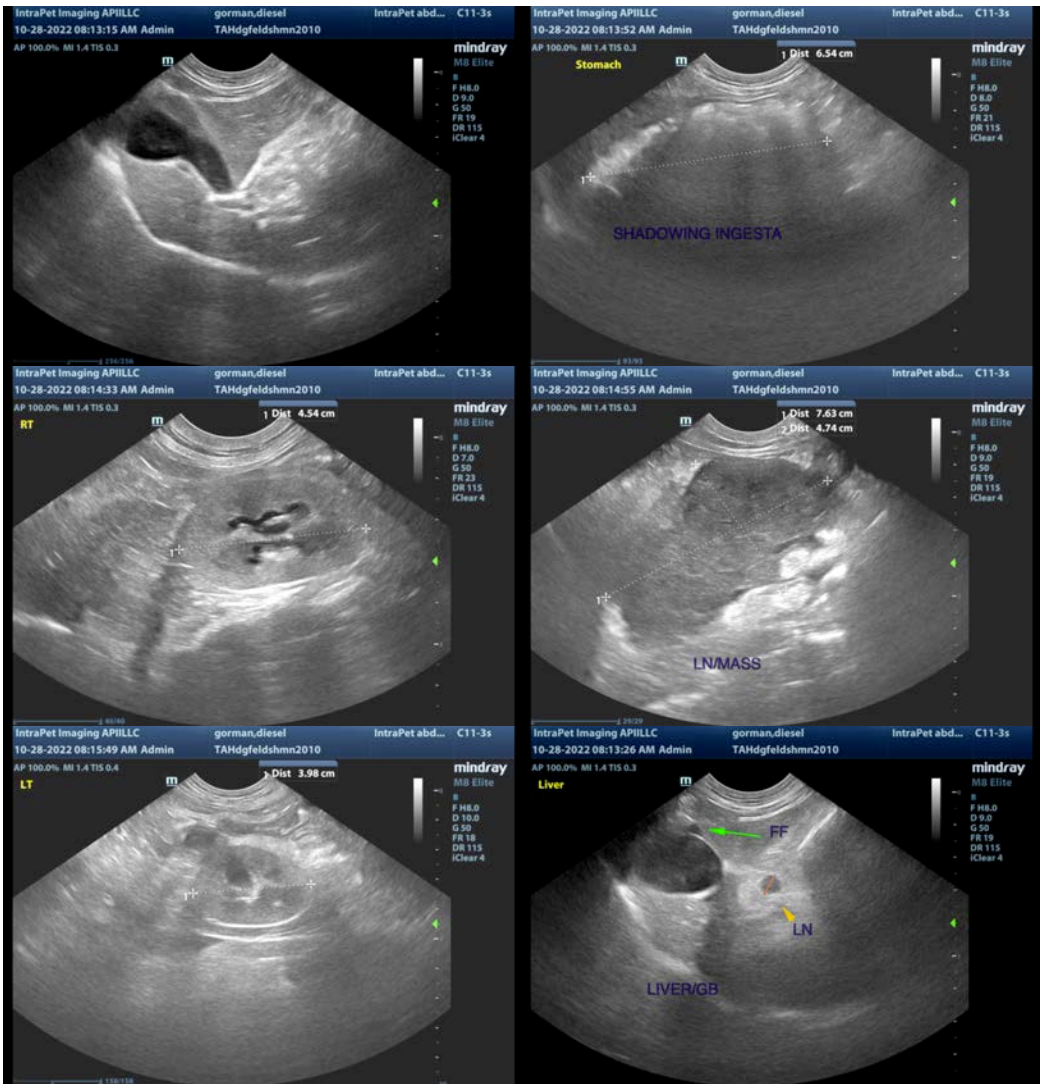
- Severe mesenteric lymphadenopathy/mid abdominal mass – Findings are most consistent with a severely enlarged mesenteric lymph node – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect at the mesenteric root, most consistent with an extremely enlarged mesenteric lymph node. Recommend a fine needle aspirate of this lesion. Additionally, there are large lymph nodes sprinkled throughout the abdomen. There is a focal section of small bowel with reduced detail of wall layering. The right kidney has mild pyelectasia. The proximity of the mass lesion to the right kidney is concerning for possible partial obstruction by the mass at the mesenteric root.

Recommend a fine needle aspirate of the mesenteric lymph node/mesenteric root mass. If a diagnostic can be made cytologically, then recommend a consultation with a veterinary oncologist. If a diagnosis cannot be obtained cytologically, then consider possible surgical biopsies.

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



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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