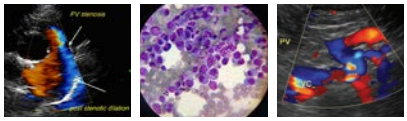
IMAGING PERFORMED BY

IntraPet.com



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DATE

12/15/21

PATIENT

Zeus Chung

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

3/1/13

WEIGHT

5.97 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

BPH of Timonium

REFERRING VET

Dr. Borrison

INVOICE

33464

PRESENTING CLINICAL SIGNS

History: Weight loss, mass palpated in abdomen.

Lab Results: NSF. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Gabapentin.
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 (3.07 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.46 cm) with a 0.82 cm cortical cyst. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 right adrenal gland is normal in size measuring 0.36 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, 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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. 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.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is overall slightly increased with the jejunum measuring 0.21 cm. There is a focal section of ileum with an asymmetrical area of wall thickening measuring 0.5 cm. Additionally, there is a bowel mass visualized measuring 0.91 cm x 0.85 cm. There is no significant bowel dilation consistent with an obstruction.

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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Pancreatic duct measures 0.11 cm.

Free Abdomen

There is a scant amount of anechoic free fluid present. There is a severe mesenteric lymphadenopathy. In the caudal abdomen, there is a large, hypoechoic, solid mass effect measuring 4.3 cm x 2.79 cm. This could be a lymph node or a bowel mass. Additionally, there are other enlarged lymph nodes, one behind the right kidney measuring 2.09 cm x 1.46 cm, and one behind the left kidney measuring 1.3 cm x 0.87 cm. The omentum is generally of increased echogenicity.

PRIMARY FINDINGS

- Small bowel thickening with two small intestinal mass effects – Concern is high for an underlying neoplastic process, although other possibilities exist.

- Severe mesenteric lymphadenopathy/caudal abdominal masses – 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.

- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Small volume free abdominal fluid

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

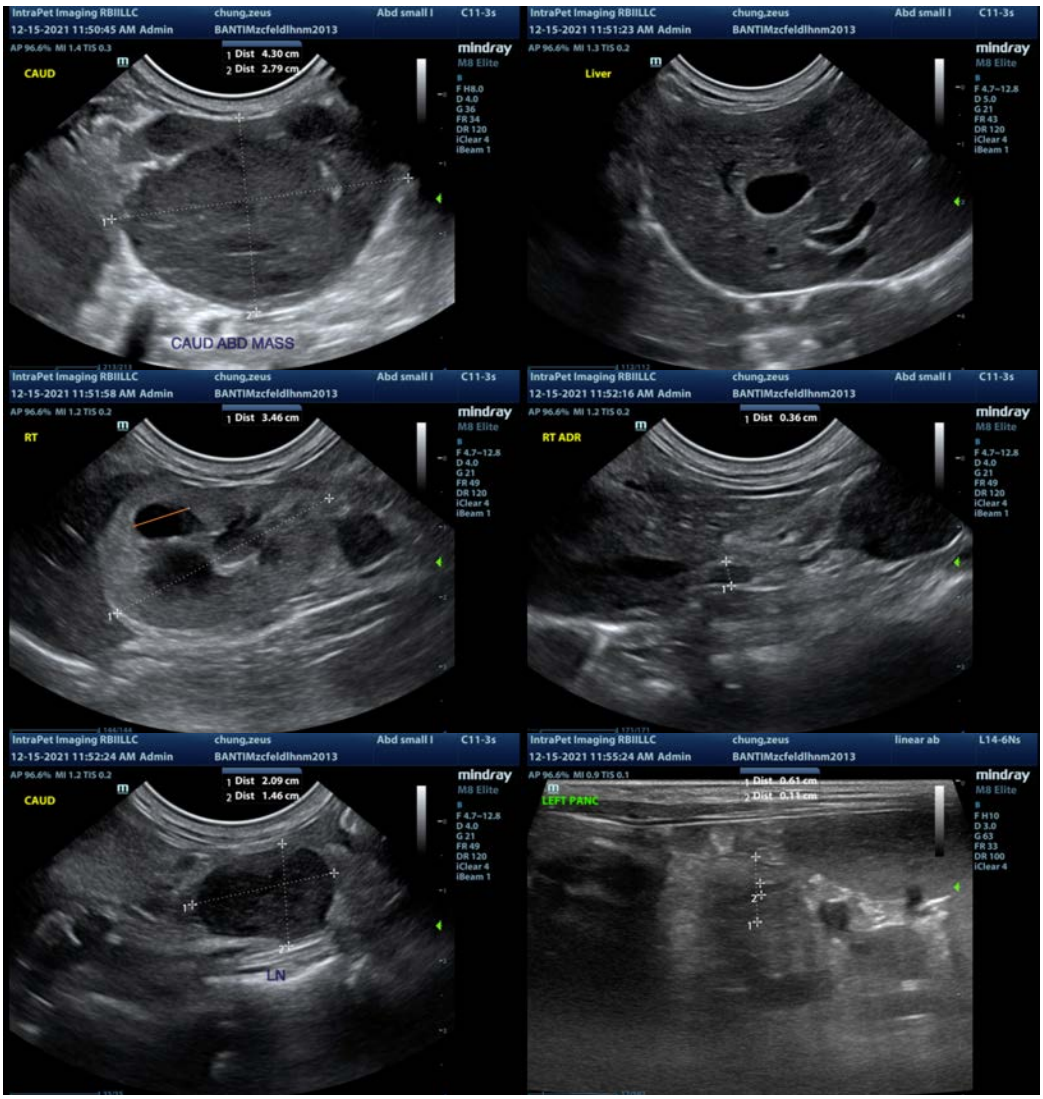
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

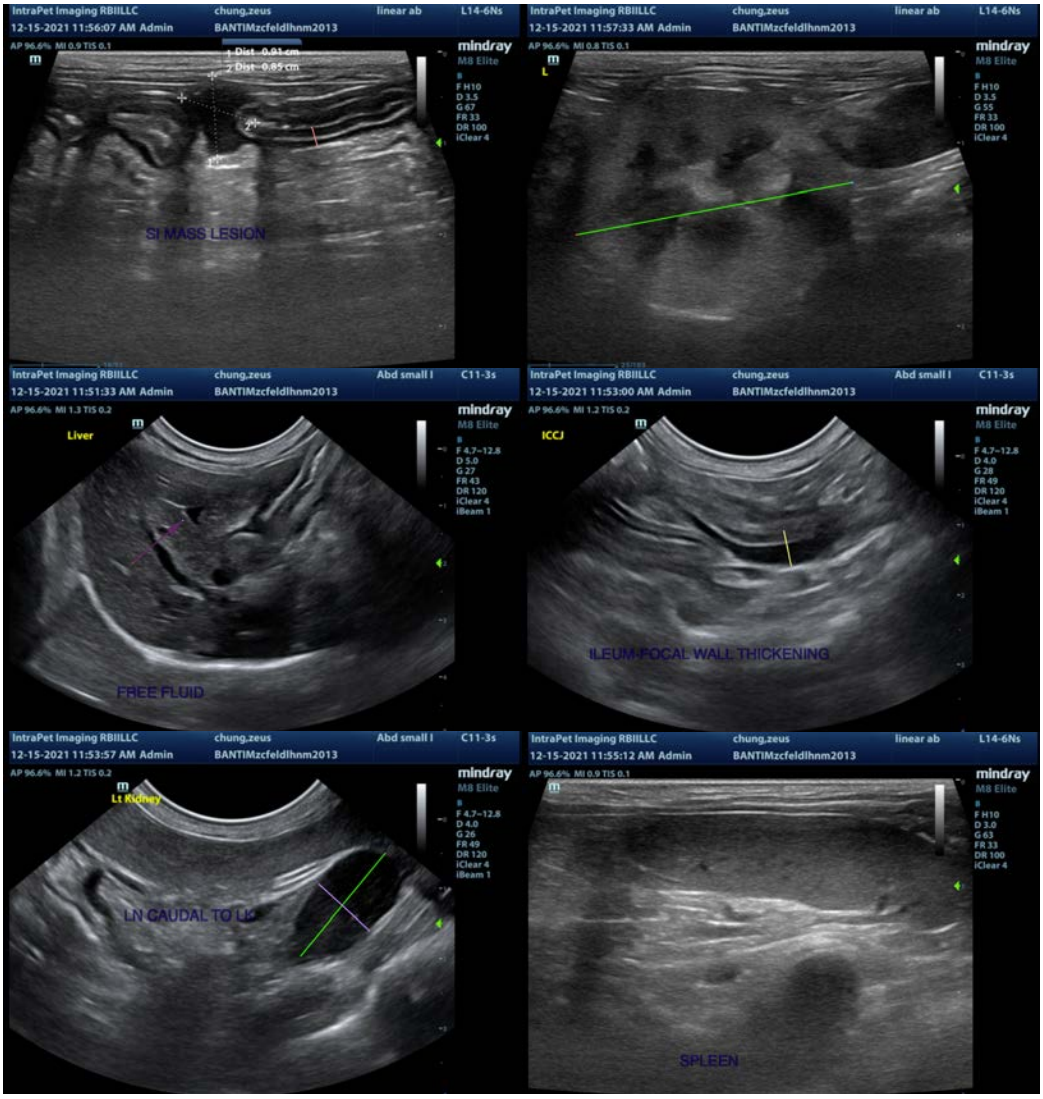
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large caudal mass effect is present, which likely represents either a large lymph node or bowel mass. Additionally, there are two focal areas of thickening and loss of layering the bowel, consistent with two bowel masses. Concern would be high for round cell neoplasia. Other differentials include a carcinoma or less likely

FIP. Recommend a fine needle aspirate of the caudal abdominal mass for cytologic examination. Recommend 3-view thoracic radiographs.

Based on the multiple lesions present, a surgical option seems unlikely, but if a diagnosis can be obtained, there may be chemotherapeutic options to consider.





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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