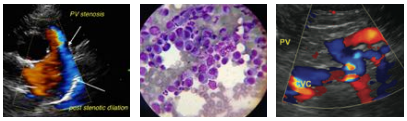
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

2/24/2023

PATIENT

Bear McCardell

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/18/2009

WEIGHT

7.1lbs

INTERPRETED BY

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

HOSPITAL NAME

Edgewood Veterinary Hospital

REFERRING VET

Dr.Wright

INVOICE

10073

PRESENTING CLINICAL SIGNS

Weight loss, diarrhea, decreased appetite.

Current Medications: None listed.
Lab Results: See attached.
Radiographs: “ground glass” abdomen with loop of gas distended bowel.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic 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 (3.92 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 (3.60 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 left adrenal gland is normal in size measuring 0.36 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.32 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 (0.83 cm), 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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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.

The visualized areas of 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. The jejunum measured 0.36 cm in diameter. Visualized peristalsis appears appropriate. There is a mass effect visualized at the ileocecal junction to be described under large intestine.

The ileocecal junction is visualized, the wall in this region appears severely thickened measuring at 0.98 cm with complete loss of layering. Additionally, there is a surrounding mass effect measuring approximately 4.14 cm x 1.91 cm. Surrounding this region is hyperechoic mesentery and large hypoechoic lymph nodes. The distal colon appears normal.

Pancreas

The pancreas is prominent and mottled on the right 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.

Free Abdomen

Evaluation of the peritoneal cavity did reveal a scant amount of free fluid, there is a severe mesenteric lymphadenopathy with large rounded hypoechoic lymph nodes/masses in the mid abdomen and around the ileocecal junction. Examples of these lymph nodes measure 2.64 cm x 2.22 cm and 1.96 cm x 1.36 cm. The omentum is hyperechoic around these enlarged lymph nodes and mass lesion.

PRIMARY FINDINGS

- Diffusely thickened small intestine with a prominent muscularis layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

- Focal mass effect involving the ileocecal junction. Findings are concerning for a neoplastic mass effect (carcinoma, round cell neoplasia, etc.) other differentials are possible, consider a fine needle aspirate.

- Severe mesenteric lymphadenopathy. The severe mesenteric lymphadenopathy is 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 needed for further evaluation.

SECONDARY FINDINGS

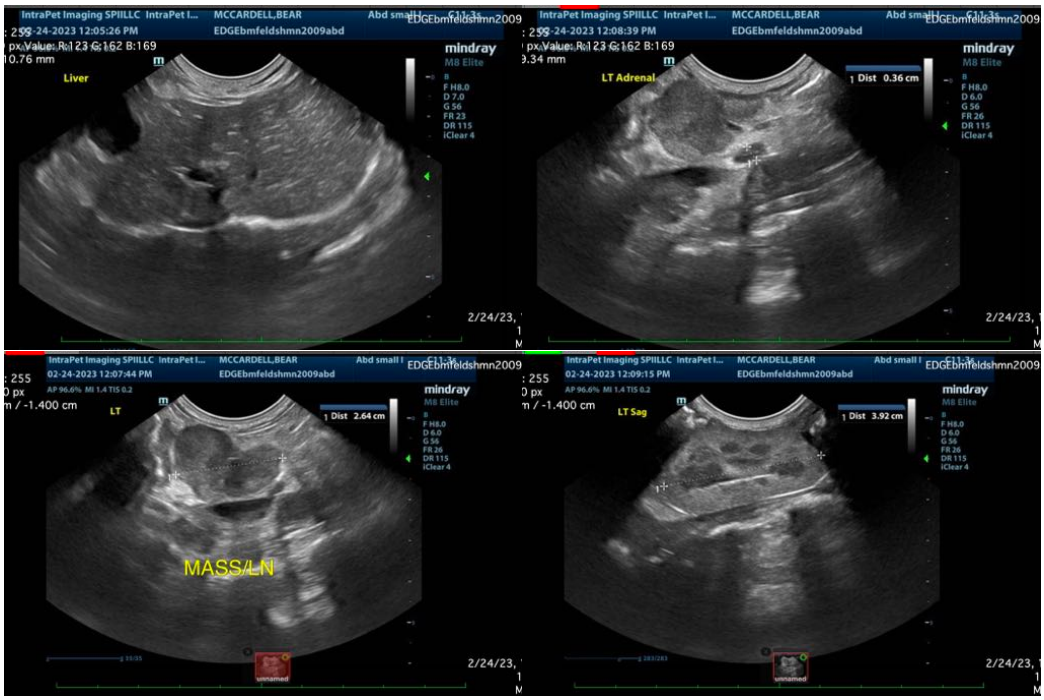
- Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

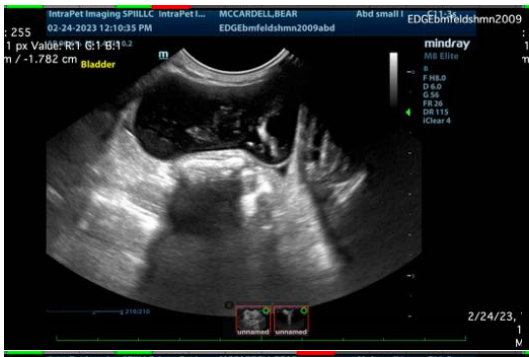
- Prominent mottled right limb of the pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mid abdominal mass effect involving the ileocecal junction. Surrounding this mass effect are large rounded hypoechoic lymph nodes. Consider a fine needle aspirate of an enlarged lymph node and/or the ileocecal junction to try to obtain a cytologic diagnosis. Based on these results consultation with a veterinary oncologist regarding treatment options and prognosis is recommended. If a cytologic diagnosis cannot obtained, consider surgical biopsies.

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

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Bladder
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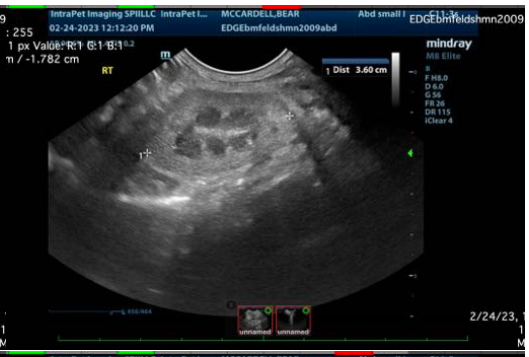
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RT
1 Dist 3.60 cm
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IntraPet Imaging SPIILLC
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RT Adrenal
1 Dist 0.32 cm
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IntraPet Imaging SPIILLC
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Pancreas
1 Dist 0.57 cm
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IntraPet Imaging SPIILLC
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mindray
MID SAG
1 Dist 4.44 cm
2 Dist 1.91 cm
3 Dist 1.96 cm
4 Dist 1.36 cm
ICCJ MASS?
2/24/23,


IntraPet Imaging SPIILLC
MCCARDELL,BEAR
linear ab
02-24-2023 12:17:18 PM
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mindray
1 Dist 0.36 cm
THICK/INCREASED MUSC
2/24/23,


IntraPet Imaging SPIILLC
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mindray
Spleen
2/24/23,


IntraPet Imaging SPIILLC
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Colon
MASS AT ICCJ
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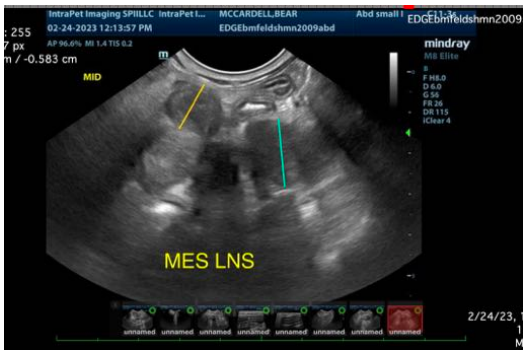

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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