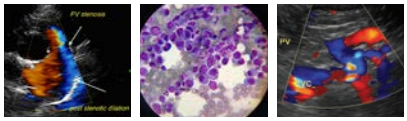
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3/1/23

PATIENT

Gretel Will

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/14/11

WEIGHT

10.64 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Kaufman

INVOICE

45608

PRESENTING CLINICAL SIGNS

4 day history of tenesmus, lethargy, decreased food and water intake. Intermittent vomiting. Weight loss of 1.66 lbs. since 11/20/22.

Current Medications: IV fluids, Enrofloxacin 22.7 mg iv sid (dilute , slow infusion), Cerenia IV sid. Elura sid.
Lab Results: CBC/Chem T4- all values wnl, fPL- normal. UA - sg 1.045 , sed wbc , bacteria present.
Radiographs: Bilat "lumpy- bumpy" kidneys - not obstructive pattern.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 is borderline large, measuring 5.25 cm. It is irregular (possibly due to previous infarcts) with decreased corticomedullary distinction. There is a hypoechoic subcapsular rim visualized. No evidence of effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is borderline large, measuring 4.92 cm. It is irregular (possibly due to previous infarcts) with decreased corticomedullary distinction. There is a hypoechoic subcapsular rim visualized. No evidence of effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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 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 is visualized.

Spleen

The spleen is subjectively normal in size (0.66 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. There is a hypoechoic rounded structure measuring 1.15 cm visualized in the parenchyma, most consistent with a hepatic cyst.

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 is minimally distended with fluid. The gastric wall appears irregular and severely thickened with complete loss of layering in several areas. In these abnormal areas the gastric wall thickness is 1.15 cm. This thickened abnormal wall comprises at least 50% of the gastric wall visualized.

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. Jejunum wall measured 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant lymphadenopathy present with a cluster of lymph nodes in the cranial abdomen measuring 1.0, 1.11, and 0.66 cm in diameter. Additionally, there are lymph nodes at the mesenteric root, one of which measures 1.25 cm in diameter. There is hyperechoic mesentery in the cranial abdomen and around the clusters of enlarged lymph nodes.

PRIMARY FINDINGS

- Borderline large, irregular “lumpy” kidneys with decreased corticomedullary distinction and a hypoechoic subcapsular rim – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The irregularity of the kidneys could be due to previous infarcts, and the subcapsular rim can be seen with acute inflammation, lymphoma, FIP, etc.

- Severely thickened gastric wall with complete loss of layering – Findings are most concerning for infiltrative disease (round cell neoplasia, carcinoma, etc.), but other differentials exist. Recommend fine needle aspirate.

- Clusters of large hypoechoic lymph nodes around the stomach and the mesenteric root – The moderate mesenteric lymphadenopathy could be 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.

SECONDARY FINDINGS

- Cystic lesion visualized within the liver – Findings are most consistent with a benign hepatic cyst.

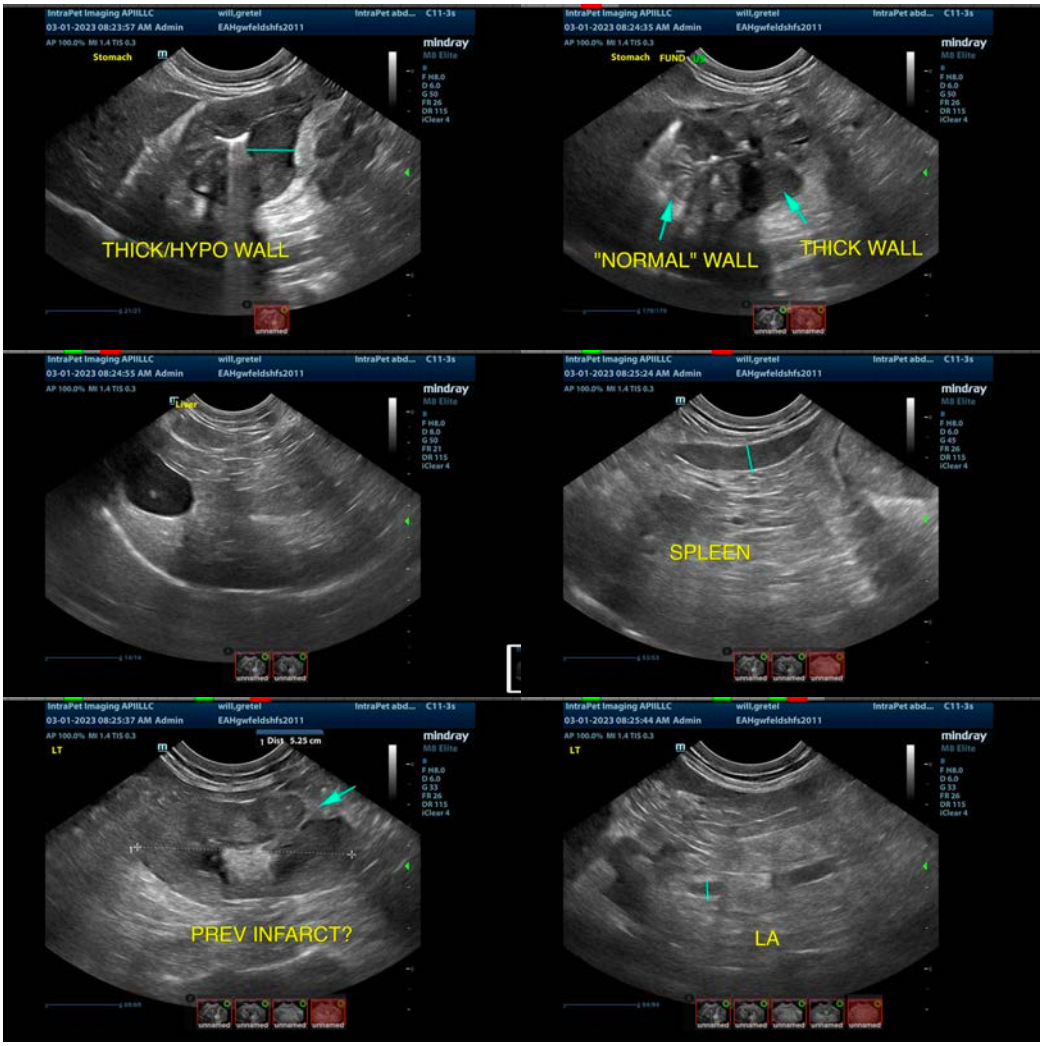
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

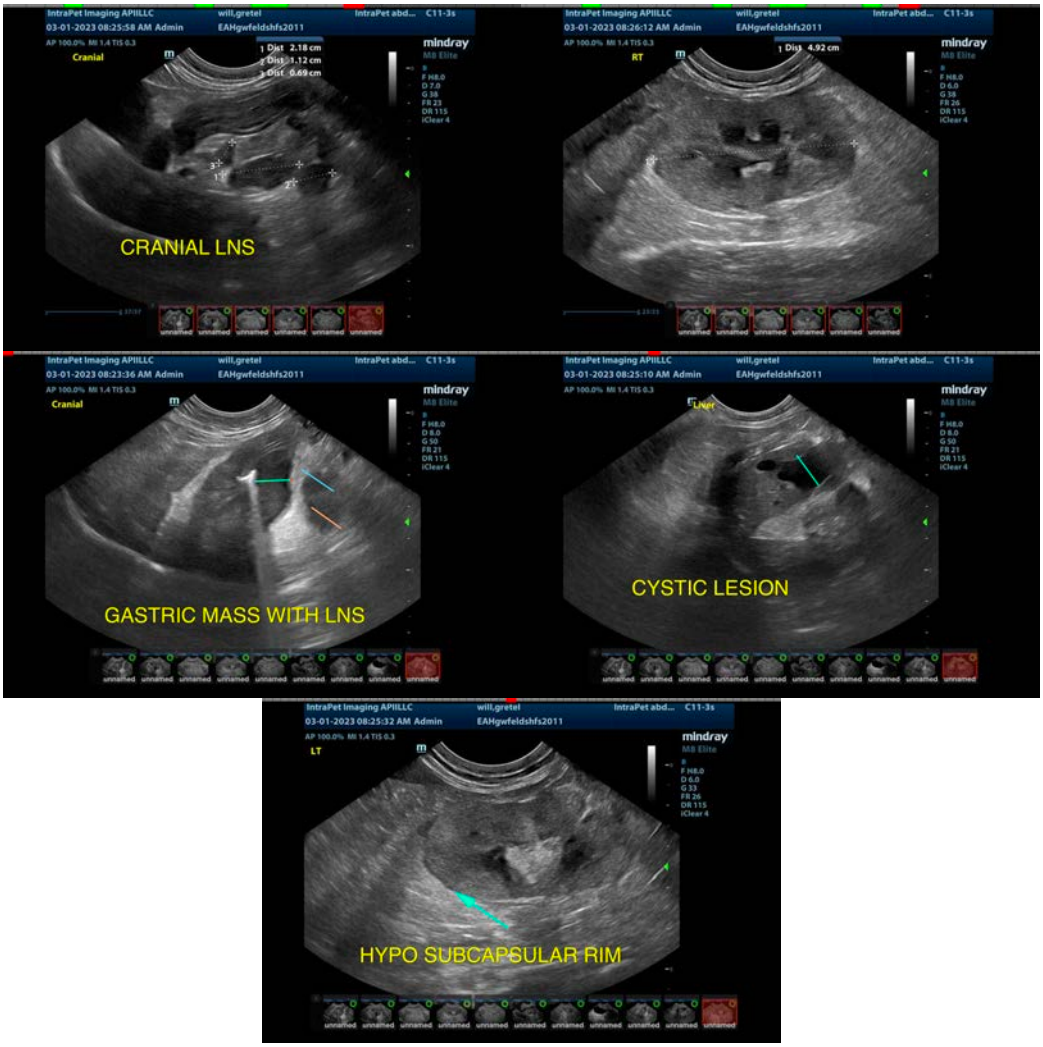
The thickening of the gastric wall and the complete loss of layering is very concerning for possible gastric neoplasia. Recommend a fine needle aspirate of the thickened area of gastric wall. Additionally, there are clusters of prominent hypoechoic mesenteric lymph nodes. A fine needle aspirate of an enlarged lymph node

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

The kidneys appear abnormal. These changes could be consistent with primary renal disease, but there is also the possibility of neoplastic infiltration.

If a cytologic diagnosis cannot be obtained, you would have to consider surgical biopsies.





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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