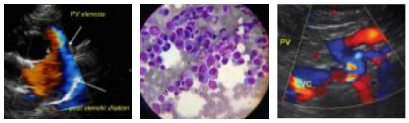
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3.24.2023

PATIENT

Tippy Kollman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/27/2009

WEIGHT

11.4 lbs

INTERPRETED BY

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

HOSPITAL NAME

Bel Air VH

REFERRING VET

Dr. Schmidt

INVOICE

12524

PRESENTING CLINICAL SIGNS

3/23-Seems hungry all the time-losing Weight. 6/22- owner reported eating a lot (Weight loss at that exam) O says vomiting frequently.
Wgt 3/21=15.2lb, 2/22=13.4, 6/22=12.5lbs, 3/32=11.4lbs

Current Medications: None.
Lab Results: T4 normal, BUN/ Creat normal, WBC increase 24,800 w/ monocytes 3224, Eosinophils 3224
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, 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 has a normal shape and size (4.52 cm). Overall echogenicity is normal with adequate 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 (4.57 cm). Overall echogenicity is normal with adequate 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 0.40 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 large in size (1.30 cm in width at the level of the hilus). 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 large in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 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 0.34 mm in diameter. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The area of the ileocecal junction is visualized. The ileum appears severely thickened at the level of the ileocecocolic junction and the colon more distally, is visualized with a very thickened wall and significant loss of layering. In this region the colonic wall measures at 0.48 cm.

Pancreas

The pancreas is prominent and hypoechoic as 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

There is no free fluid. There is a significant diffuse mesenteric lymphadenopathy present with large lymph nodes in the cranial abdomen (0.75, 0.80 and 1.00 cm). Additionally, there are large lymph nodes at the root of the mucosal surface (1.65, 1.03 cm in width) and a hypoechoic, heterogenous mass effect/lymph node (3.33 x 3.04 cm). The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large 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.

- Large prominent hypoechoic irregular pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Large heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Thickened small intestine with very prominent muscularis layer. The moderate small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

- Thickened colonic wall with significant loss of layering. Differentials would include infiltrative disease or severe colitis.

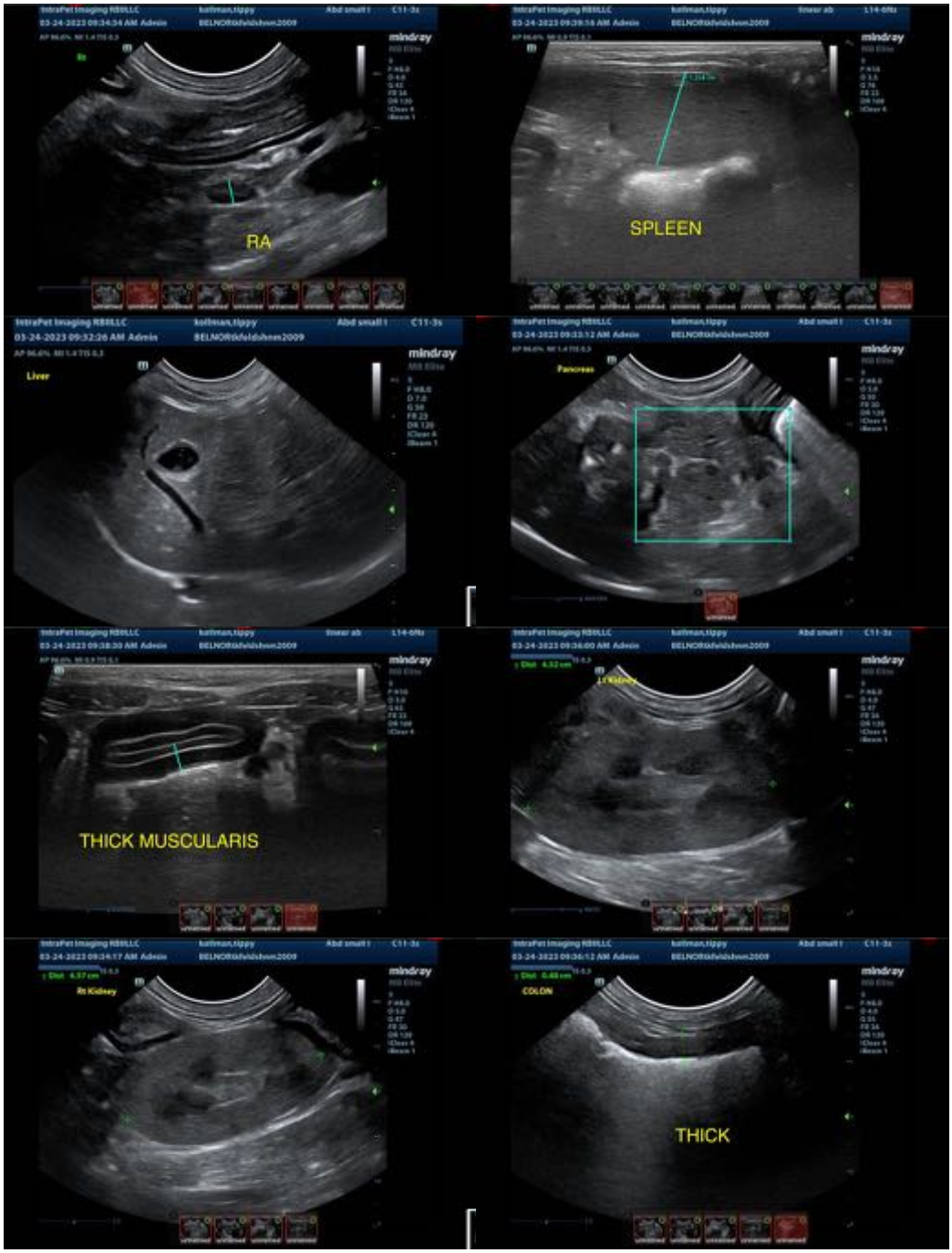
- Severe mesenteric lymphadenopathy. The severe mesenteric lymphadenopathy is concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick-born disease-such as bartonella, fungal infections, FIP (cats) etc.). A fine needle aspirate with cytology is needed for further evaluation.

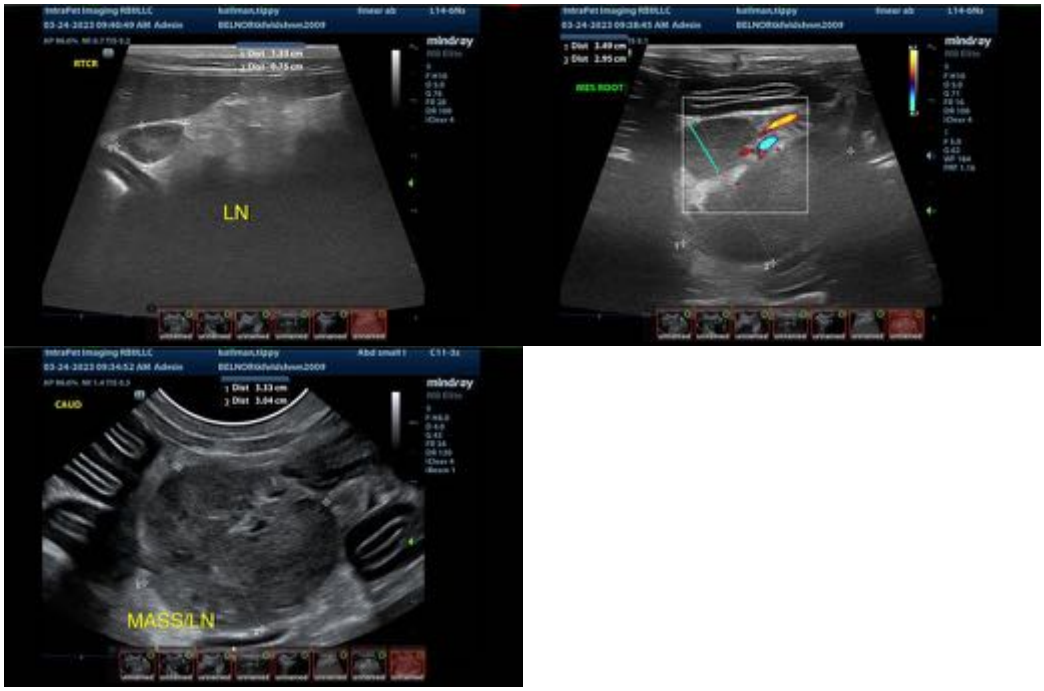
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a severe lymphadenopathy present with enlarged hypoechoic lymph nodes distributed throughout the abdomen with surrounding hyperechoic mesentery. At the root of the mesentery, the lymph nodes become mass-like with a large focal heterogenous mass/lymph node. Recommend a fine-needle aspirate of a large abdominal lymph node for cytologic evaluation, as round cell neoplasia is primary differential (although other differentials are possible). If a cytologic evaluation cannot be obtained based on a lymph

node aspirate, additionally you could consider an aspirate of the spleen, colonic wall, liver, or pancreas. If this is not successful, then surgical biopsies should be considered.

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. 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)
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