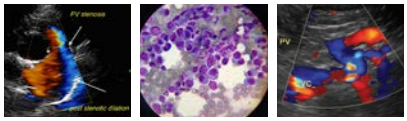
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3/28/23

PATIENT

Rick Carliles

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2/3/10

WEIGHT

12 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

46205

PRESENTING CLINICAL SIGNS

Rick presented for vomiting small amount of fluid/bile in the mornings almost daily for the past couple of weeks. His appetite has also been a little decreased. He has lost 3.5# in 5 years. He has a grade 1/6 murmur and periodontal disease. His bloodwork was unremarkable. Radiographs show a possible thickened stomach wall, possible slight hepatomegaly and splenomegaly as well as 2 probable uroliths.

Current Medications: None currently.
Lab Results: See attached.
Radiographs: See attached.
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 is mildly to moderately thickened in the dependent and apical regions, measuring approximately 0.56 cm in thickness. Additionally, there are two dependent shadowing calculi visualized measuring 0.76 cm and 0.63 cm. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (4.25 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 (4.27 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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 0.42 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, 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 is mildly distended. There are two areas of stomach wall that appear severely thickened with complete loss of layering. One of these regions measures approximately 4.71 cm in length with the gastric wall measuring 1.26 cm thick in this region. The other appears slightly smaller, measuring 2.07 cm x 2.41 cm.

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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional enlarged mesenteric lymph nodes. There is a prominent gastric lymph node measures 0.78 cm in thickness. The omentum is hyperechoic around the stomach.

ULTRASONOGRAPHIC FINDINGS

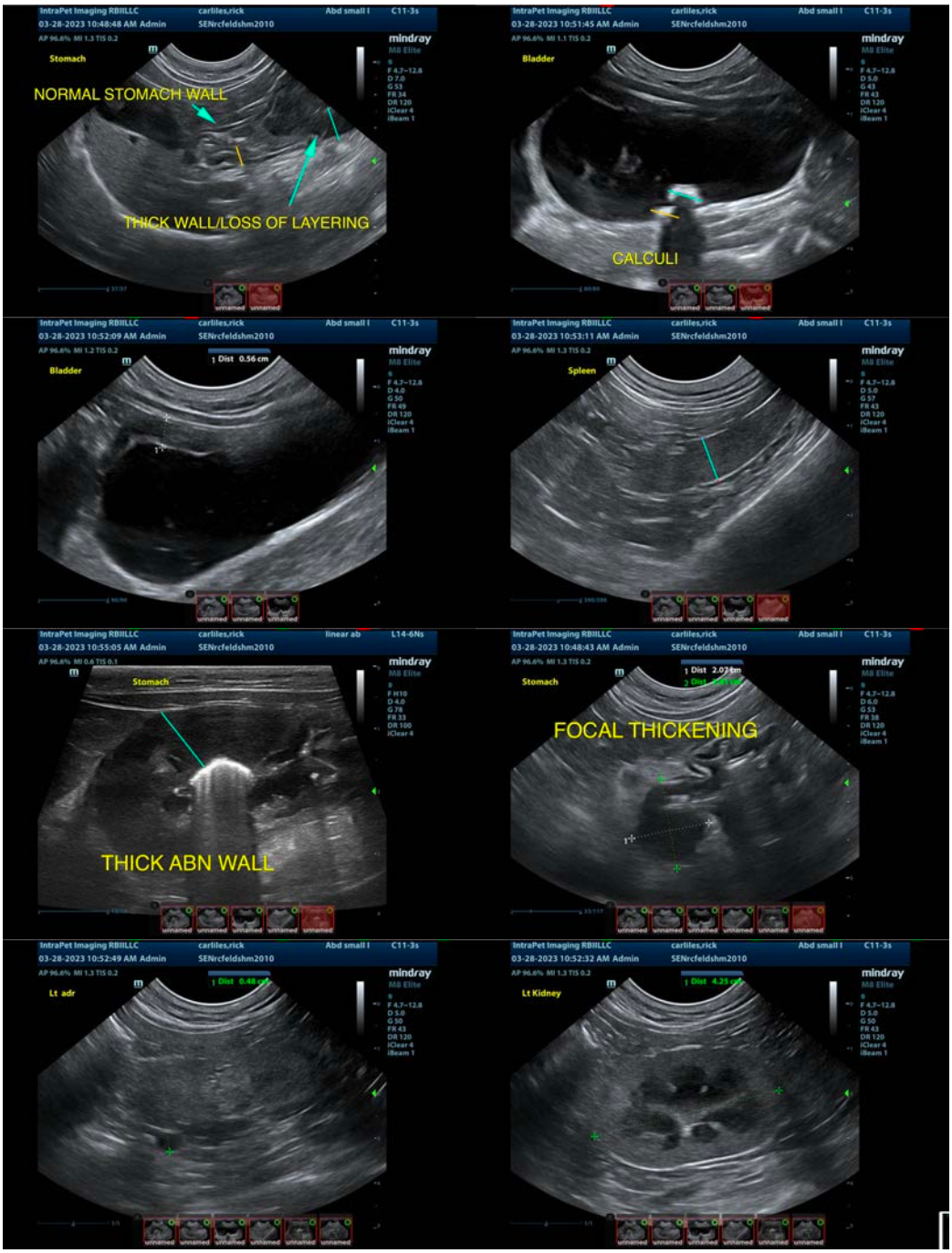
- Two dependent mineralizations visualized in the urinary bladder – Findings are most consistent with cystic calculi.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Two focal regions of gastric wall with complete loss of layering and significant thickening – Findings are concerning for possible infiltrative neoplasia. Recommend fine needle aspirate of the thickened region of bowel.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

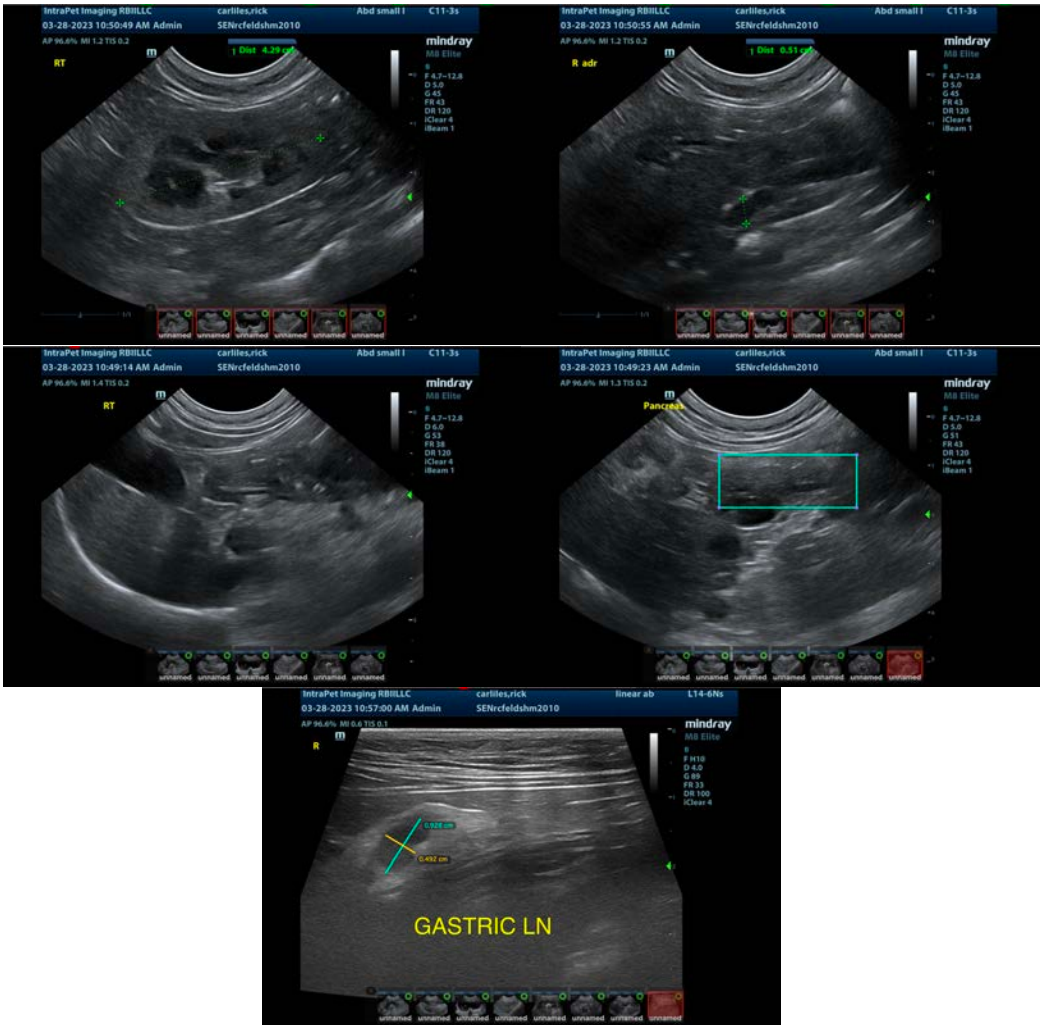
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two focal regions of the stomach wall that appear thickened and have a complete loss of layering, creating the impression of two focal mass effects. I suspect these would be too extensive for surgical resection, but treatment may be an option for round cell neoplasia, etc. Additionally, severe focal gastritis is possible but much less likely. Recommend a fine needle aspirate of the thickened hypoechoic gastric wall. If a cytologic diagnosis cannot be obtained, surgical biopsies may be necessary.

Additionally, there are two dependent stones visualized in the urinary bladder. Consider urinalysis and culture, and if asymptomatic at this time, I would recommend continued monitoring.

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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