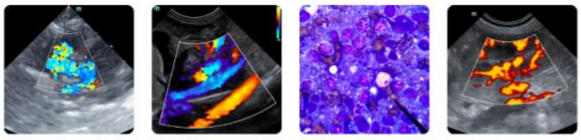


DATE

05/01/26

PATIENT

Sterling Hoffman

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

08/25/12

WEIGHT

9.4 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Clinic of Whiteford

REFERRING VET

Dr. Everhart

INVOICE

15653

PRESENTING CLINICAL SIGNS

Patient History: Weight loss.
Current Medications: None listed.
Labwork Results: Labwork attached.
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 anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.76 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 (3.76 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 left adrenal gland is normal in size measuring 0.52 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 0.51 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 and shape and measures 0.71 cm. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional hypoechoic nodules in the parenchyma with an example measuring 0.55 cm.

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.26 cm 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 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 (0.23 cm in wall thickness) and the jejunum measured as normal (0.20 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.

In the mid region of the descending colon, the colon wall appears significantly thickened with reduced detail of wall layering, with a wall width of 0.53 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent hypoechoic mesenteric lymph nodes with surrounding hyperechoic mesentery in the mid abdomen. An example of an irregular lymph node/group of lymph nodes measures 1.76 cm x 0.65 cm.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic nodules in the spleen- these generally have a benign appearance most consistent with benign myelolipomas. Recommend continued monitoring.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Moderate gallbladder debris- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Focal thickening of the descending colon wall with reduced detail of wall layering- findings are concerning for infiltrative neoplasia to the descending colon (round cell neoplasia, carcinoma, other). Severe colitis or other benign lesions are possible.
- Large hypoechoic irregular mesenteric lymph nodes and surrounding mesentery- findings are most consistent with highly reactive or early neoplastic lymph nodes.

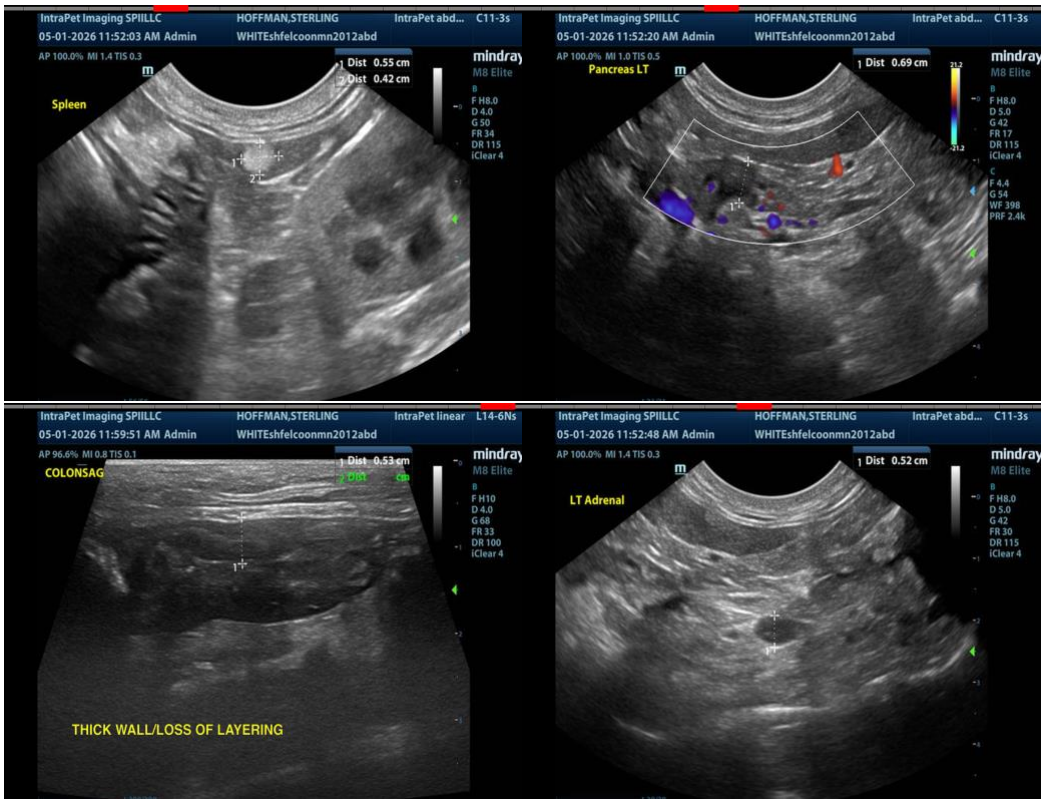
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

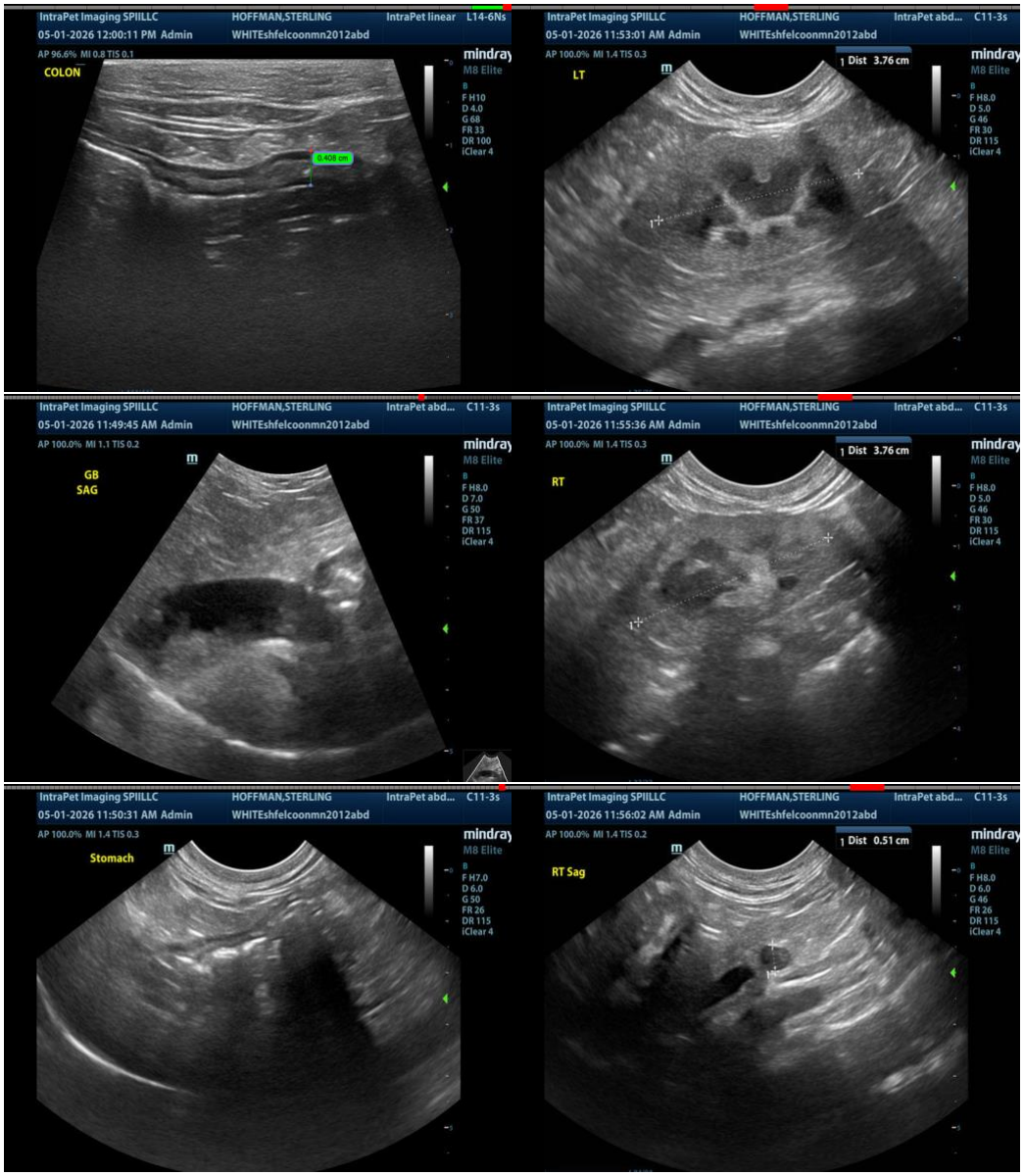
There is significant colon wall thickening in the mid-descending colon. The wall exhibits decreased layering. These findings are concerning for infiltrative neoplasia, although other differentials such as severe inflammation are possible. Recommend a fine needle aspirate of the colon wall.

Additionally, there are prominent enlarged hypoechoic mesenteric lymph nodes in the mid-abdomen in the region of the colon with surrounding inflammation. These could be highly reactive lymph nodes or represent metastatic lymph nodes. A fine needle aspirate could be considered for further evaluation.

If cytologic evaluation is not successful, then surgical biopsies of the colon may be warranted.

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

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COLON
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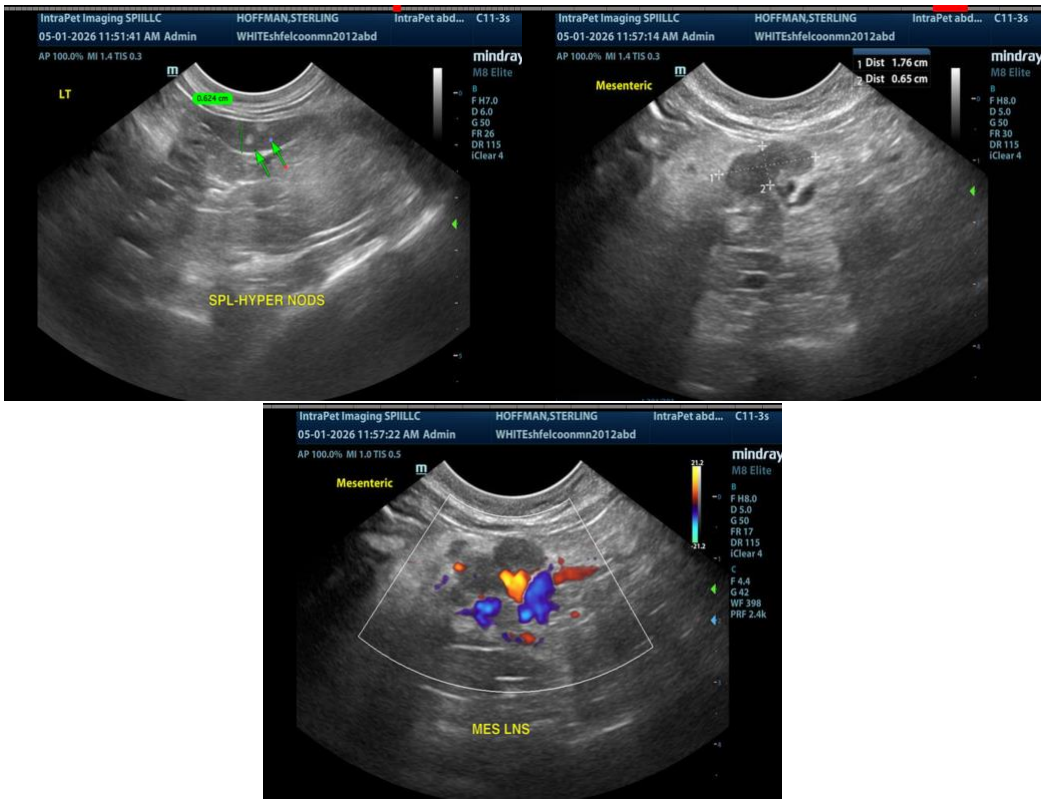

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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