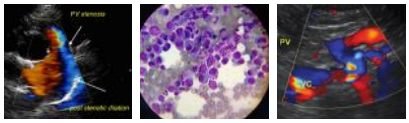
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

6.16.2023

PATIENT

Coco Vincenti

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

6/13/2013

WEIGHT

10 lbs

INTERPRETED BY

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

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

INVOICE

13384

PRESENTING CLINICAL SIGNS

Patient not eating and losing weight. Skin is yellow on physical exam. Intermittent vomiting. No pain on palpation. Heart and lungs clear.

Current Medications: Convenia and B12.
Lab Results: 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, 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 (4.19 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 (4.27 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 0.51 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 0.48 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 (0.88 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 large in size with smooth peripheral margins. The parenchyma is hypoechoic and homogenous in 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. Luminal contents are 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 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 duodenum measured 0.33 cm in diameter and the jejunum measured 0.25 cm in diameter. Visualized peristalsis appears appropriate. There are numerous areas of the small intestine where wall layering becomes less well-defined with a somewhat "fuzzy" appearance of the wall layering. Additionally, there are some focal areas where wall thickening is severe, with a complete loss of layering creating a mass effect. One such lesion is observed with a wall thickness of 1.00 cm and extends over 4.00 cm of bowel.

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

Scant free abdominal fluid. There is a severe mesenteric lymphadenopathy with large, hypoechoic, rounded lymph nodes visualized. Two such lymph nodes measure at 1.17 x 1.92 cm / the other 1.06 x 2.19 cm. The mesentery is diffusely hyperechoic.

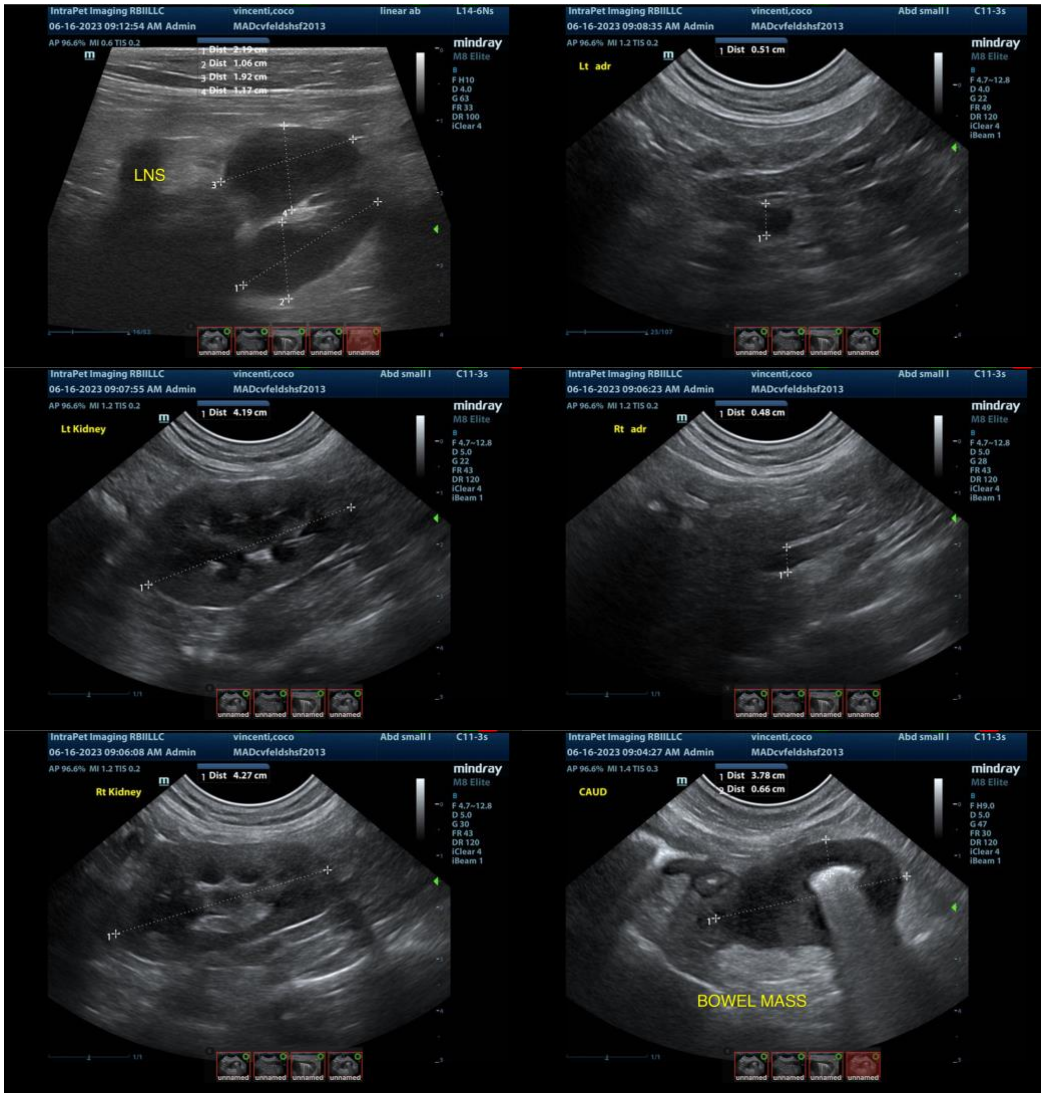
ULTRASONOGRAPHIC FINDINGS

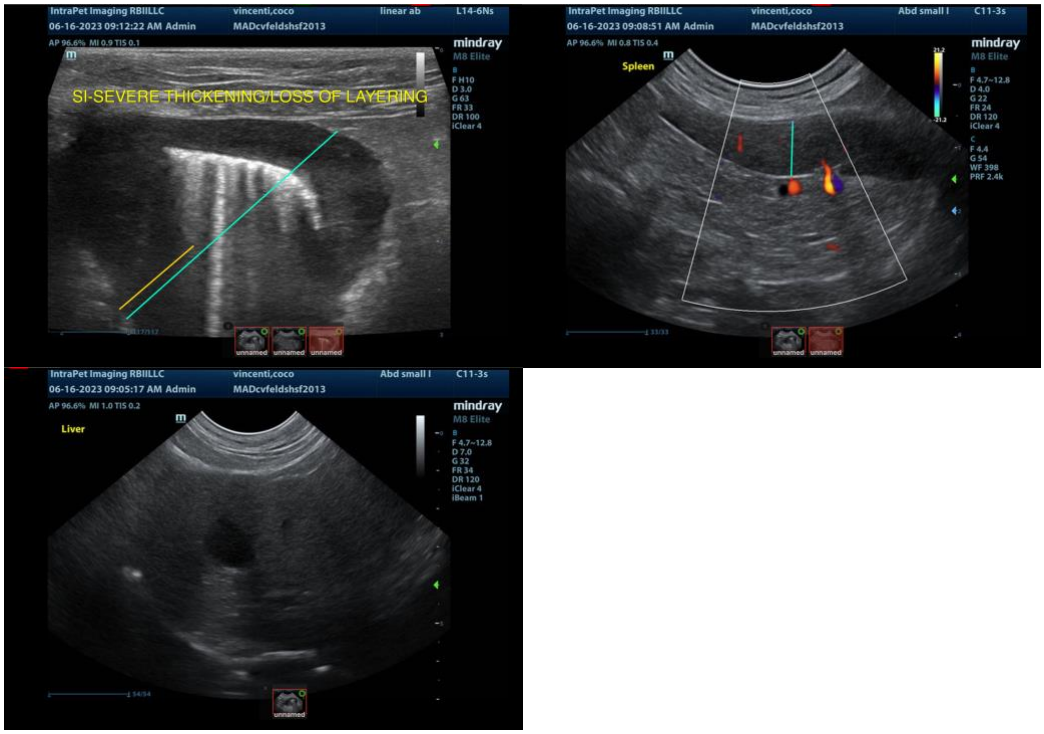
- Prominent mottled pancreas - The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, mildly heterogenous hypoechoic liver -The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.
- Diffusely thickened small intestine with focal areas of thickening and complete loss of layering - These focal areas are most consistent with mass lesions. Infiltrative disease is the primary differential (round cell neoplasia, carcinoma, etc).
- Severe mesenteric lymph nodes -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 bartonealla, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is needed for further evaluation.
- Scant free abdominal fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is diffuse bowel thickening with focal areas of small intestine which have lost complete layering, and become severely thickened, creating a mass effect. Additionally, there are accompanying severely enlarged hypoechoic lymph nodes.

Recommend a fine-needle aspirate of a mesenteric lymph node and a bowel mass, as well as three-view thoracic radiographs. If a cytologic diagnosis cannot be obtained, consider surgical biopsies.





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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