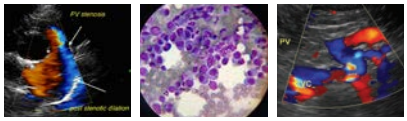
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

7/5/22

PATIENT

Jack Ravenscroft

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11/26/06

WEIGHT

18.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Hatzigiannakis

INVOICE

39195

PRESENTING CLINICAL SIGNS

Mass has developed quickly on right hind leg. Right popliteal LN enlarged. Concern for metatatic neoplasia. Staging prior to potential limb amputation.

Current Medications: buprenorphine 0.02 mg/kg sublingual started 6/29/22. Clavamox 62.5 mg, 1.5 tabs po BID started 7/1/2022
Lab Results: 5/3/2022 CBC, Chem 27 and T4 wnl.
Radiographs: 3/29 showed pathologic fracture of right distal fibula.
Thorax showed no evidence of metastasis.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic IV.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. No abnormalities are noted, but full evaluation of the urinary bladder is difficult to lack of distention.

The left kidney has a normal shape and size (4.01 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 (4.03 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 0.36 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 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 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 prominent and mottled compared to the surrounding isoechoic mesentery. There are some ill-defined focal hypoechoic regions visualized within the pancreatic tissue, most consistent with hyperplasia, but underlying neoplastic change cannot be ruled out. There is no evidence of significant regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion.

There is a lymphadenopathy present. There is a large sublumbar lymph node that is hypoechoic and surrounding by hyperechoic mesentery in the region of the iliac trifurcation. This lymph node measures at 4.2 cm x 1.0 cm. Additionally, there is a cystic lymph node medial to the spleen measuring approximately 0.55 cm, and a mesenteric lymph node is visualized measuring 0.49 cm.

The omentum appears hyperechoic around the sublumbar lymph node.

ULTRASONOGRAPHIC FINDINGS

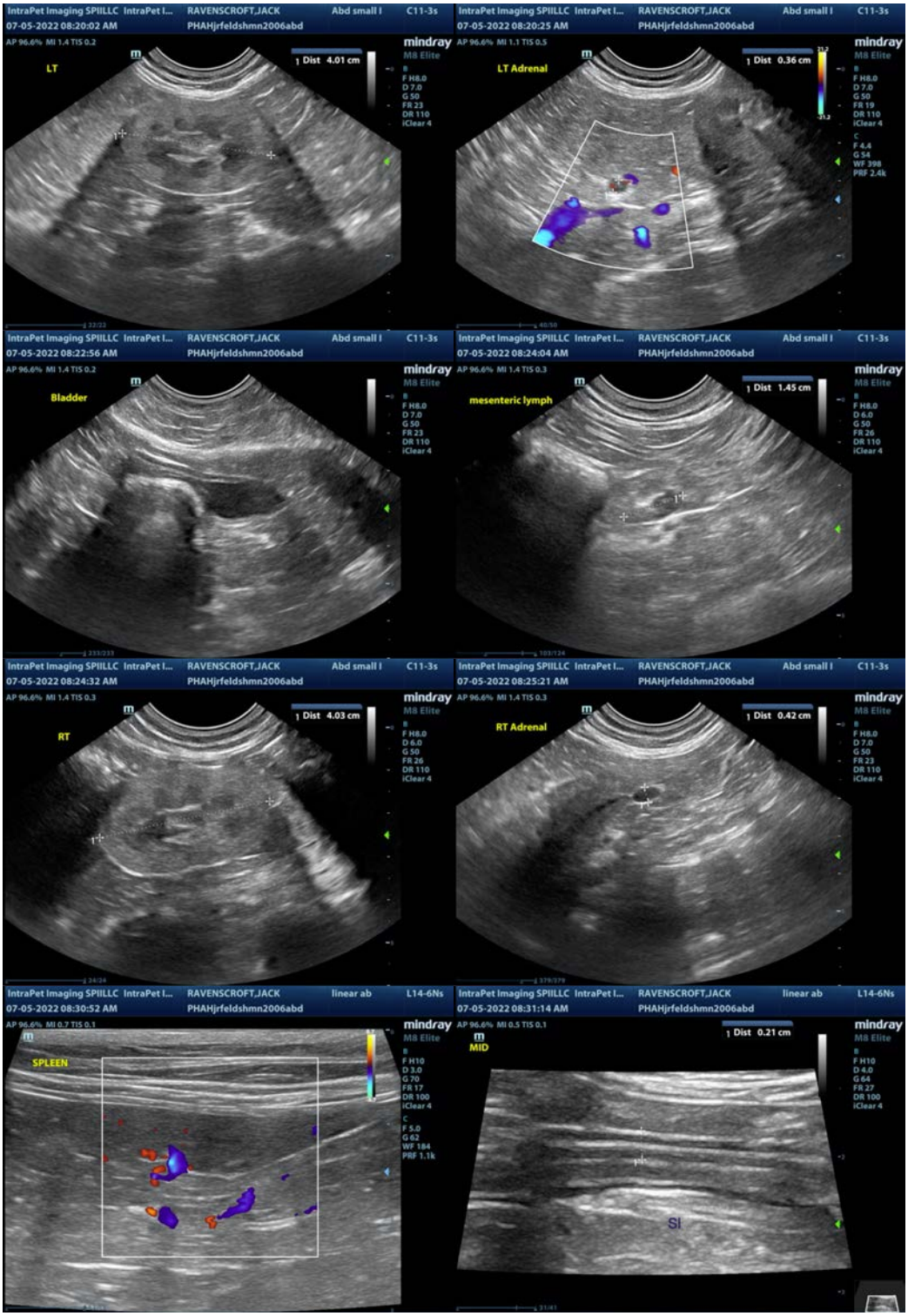
- Prominent, mottled/nodular pancreas – These changes are most consistent with nodular hyperplasia, although an underlying neoplastic process cannot be excluded as a possibility.

- Moderate lymphadenopathy (particularly a sublumbar lymph node is enlarged and hypoechoic) – This could represent reactivity due to the caudal mass lesion, but metastasis would be an alternate differential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears slightly mottled and nodular, and there are some prominent mesenteric lymph nodes. I am not terribly concerned about these lesions, although continued monitoring is warranted, and a fine needle aspirate of the pancreas could be considered if there is a concern for pancreatic disease/neoplasia.

Of more concern to me is the caudal lymph node at the aortic trifurcation. This node is intimately associated with the large vessels and would be difficult to safely aspirate. This change could represent a reactive lymph node secondary to the mass lesion, or could represent a metastatic lesion. Continued monitoring of this lymph node is warranted.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LT
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LT Adrenal
Dist 0.36 cm
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Bladder
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mesenteric lymph
Dist 1.45 cm
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Dist 0.42 cm
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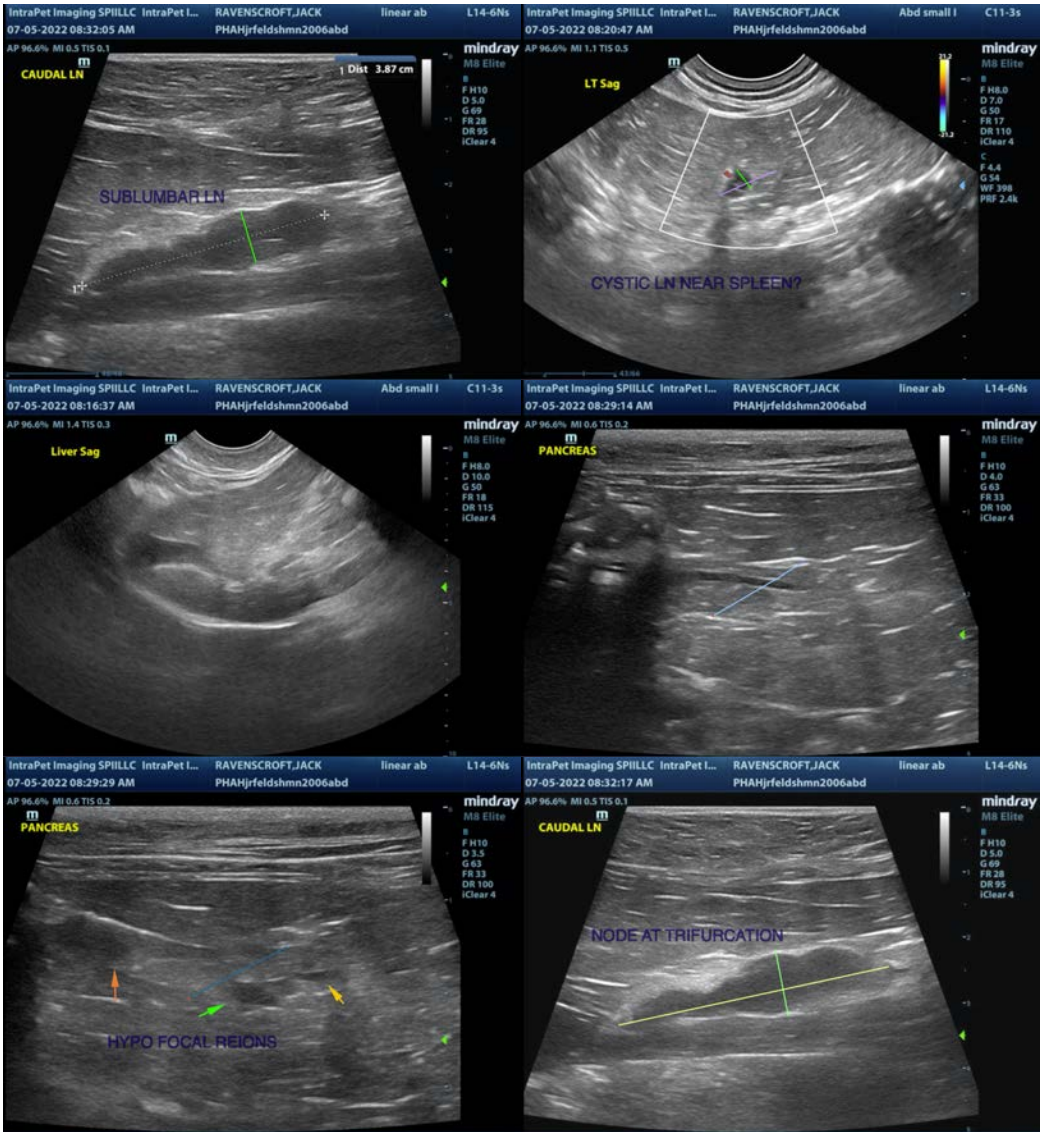

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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