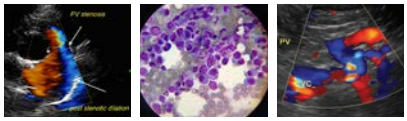
IMAGING PERFORMED BY

IntraPet.com



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DATE

8/10/23

PATIENT

Steve Jobs McKenzie

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/1/20

WEIGHT

9.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Martinoli

INVOICE

44561

PRESENTING CLINICAL SIGNS

Last week had an episode of vomiting; went to rDVM on Thursday; had bloodwork (only showed mild anemia; was FeLV/FIV negative ATO); got SQF and Cerenia. Not sure if xrays were done. Went home; seemed a little lethargic for a few days but was eating and then seemed back to normal activity level a few days ago. Litter used is dark in color so hard to tell how the stool has looked. Today they saw blood on the mat next to the litter box, and mucus in the litterbox. He vomited at least 6 times today.

Current Medications: Vitamin B12, Unasyn, Metronidazole, Buprenorphine, Cerenia, Ondansetron.
Lab Results: PCV - 28%, regenerative anemia, WBC - 47K; Neuts 42K.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed By: Andi Parkinson, BS, 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) with mild pyelectasia at 0.25 cm. Additionally, there is a somewhat ill-defined hyperechoic nodule visualized near the cranial pole measuring 0.96 cm x 1.32 cm, which does not significantly deviate the normal shape of the kidney. 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right 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 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 0.37 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.77 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 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 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. Duodenum wall measures 0.30 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There is a focal area of small bowel that exhibits severe wall irregularity and thickening and complete loss of wall layering, creating a large mass effect. In this area, the bowel wall measures 1.52 cm in width, and the diameter of the bowel is 3.81 cm. This mass effect involves over 6.5 cm of bowel.

The ileocecal junction is not clearly visualized. This could be obscured due to the large bowel mass in the region, or the ileocecal junction could be involved in this mass effect, although this is not strongly suspected. The distal colon appears normal with no focal lesions.

Pancreas
The area of the pancreas is normal and isoechoic to surrounding 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is hyperechoic surrounding the bowel mass.

ULTRASONOGRAPHIC FINDINGS

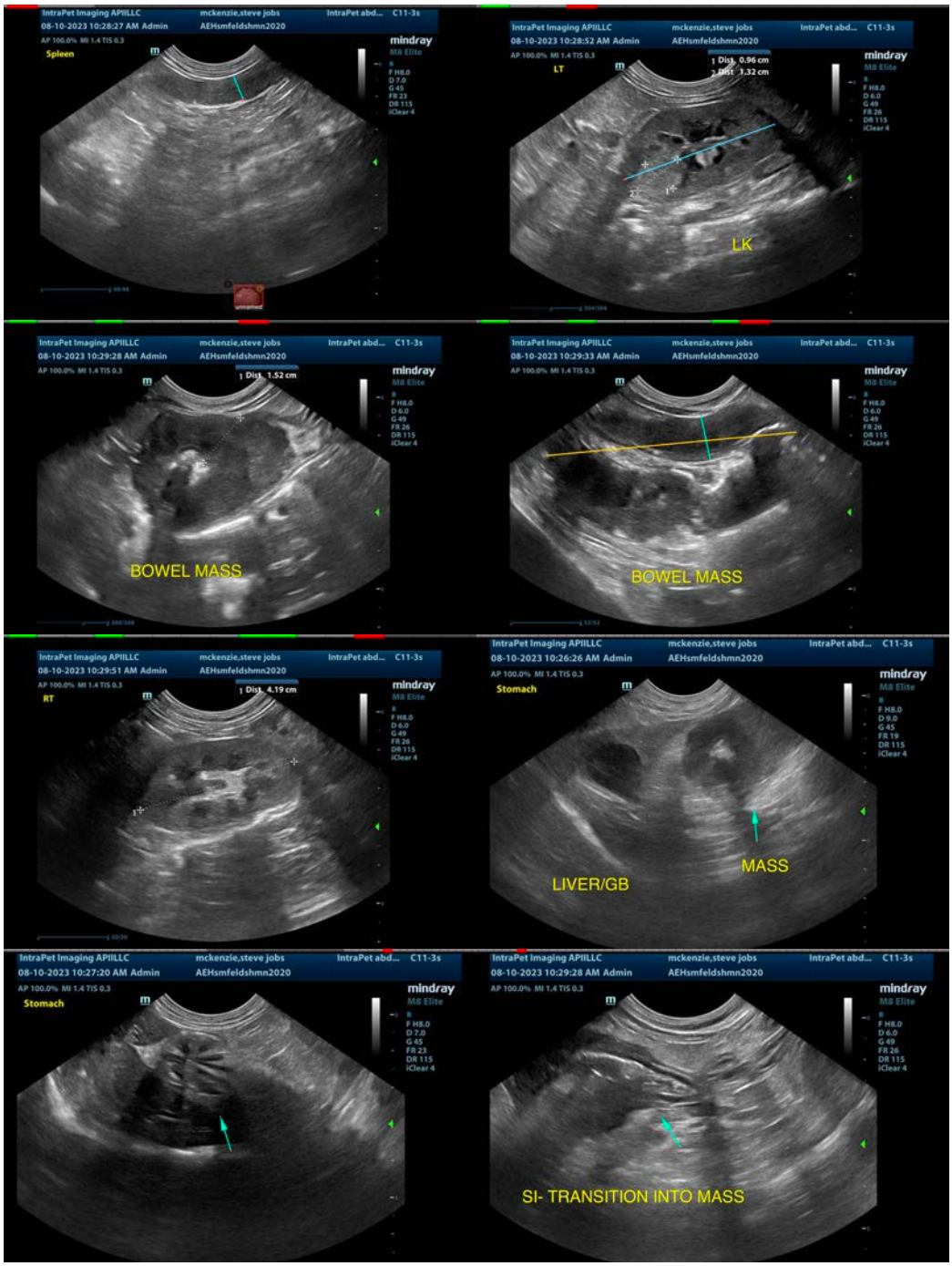
- Hyperechoic nodule visualized in the cranial pole of the left kidney – This could represent a benign or neoplastic nodule. Given the bowel mass observed, a metastatic lesion would need to be considered.

- Large, focal area of wall thickening and complete loss of layering associated with the small bowel – Findings are most consistent with a small bowel mass. Primary differential is round cell neoplasia, although carcinoma and other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large focal bowel mass is visualized, which exhibits complete loss of wall layering and surrounding inflammation. Recommend a fine needle aspirate of this lesion, as a neoplastic process is strongly suspected. Primary differentials include round cell neoplasia, carcinoma, etc. Additionally, there is a hyperechoic nodule in the kidney. This could be an incidental finding or represent metastatic disease. If desired, a fine needle aspirate of the kidney could 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/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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