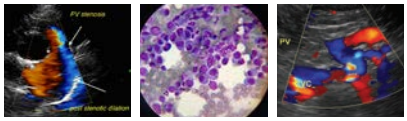
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8/16/23

PATIENT

Noble Forsgren

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7/14/14

WEIGHT

8.93 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Eldersburg Vet

REFERRING VET

Dr. Alper

INVOICE

44721

PRESENTING CLINICAL SIGNS

Pt presented for recheck from ER. pt was presented at the ER for lethargy & anorexia on 7/28/23. o went home w/ abx & pt finished those last Monday (8/7). pt seems to be doing much better. o says pt is eating again. not 100% back to normal eating habits, but eating more than before & mostly her wet food. pt vomited 1x over the last 2-3 days. vomit consisted of food, where before vomit was green bile. drinking normally no d/c/s activity level normal pt is indoor only

Current Medications: None currently.
Lab Results: Monocytosis, ALP 248 (H), Tbil 0.5 (H), ALP and Tbil elevated since last check 1 week ago at ER, remainder of values normal.
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 mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.72 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 (3.7 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 0.30 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 0.47 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 borderline large (1.2 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 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. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.30-0.56 cm. Visualized peristalsis appears appropriate. There are numerous areas of small bowel that show severe asymmetrical wall thickening and reduced detail of wall layering. In some areas, wall layering is completely lost, creating a mass effect.

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 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
There is scant free fluid. There is a severe mesenteric lymphadenopathy with several large hypoechoic lymph nodes throughout the abdomen. There is a mid abdominal lymph node/mass effect measuring 3.8 cm x 1.84 cm. The omentum is generally hyperechoic.

PRIMARY FINDINGS

- Borderline large spleen – Possible differentials include congestion, infiltration, or could be normal for a large cat. Consider a fine needle aspirate to differentiate.

- Diffusely thickened small intestine with focal areas of asymmetrical thickening and complete loss of layering – Findings are concerning for diffuse infiltrative disease and focal bowel masses. Consider a fine needle aspirate of a thickened section of small bowel.

- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most 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 bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

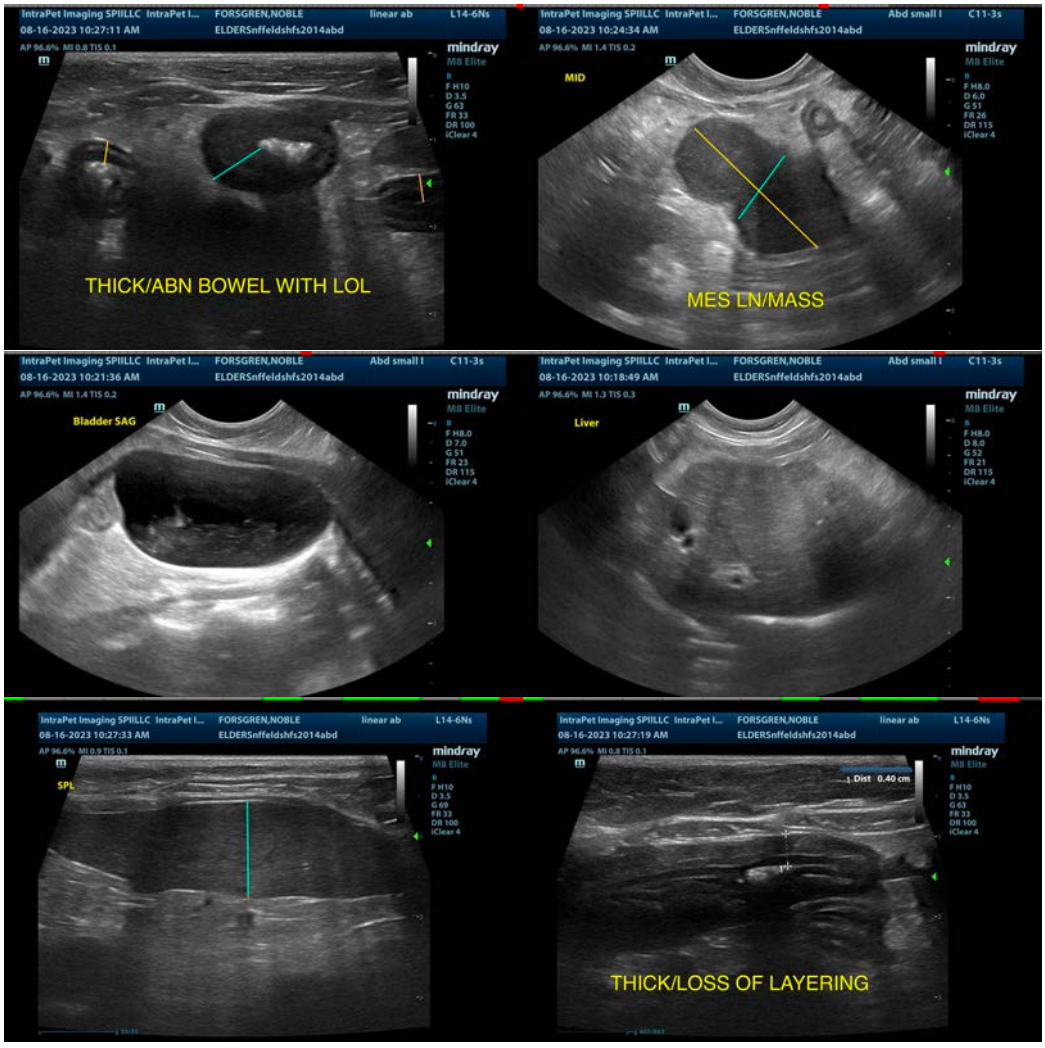
SECONDARY FINDINGS

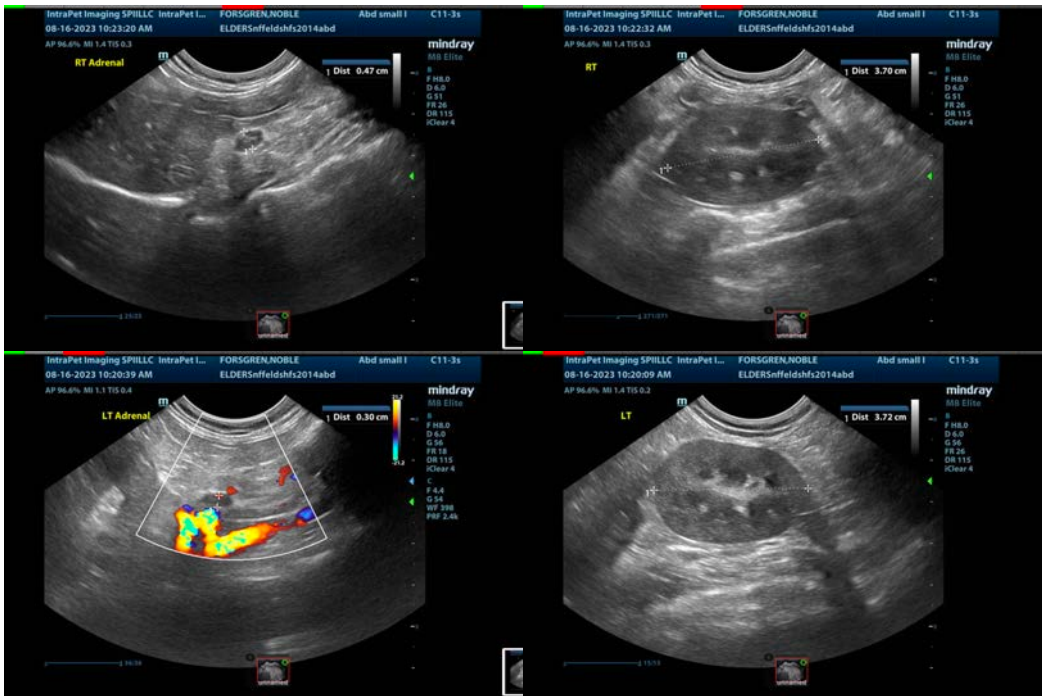
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of the severely enlarged hypoechoic mesenteric lymph nodes with the diffusely thickened bowel and focal areas of thickening and loss of layering consistent with bowel masses are highly concerning for a neoplastic process (round cell neoplasia is most likely). Recommend a fine needle aspirate of a mesenteric lymph node +/- bowel wall and spleen for cytologic evaluation.

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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