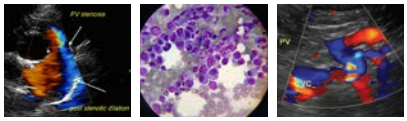
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

8/9/22

PATIENT

Jake Armstrong

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9/22/17

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Aberdeen Vet Clinic

REFERRING VET

Dr. Fritz

INVOICE

40254

PRESENTING CLINICAL SIGNS

Hiding and less active. Unsure if he is eating very much as he spends a lot of time in upstairs where o can not go. May have had some vomiting. Weight loss of at least 4 lbs in 9 months.

Current Medications: None.
Lab Results: Alp high, TBil high, RCB low, regenerative anemia, m elevation in WBC, panhypoprotinemia.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (4.13 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 (4.36 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 0.47 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 0.65 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 large in size, and normal in echogenicity with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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. Some areas of the stomach have a normal appearing wall that measures at a normal thickness of <0.36 cm with some variability due to the presence of rugal folds. In these areas, the distinction of the gastric wall layers is adequate, and there is no impression of reduced peristaltic activity. There is a focal section of stomach that appears to contain an intraluminal mass effect measuring approximately 4.11 cm x 3.47 cm. Additionally, the wall appears irregular in some areas and thickened, measuring up to 1.3 cm with decreased detail or absence of typical wall layering. I suspect this represent an attachment for the mass effect, which extends into an intraluminal mass. There is no evidence of an obstruction.

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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 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

There is a scant amount of free abdominal fluid surrounding the liver. No lymphadenopathy is noted. The omentum is mildly hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

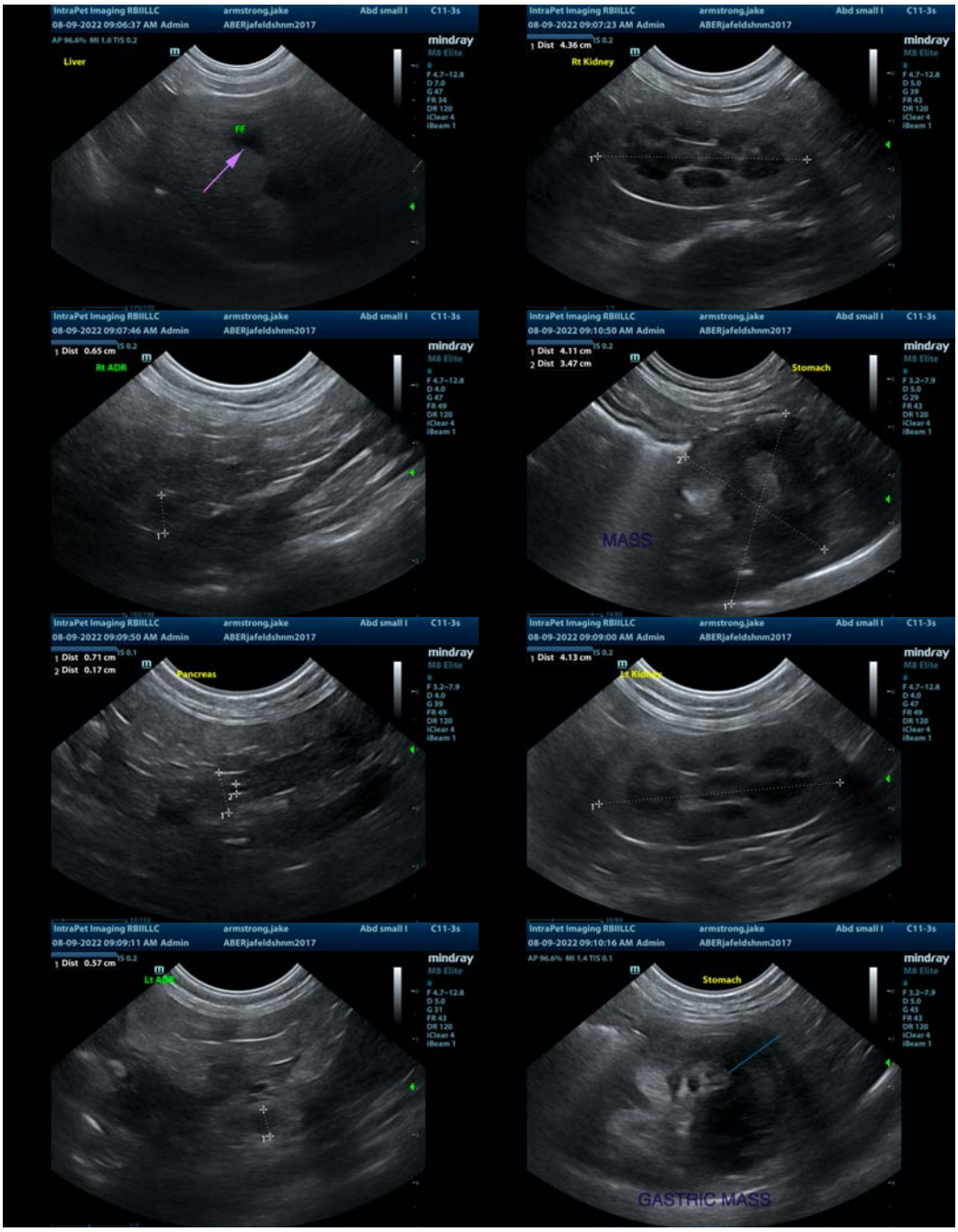
- Large, heterogeneous, rounded liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Thickened gastric wall with reduced distinction of/loss of typical wall layering and a large intraluminal mass effect – Concern is high for an underlying neoplastic process (round cell neoplasia, carcinoma, etc.), but benign differentials are possible.
- Scant/small volume free abdominal fluid.

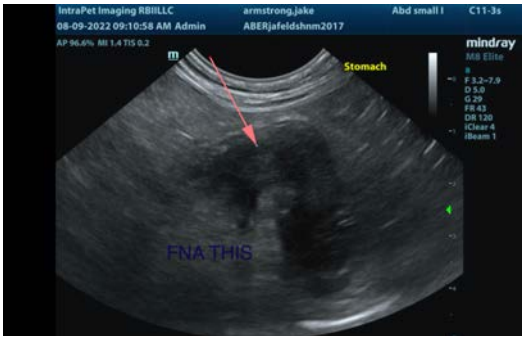
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large intraluminal mass effect visualized within the stomach. Additionally, some areas of the gastric wall appear irregular and thickened. I suspect this is the attachment of the intraluminal mass effect. Recommend a fine needle aspirate of the abnormal wall. Additionally, the liver is large, rounded and heterogeneous. These changes could represent a secondary hepatic lipidosis (although typically these are bright livers), or this could represent infiltrative neoplasia. Recommend fine needle aspirate if coagulation parameters permit.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

If a cytologic diagnosis cannot be obtained based on cytology of the liver and gastric wall, then consider surgical biopsies.





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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