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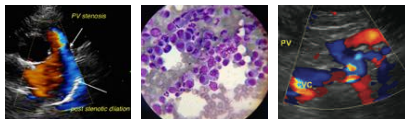

SonoPath
Clinical Sonography & Telecytology
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DATE
9/13/21

PATIENT
Puma Tobe

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
3/1/10

WEIGHT
6.56 lbs

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

HOSPITAL NAME
Veterinary Housecall Services

REFERRING VET
Dr. Kanakry

INVOICE
91789

PRESENTING CLINICAL SIGNS

History: Presents for new patient sick exam; losing weight continuously, vomiting, lethargy (noticed for the last 2-3 weeks). Vomiting at least every other day; both bile and food. Owners have been putting out more food, but Puma continues to be constantly hungry and will beg for food. No changes in drinking noticed. Still affectionate but a little more out of it than usual. 2 other cats in house. Owner feeds Friskies wet food and Purina Urinary dry food (was previously used for another cat). Exam: Wt. 6.56 lbs., HR-240, H&L-grade I/VI systolic murmur, Abd-wnl, LN-wnl, EN-wnl, Lenticular sclerosis, Grade 2-3 dentaal disease with upper rt.>left. BCS 3/9. No fleas. No palpable thyroids.
A: Hyperthyroidism, Renal; Cardiac murmur; Dental disease; Lenticular sclerosis; Under conditioned.
P: CBC/Chem/T4/Spec fPL/UA (cysto, only about 1/2-3/4 of a cc). I discussed rule outs at length with owner and will call him with results when they come in. I also discussed treatment options if it is hyperthyroidism. Cat was good for everything. 6:15pm I called Mr. Tobe about the preliminary report of anemia and a normal T4 level. Owner okays adding on a Felv/FIV test. Pet was adopted from a PetSmart adoption day and has not been to a vet. I briefly discussed GI disease and neoplasia and further diagnostics like imaging (rads/AUS) and GI panels +/- biopsies. Owner may not be able to pursue and may elect conservative treatment (deworming, Vitamin B12 injections, Pred).
Mr. Tobe updated on final lab work results. I discussed further diagnostics and treatments at length. Owner is interested in doing an AUS but will most likely treat conservatively. He would like to know if there is a cancer or if it could be treated with medication. Owner to try and bring us a fecal sample as well. Treatment plan will include deworming with Profender, Vitamin B12 injections 250mcg SQ weekly for 6 weeks then q 2 weeks for 6 weeks then monthly, and Prednisolone at 2mg/kg SID.
Current Medications: No current medications.
Lab Results: **CBC:** RBC-5.11 (low), Hct-20.0 (low), Hg-5.4 (low), MCH-10.6 (low), MCHC-27.0 (low), Retic-Hg-11.6 (low), WBC-22.1^, Neuts-20.42^, Lymph-0.729 (low), Monos-0.84^, Eos-0.066 (low); **Chem:** Creat-0.6 (low), BUN-13 (low), Na-143 (low), Cl-108 (low), Alb-2.2 (low), ALT-20 (low); **T4**-1.5; **Spec fPL**-8.3^; **FELV/FIV**-negative; **SG**-1.048, pH-6.5, Prot-500mg/dl, Ket-15mg/dl, Blood-50Ery/uL, Bili-1mg/dl, Urob-8mg/dl. Anemia, Proteinuria, Hematuria, Pancreatitis/IBD, Hypoalbuminemia, GI disease/neoplasia/Autoimmune.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: declined
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic 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 (4.32 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 (4.25 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 XXcm 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.

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 hypoechoic in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. Prominent portal vasculature was noted. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder 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 an increased thickness of 1.3 cm with a very irregular mucosa and a hypoechoic wall with complete loss of layering. This is most consistent with a mass effect.

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 jejunum measured 0.25 cm, 0.24 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 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 lymphadenomegaly. A small amount of free fluid was noted. The omentum is of increased echogenicity.

Other
Pleural effusion is visualized on the right side of the thorax.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Thick, irregular, gastric wall with loss of layering. The findings are most consistent with infiltrative disease to the gastric mucosa. There is a high concern for neoplasia (carcinoma, LMA).

- Heterogenous, hypoechoic liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

- Subjectively thickened small intestine with prominent muscularis layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

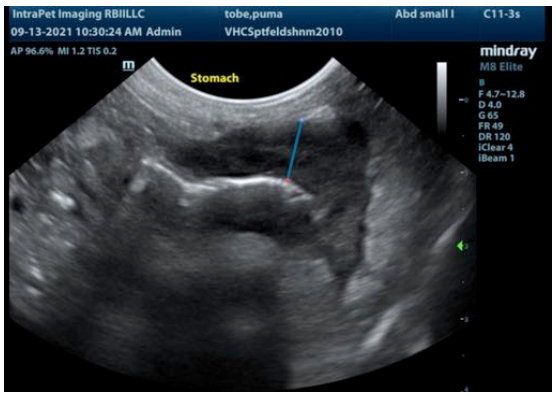
- Small volume of free abdominal fluid and pleural effusion.

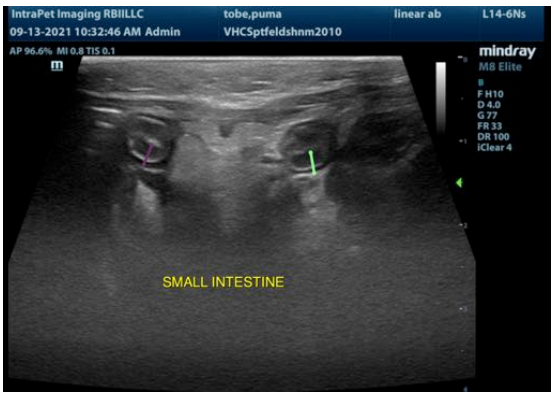
SECONDARY FINDINGS:

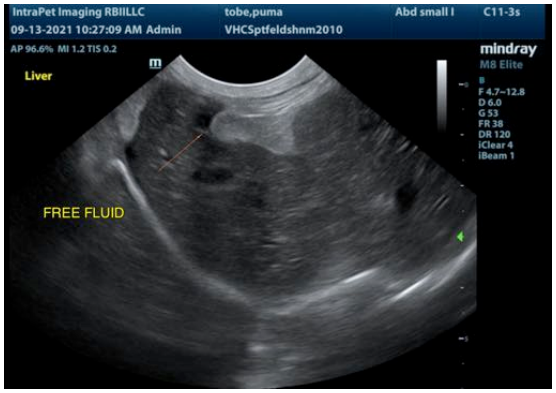
- Echogenic urine in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are severe changes to the gastric wall that are most consistent with a gastric mass. Additionally, the bowel appears subjectively thickened. This could be edema due to surrounding fluid or infiltrative disease. The liver is hypoechoic and heterogenous. Consider FNA of the gastric mass in the liver and three view thoracic radiographs. There is a high concern for a neoplastic process.



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tobe,puma
Abd small I
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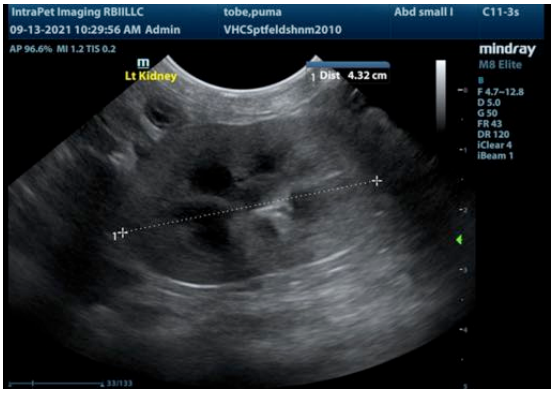
Liver
FREE FLUID
mindray
M8 Elite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Lt Kidney
Dist 4.32 cm
mindray
M8 Elite


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tobe,puma
linear ab
L14-6Ns
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Stomach
Dist 1.12 cm
STOMACH WALL- LOSS OF LAYERING
mindray
M8 Elite


IntraPet Imaging RBIILLC
tobe,puma
Abd small I
C11-3s
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Stomach
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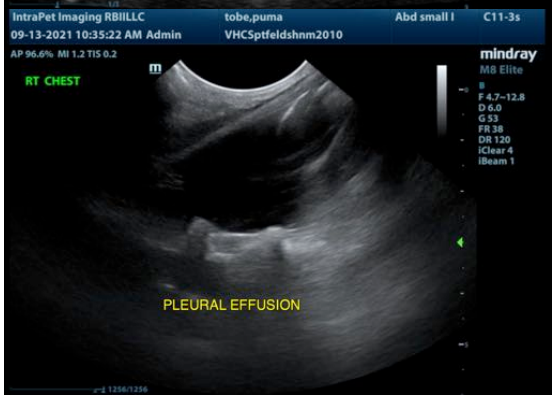
Dist 1.34 cm
THICK/ABNORMAL WALL
mindray
M8 Elite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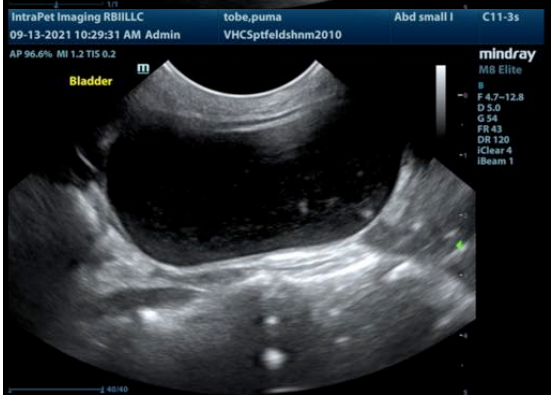
RT CHEST
PLEURAL EFFUSION
mindray
M8 Elite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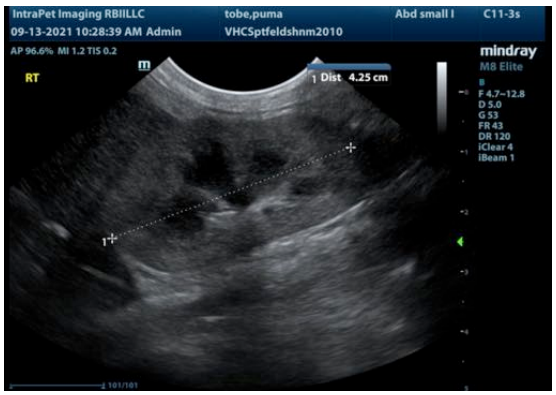
Bladder
mindray
M8 Elite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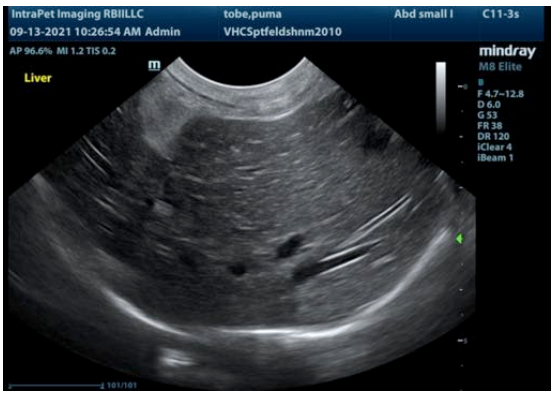
RT
Dist 4.25 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
tobe,puma
Abd small I
C11-3s
09-13-2021 10:26:54 AM Admin
VHCSptfeldshnm2010
AP 96.6% MI 1.2 TIS 0.2
Liver
mindray
M8 Elite

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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