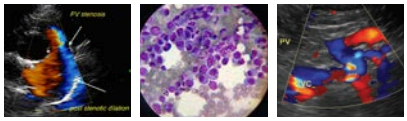
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9/2/21

PATIENT

Reggie White

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

2010

WEIGHT

9.75 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Veterinary Housecall Service

REFERRING VET

Dr. Schmoll

INVOICE

25164

PRESENTING CLINICAL SIGNS

Reggie is presented for sneezing multiple times per hour. The discharge is clear. The son is watching Reggie. Reggie has IBD or the like (previous AUS 7/14/20) and is currently on prednisolone 5 mg (liquid) sid. He was gaining weight as of 7/15/21 on this dose but then has started loosing again since then. He has lost 1 lb in the past 3 weeks. According to the son he is eating the same amount no vomiting and no diarrhea. The sore on the right side of his shoulder (not sure if it was an fdvr rxn has an 1 cm eschar (hard thick scab) covering the raw tissue below. Reggie always needs gabapentin but the son cannot give. Reggie gets aggressive quickly after being cooperative for a couple of minutes so we prioritize our exam.

Exam-No temp, bcs- 5/9(lean), euhydrated, eent- OD epiphora- clear tears, no nasal discharge.ht- no murmur, hbr- 190-200 bpm, SS pulses, lungs- clear, abd. palp- a walnut size irregular" bumpy" feeling mass? LN?? in mid lower abdomen. I do not thin it is stool can not " dent" it. It is not a kidney, can locate those. integ- unkempt looking, ruffled appearance. m/s- did not observe ambulation. All else wnl.
Assessment- r/o abdominal mass/IBD/ metabolic
Plan- Convenia-0.44 cc s/q- for the sneezing. Asked the son to have the owners call me when they return from vacation. Need to set up an apt for a repeat AUS/ blood work/ cysto if permitted. based on the AUS possible chest radiographs. Reggie would ABSOLUTELY need Gabapentin. 200 mg on a 10-12 hour fast 3 hours prior to the event.

Current Medications: Prednisolone 5mg once daily. Vitamin B12 0.25ml q 2 weeks.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested / declined

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 (3.8 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 (3.87 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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 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.

There is a large bowel mass visualized mid abdomen involving at least 5.25 cm length of bowel with a diameter of 2.59 cm and wall thickness of 1.3 cm. Surrounding this bowel is a cluster of large lymph nodes and hyperechoic omentum. Transitioning bowel into this area is thickened with loss of layering, measuring 0.42-0.69 cm. Some areas of bowel are visualized with normal intact layering and prominent muscularis layer.

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 effusion. There is a severe mesenteric lymphadenopathy. Mesenteric lymph nodes are large and hypoechoic measuring 1.36 cm x 1.35 cm, 1.06 cm x 0.46 cm surrounding the abdominal bowel mass and in clusters throughout the abdomen. The omentum surrounding these clusters of enlarged lymph nodes and abnormal bowel is hyperechoic.

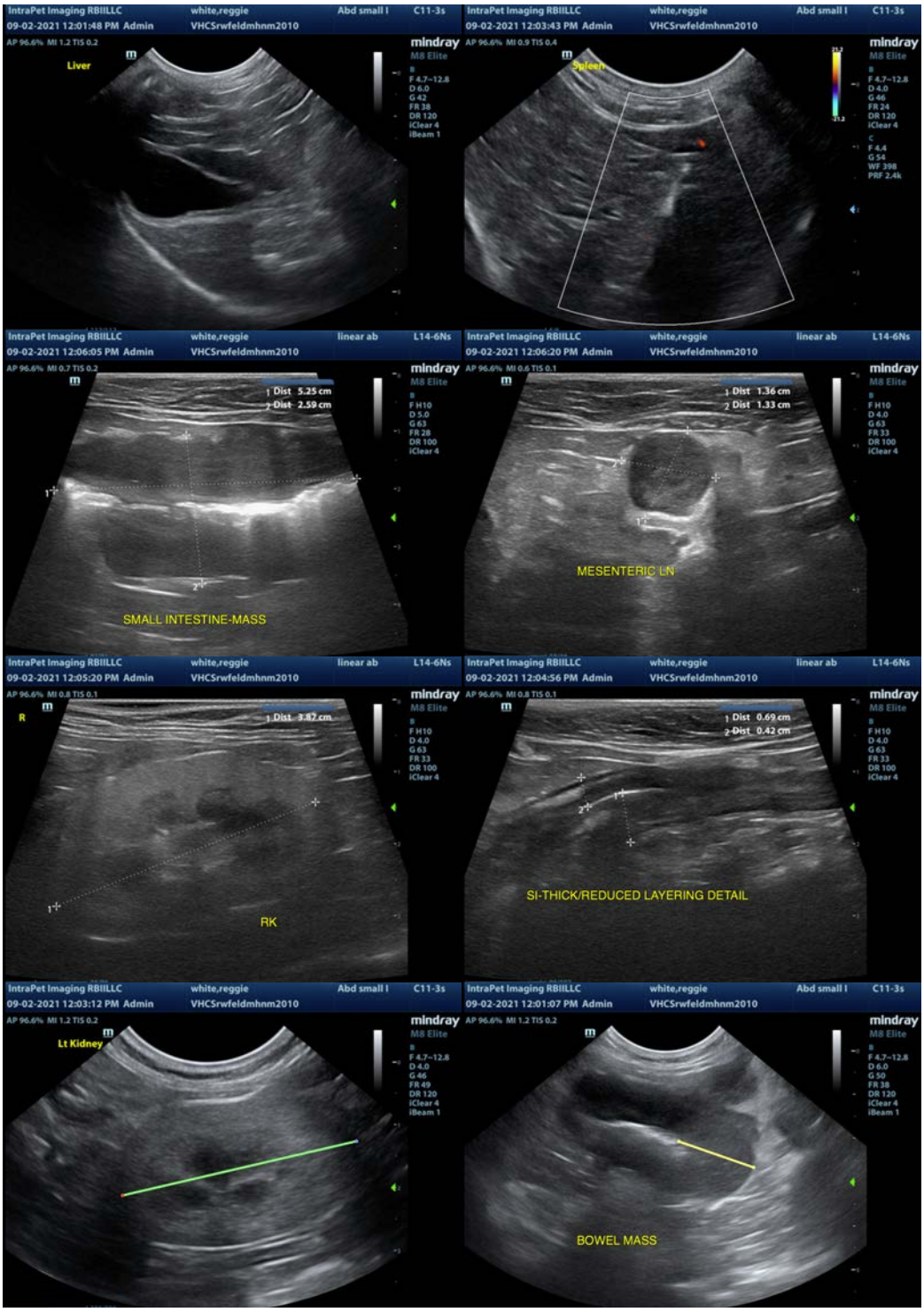
ULTRASONOGRAPHIC FINDINGS

- Severe bowel wall thickening with complete loss of layering, resulting in a focal bowel mass – findings are highly suggestive of a neoplastic process. Other differentials are possible (fungal disease, eosinophilic disease, etc.).

- Severe 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large bowel mass is observed with surrounding mesenteric inflammation and severe regional lymphadenopathy. Findings are highly concerning for a neoplastic process. Recommend fine needle aspirate of bowel mass +/- local lymph nodes. Recommend 3-view thoracic radiographs. If diagnosis is obtained, recommended consultation with a veterinary oncologist.


IntraPet Imaging RBIILLC
white,reggie
Abd small I
C11-3s
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VHCSrwfeldmhnm2010
Liver
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white,reggie
Abd small I
C11-3s
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VHCSrwfeldmhnm2010
Spleen
IntraPet Imaging RBIILLC
white,reggie
linear ab
L14-6Ns
09-02-2021 12:06:05 PM Admin
VHCSrwfeldmhnm2010
1 Dist 5.25 cm
2 Dist 2.59 cm
SMALL INTESTINE-MASS
IntraPet Imaging RBIILLC
white,reggie
linear ab
L14-6Ns
09-02-2021 12:06:20 PM Admin
VHCSrwfeldmhnm2010
1 Dist 1.36 cm
2 Dist 1.33 cm
MESENTERIC LN
IntraPet Imaging RBIILLC
white,reggie
linear ab
L14-6Ns
09-02-2021 12:05:20 PM Admin
VHCSrwfeldmhnm2010
R
1 Dist 3.82 cm
RK
IntraPet Imaging RBIILLC
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linear ab
L14-6Ns
09-02-2021 12:04:56 PM Admin
VHCSrwfeldmhnm2010
1 Dist 0.69 cm
2 Dist 0.42 cm
SI-THICK/REDUCED LAYERING DETAIL
IntraPet Imaging RBIILLC
white,reggie
Abd small I
C11-3s
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VHCSrwfeldmhnm2010
Lt Kidney
IntraPet Imaging RBIILLC
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Abd small I
C11-3s
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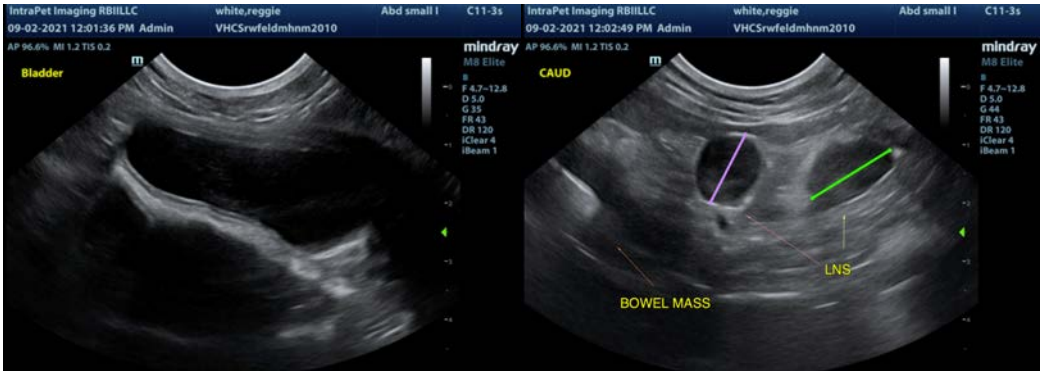
VHCSrwfeldmhnm2010
BOWEL MASS



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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