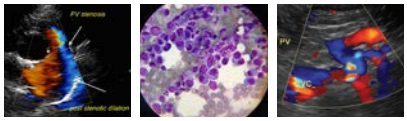
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/2/22

PATIENT

Binx Hruz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/1/18

WEIGHT

10.12 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Honeygo AH

REFERRING VET

Dr. Wright

INVOICE

40966

PRESENTING CLINICAL SIGNS

Complaint- decreased appetite, weight loss. PE- 3lb weiht loss, palpable large abdominal mass.

Current Medications: None listed.
Lab Results: Hyperkalemia, hyponatremia, elevated amylase, neutrophilia.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Approved/Requested.

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 (3.8 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 (3.98 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 0.43 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 0.45 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 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. Jejunum wall measured 0.20 cm. Visualized peristalsis appears appropriate. There is a focal area of bowel that appears significantly thickened with reduced detail of layering. This is adjacent to the mass effect, measuring 0.78 cm in wall thickness.

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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

There is a large amount of echogenic free fluid. There is a diffuse mesenteric lymphadenopathy with enlarged lymph nodes throughout the abdomen. The mass itself appears to have some lobular focal areas, which could be large clusters of lymph nodes. The omentum is generally hyperechoic.

Other

There is a large, vascular, irregular, hypoechoic mid abdominal mass measuring 6.95 cm x 7.97 cm. It is surrounded by hyperechoic mesentery and echogenic fluid. This mass effect appears to involve some areas of small intestine (adhered versus arising from) and local lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, hypoechoic mid abdominal mass – There is the suspicion of an association with the small intestine, but this could represent an effaced lymph node, a mesenteric mass, etc. Recommend fine needle aspirate.

- Hypoechoic prominent pancreatic with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving. These changes could also be reactive due to the peritonitis present, or could be due to infiltrative disease.

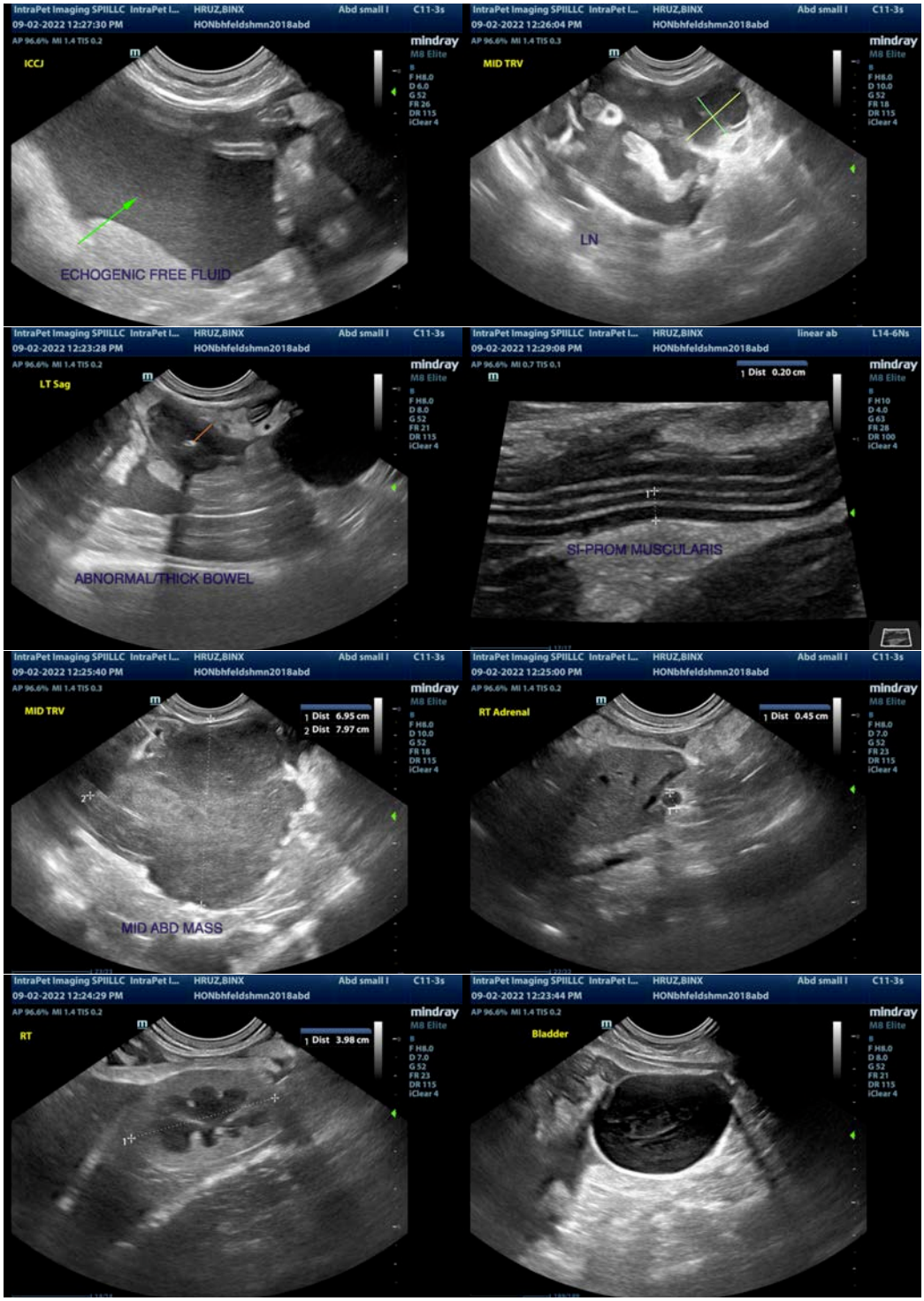
- Focal area of thickened bowel with loss of layering – Primary concern is round cell neoplasia. Other differentials include other types of neoplasia, edema, granulomatous disease, etc.

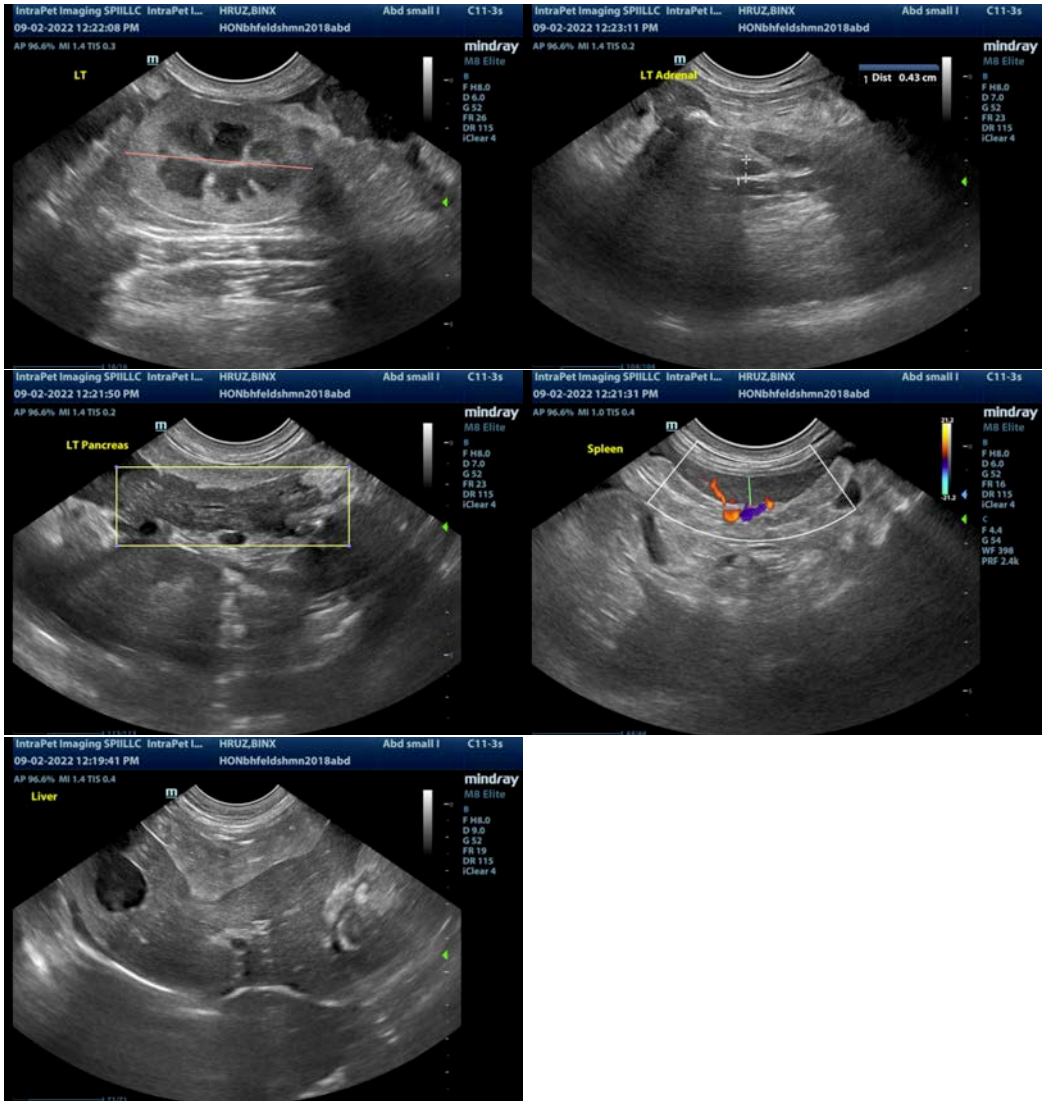
- Large volume heterogeneous fluid and hyperechoic mesentery – consistent with peritonitis (sterile versus bacterial). Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, irregular, inflamed mid abdominal mass. The source of this mass is unclear, but it does involve the bowel somewhat. This could be due to adhesions, or this could be a large bowel mass. Recommend a fine needle aspirate of the mass effect and 3-view thoracic radiographs. If a cytologic diagnosis cannot be

obtained, consider fluid analysis and cytology. As a final option, you could consider exploratory surgery with the hopes that this could be resectable, and biopsies obtained. Alternately, a preoperative abdominal CT scan could be considered.





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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