IMAGING PERFORMED BY

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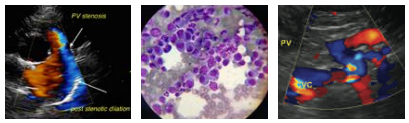

SonoPath
Clinical Sonography & Telecytology
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DATE
9/23/21

PATIENT
Dobbie Yu

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
3/11/08

WEIGHT
2.97 kg

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

HOSPITAL NAME
Banfield Pet Hospital of Columbia

REFERRING VET
Dr. Scherping

INVOICE
91943

PRESENTING CLINICAL SIGNS

History: Decreased appetite last 2 weeks. Has had occasional (1-3x/wk.) vomiting and occasional loose stool for as long as owner has had him (years), no change in frequency or severity recently. PE - poor muscling, mildly poor haircoat, underweight; lost 3.5lbs since last exam (Feb 2020), moderate dental disease, otherwise no specific findings.
Current Medications: Sent home on Clavamox (9/15) and rx for hydrolyzed diet.
Lab Results: UA – unremarkable, T4 - normal (1.7ug/dl), Leukocytosis - neutrophilia, monocytosis, Mild hypoalbuminemia (Alb 2.0g/dl, lower limit of normal 2.3).
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: 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 (3.53 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. A non-obstructive nephrolith was noted and measured 0.25 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.97 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. A non-obstructive nephrolith was noted and measured 0.57 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size. 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 0.59 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 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 relatively minimal fluid distension. Wall thickness is diffusely increased with the duodenum measuring 0.36 cm and the jejunum measuring 0.36 cm. There is a large, hypoechoic, irregular mass effect arising from the bowel with complete loss of layering and measured 4.99 x 2.94 cm. There is a cluster of very large hypoechoic lymph nodes around this lesion. The bowel wall thickness in this area measured 1.0 cm. Several areas of bowel had increased wall thickness up to 0.45 cm with reduced detail and layering.

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

Evaluation of the peritoneal cavity revealed minor anechoic free fluid. Severe mesenteric lymphadenomegaly is present. The mesenteric lymph nodes around the abdominal mass are large and hypoechoic measuring 1.5 cm, 1.9cm, 1.7 x 0.64 cm. The omentum is generally of increased echogenicity particularly around the bowel mass.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, hypoechoic bowel mass with complete loss of wall layering. There is concern for possible round cell neoplasia or other neoplastic process.

- Severe mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

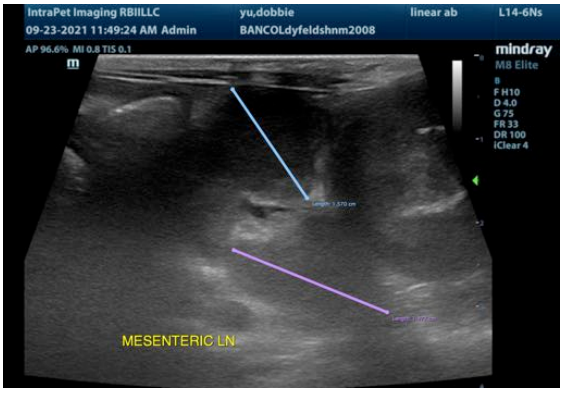
SECONDARY FINDINGS:

- Non-obstructive nephroliths visualized in both kidneys. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A very large bowel mass is visualized along with a cluster of very large mesenteric lymph nodes. This is highly concerning for possible round cell neoplasia. I recommend FNA of the bowel mass +/- mesenteric lymph nodes. I recommend three view thoracic radiographs and if treatment is pursued consider B12 and folate levels for possible ancillary treatment.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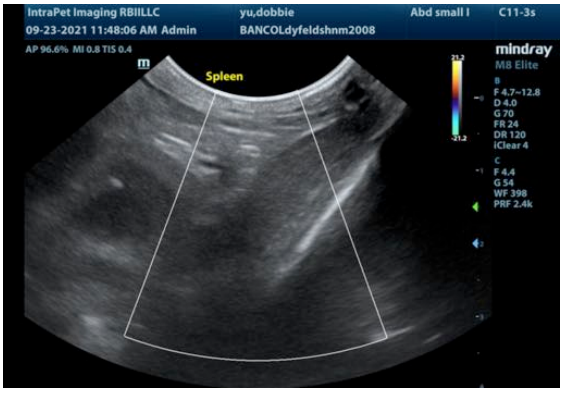
mindray
M8 Elite
MESENTERIC LN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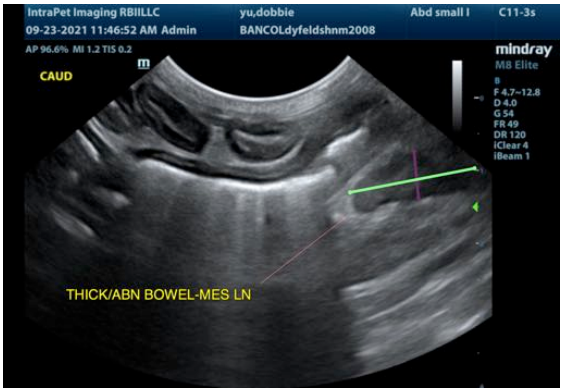
Spleen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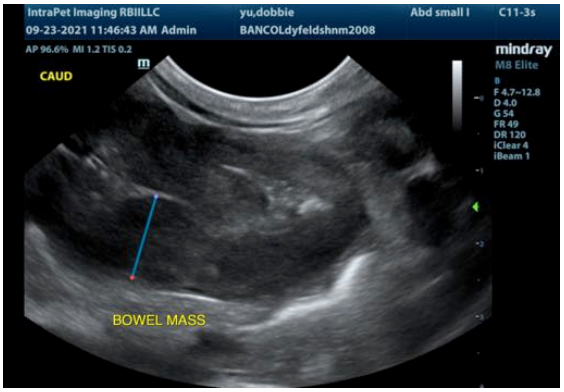
mindray
M8 Elite
CAUD
THICK/ABN BOWEL-MES LN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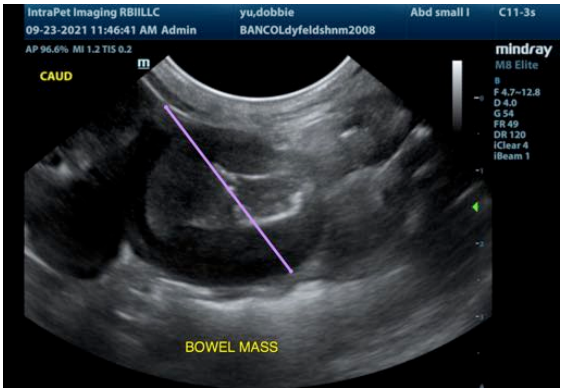
M8 Elite
CAUD
BOWEL MASS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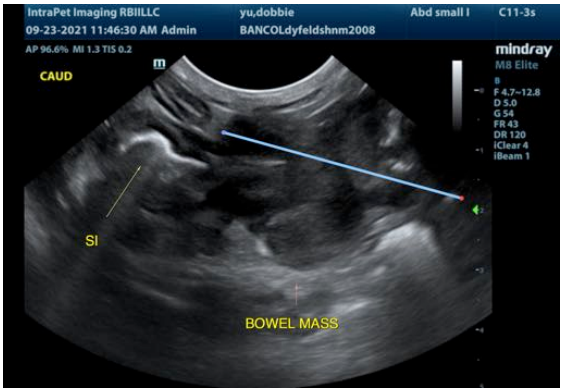
BOWEL MASS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AP 96.6% MI 1.3 TIS 0.2
mindray
M8 Elite
CAUD
SI
BOWEL MASS


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yu,dobbie
linear ab
L14-6Ns
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mindray
M8 Elite
1 Dist 0.42 cm
SI-THICK/LOSS OF LAYERING


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yu,dobbie
linear ab
L14-6Ns
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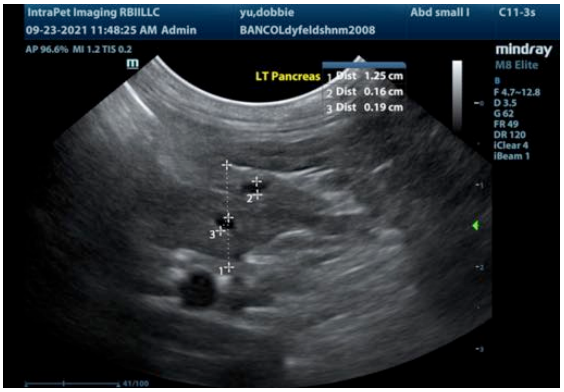
1 Dist 0.38 cm
SI-THICK/LOSS OF LAYERING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C11-3s
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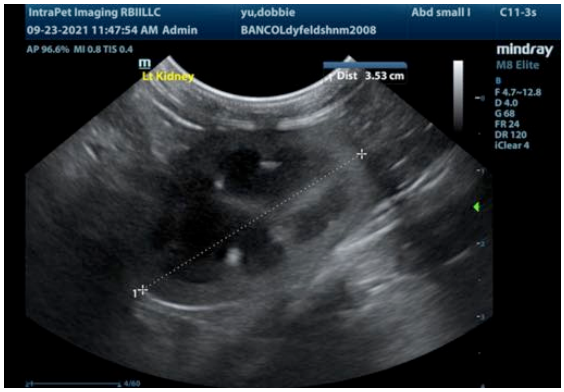
mindray
M8 Elite
LT Pancreas
1 Dist 1.25 cm
2 Dist 0.16 cm
3 Dist 0.19 cm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BANCOLdyfeldshnm2008
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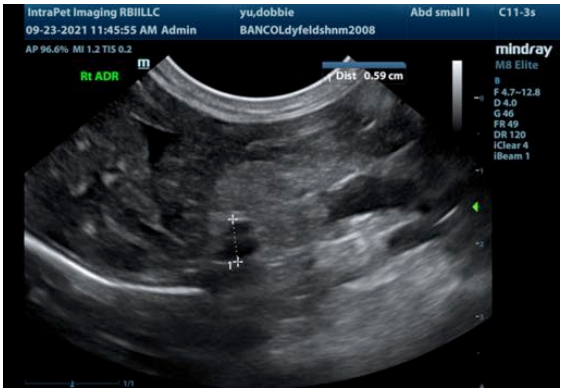
M8 Elite
Lt Kidney
1 Dist 3.53 cm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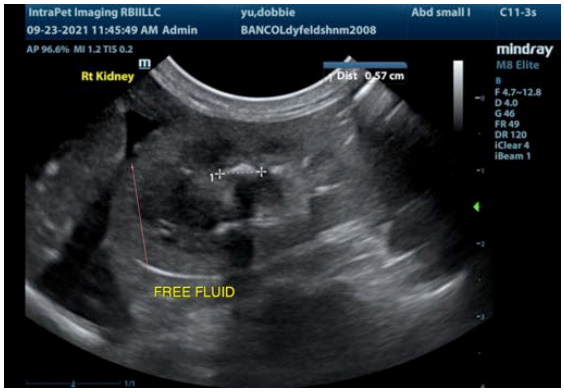
M8 Elite
Rt ADR
1 Dist 0.59 cm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C11-3s
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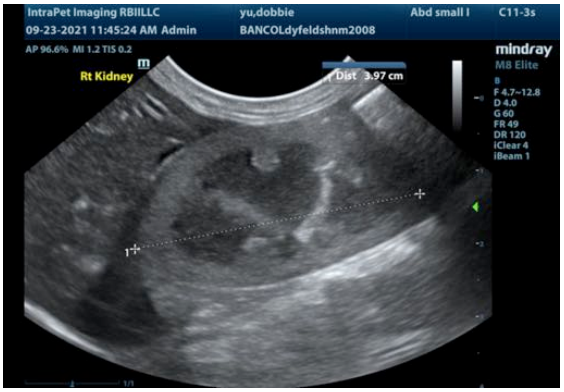
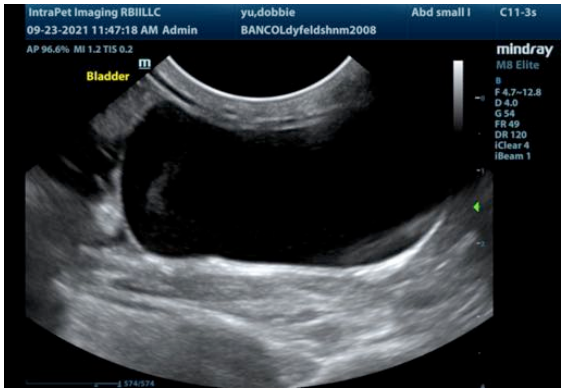
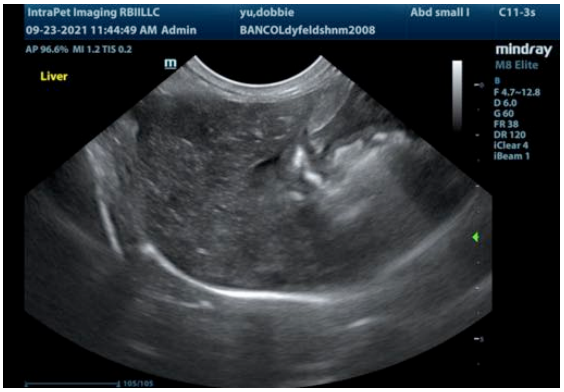
M8 Elite
Rt Kidney
1 Dist 0.57 cm
FREE FLUID







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)
kathleen.sennello@sonopath.com