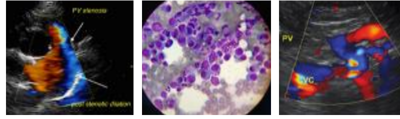
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

9/3/21

PATIENT

Emmitt Brown

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2010

WEIGHT

10.5 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Care Center

REFERRING VET

N/A

INVOICE

12927

PRESENTING CLINICAL SIGNS

History: Seen for 3 week history of vomiting and not eating, hiding, not acting like himself.
Current Medications: Prednisolone 4.5mg q 12 hours
Lab Results: elevated ALP and Lipase
Date of Previous IntraPet Ultrasound: No previous
Sedation: Not needed.
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 (4.24 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 (4.17 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 0.42 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 0.46 cm at the caudal. 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 gall bladder 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 <0.36 cm 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. The jejunum measured 0.22 cm in diameter. Visualized peristalsis appears appropriate. There is a section of bowel mid abdomen that has a severely thickened wall, measuring 0.83 cm which is hypoechoic and has a complete loss of layering. This abnormal section of bowel stretches over 3.5 cm and is consistent with a large bowel mass.

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 did not reveal any evidence of effusion. There is a severe mesenteric lymphadenomegally present. There is a cluster of large mesenteric lymph nodes at the root of the mesentery measuring 1.2 cm, 1.1 cm and 1.4 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the bowel mass and the enlarged lymph nodes.

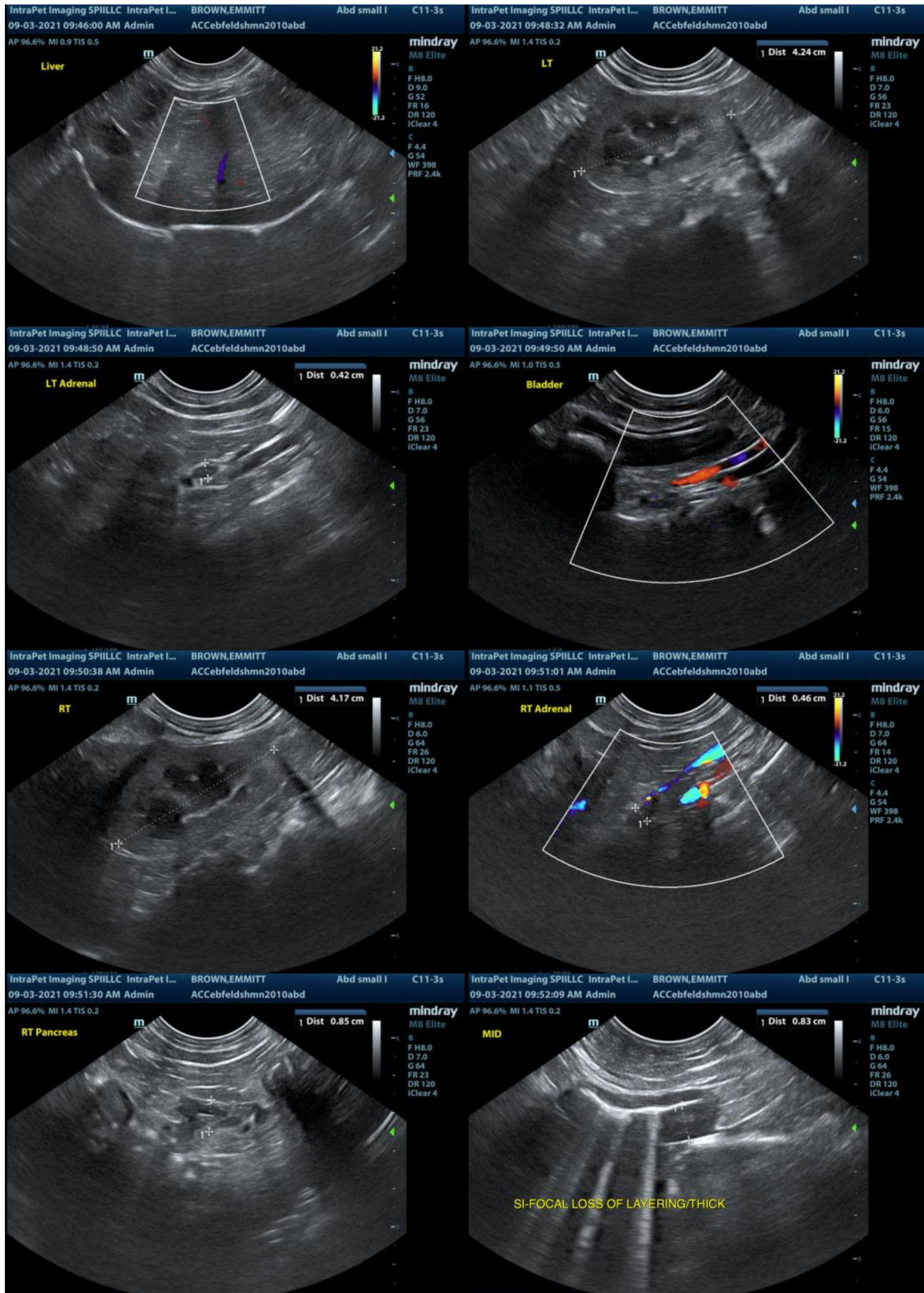
ULTRASONOGRAPHIC FINDINGS

- Focal loss of layering and thickening of the small intestine consistent with a bowel mass- Findings are most concerning for a neoplastic process (round cell neoplasia, carcinoma, etc.) Other possibilities exist

- Severe mesenteric 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 bartonealla, fungal infections, FIP (cats) etc.. A fine needle aspirate with cytology is recommended for further evaluation
- 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

There is a large bowel mass present, in light of the severe mesenteric lymphadenopathy present, concern is high for the possibility of round cell neoplsia. I recommend a fine needle aspirate of an enlarged mesenteric lymph node and small intestine. I recommend 3 view thoracic radiographs. If cytologic diagnosis is obtained, I recommend a referral to a veterinary oncologist for treatment recommendations. If unable to obtain a cytologic diagnosis, I recommend surgery for biopsies +/- resection of abnormal bowel.



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AP 96.6% MI 0.9 TIS 0.5
Liver
mindray
M8 Elite
B F H8.0 D 9.0 G 52 FR 16 DR 120 iClear 4
C F 4.4 G 54 WF 398 PRF 2.4k
IntraPet Imaging SPIILLC IntraPet I... BROWN,EMMITT Abd small I C11-3s
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AP 96.6% MI 1.4 TIS 0.2
LT
1 Dist 4.24 cm
mindray
M8 Elite
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IntraPet Imaging SPIILLC IntraPet I... BROWN,EMMITT Abd small I C11-3s
09-03-2021 09:48:50 AM Admin ACCebfeldshmn2010abd
AP 96.6% MI 1.4 TIS 0.2
LT Adrenal
1 Dist 0.42 cm
mindray
M8 Elite
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IntraPet Imaging SPIILLC IntraPet I... BROWN,EMMITT Abd small I C11-3s
09-03-2021 09:49:50 AM Admin ACCebfeldshmn2010abd
AP 96.6% MI 1.0 TIS 0.5
Bladder
mindray
M8 Elite
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C F 4.4 G 54 WF 398 PRF 2.4k
IntraPet Imaging SPIILLC IntraPet I... BROWN,EMMITT Abd small I C11-3s
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AP 96.6% MI 1.4 TIS 0.2
RT
1 Dist 4.17 cm
mindray
M8 Elite
B F H8.0 D 6.0 G 64 FR 26 DR 120 iClear 4
IntraPet Imaging SPIILLC IntraPet I... BROWN,EMMITT Abd small I C11-3s
09-03-2021 09:51:01 AM Admin ACCebfeldshmn2010abd
AP 96.6% MI 1.1 TIS 0.5
RT Adrenal
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mindray
M8 Elite
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C F 4.4 G 54 WF 398 PRF 2.4k
IntraPet Imaging SPIILLC IntraPet I... BROWN,EMMITT Abd small I C11-3s
09-03-2021 09:51:30 AM Admin ACCebfeldshmn2010abd
AP 96.6% MI 1.4 TIS 0.2
RT Pancreas
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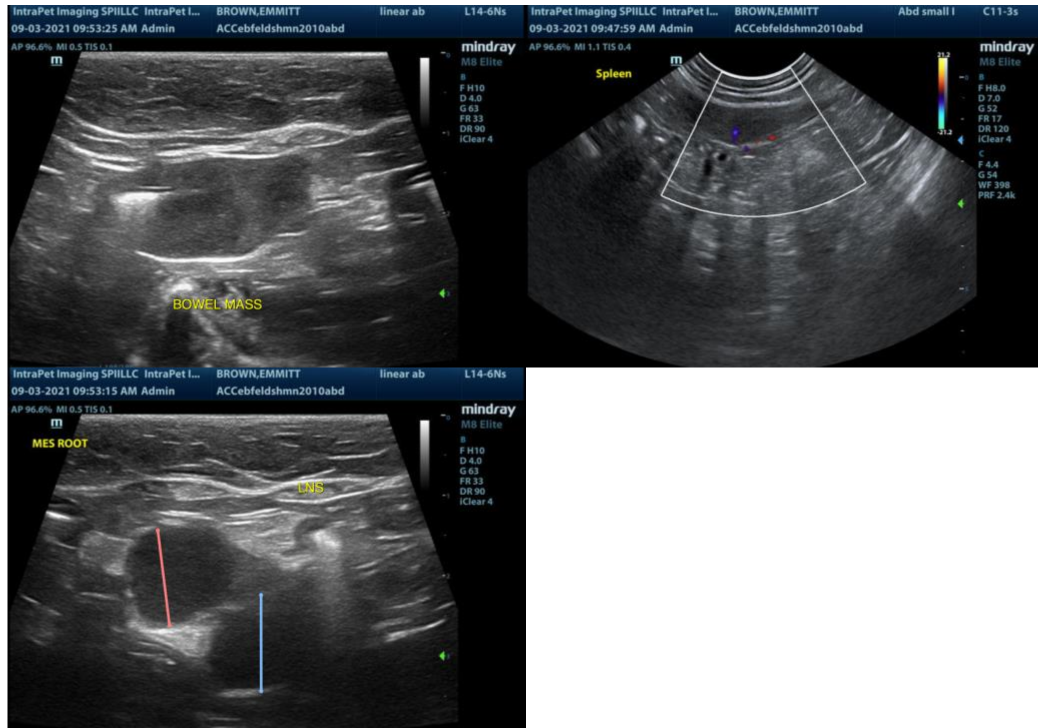
mindray
M8 Elite
B F H8.0 D 7.0 G 64 FR 23 DR 120 iClear 4
IntraPet Imaging SPIILLC IntraPet I... BROWN,EMMITT Abd small I C11-3s
09-03-2021 09:52:09 AM Admin ACCebfeldshmn2010abd
AP 96.6% MI 1.4 TIS 0.2
MID
1 Dist 0.83 cm
mindray
M8 Elite
B F H8.0 D 6.0 G 64 FR 26 DR 120 iClear 4
SI-FOCAL LOSS OF LAYERING/THICK



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