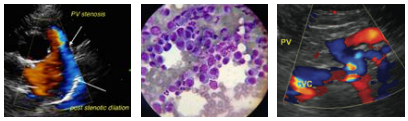
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

2/24/2023

PATIENT

Kali Williamson

SPECIES

Feline

BREED

DSH

SEX

Spayed Feline

AGE

3/19/2017

WEIGHT

7.1lbs

INTERPRETED BY

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

HOSPITAL NAME

Northwind Animal Hospital

REFERRING VET

Dr. Jones

INVOICE

10071

PRESENTING CLINICAL SIGNS

Weight loss and cranial abdominal mass on radiographs and palpation.

Current Medications: Prednisolone started 2/23/23.
Radiographs: Large cranial abdominal mass.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 (3.76 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 (4.11 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 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 (0.48 cm), 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 normal in size and is heterogeneous, slightly irregular in shape. The visible portions of the vasculature and biliary tract appear normal. Two mass lesions are visualized associated with the ventral aspect liver; one is visualized from the left side. It is iso to hyperechoic solid and measures 1.69 cm at the ventral aspect of the liver. The other is 1.2 cm mixed echogenicity located deep in the liver closer to the diaphragm.

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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The area of the ileocecal junction is visualized and there is a very large irregular mixed echogenicity mass effect comprising the ileocecal junction. This lesion measures at least 5.83 cm x 3.44 cm. The more distal colon appears normal, and largely empty.

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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is hyperechoic around the large ileocecal junction mass.

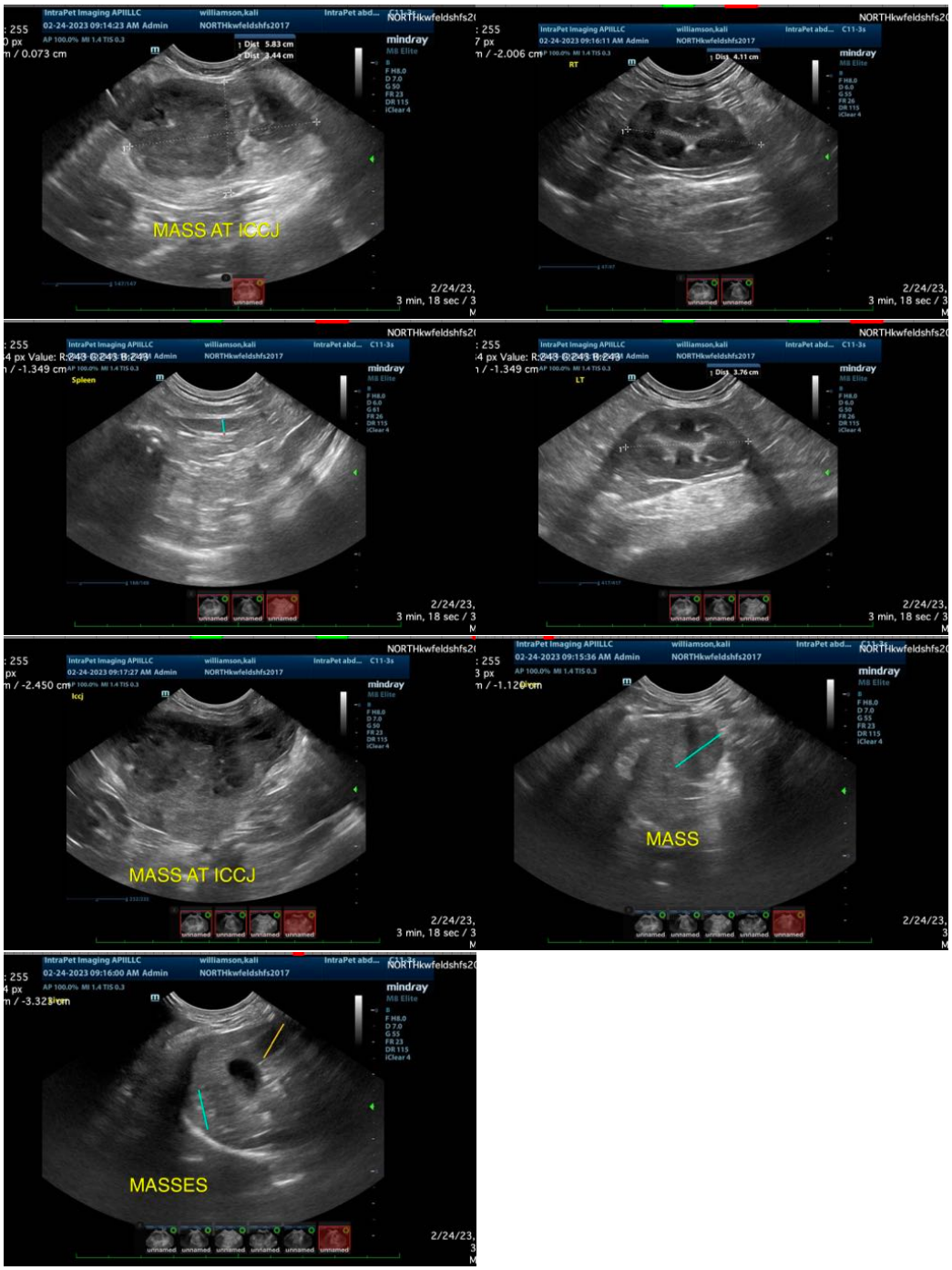
PRIMARY FINDINGS

- Large mixed echogenicity mass effect at the ileocecal junction. Findings are concerning for a neoplastic process, recommend a fine needle aspirate.

- Focal mass lesions associated with the liver; both of these lesions have some criteria for malignancy as they disrupt the normal hepatic architecture. They could represent metastatic lesions or primary hepatic mass lesions, consider a fine needle aspirate of the ventral liver mass. The deeper lesion is probably unable to be easily sampled.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mixed echogenicity mass effect affecting the ileocecal junction, primary differentials would include carcinoma, round cell neoplasia, other. Additionally, there are mass lesions in the liver which are concerning for possible metastatic lesions although primary mass lesions (benign or neoplastic) are possible. Recommend sampling of these two locations as well as three view thoracic radiographs. If a cytologic diagnosis cannot be obtained, you could consider surgical resection of the ileocecal junction and the liver masses if possible. The deeper liver mass may be an issue. A contrast CT scan could be considered prior to surgery to see if this could be resected.



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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