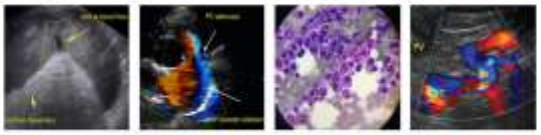


PATIENT

Toki Hanshaw (Emp Pet)

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

11 years

WEIGHT

7.8 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH (Bath)

REFERRING VET

Dr. Ferrari

INVOICE

13098

DATE

1.18.2022

PRESENTING CLINICAL SIGNS

History: 1 month duration vomiting

Medication: IVF, cerenia, buprenex

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild symmetrical thickening of the ventroapical wall without evidence of mineralization. The ventroapical wall measured 0.43 cm in diameter. Anechoic content was present without sediment or calculi. This may suggest a mild ventroapical cystitis pattern without evidence of neoplastic criteria. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

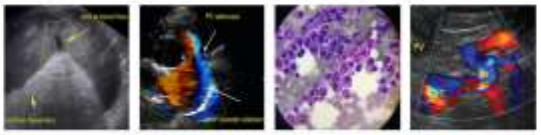
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.7 cm in width.

Liver/ Gallbladder

The liver exhibited generalized mild enlargement with multiple, variably sized yet expansive hypoechoic intraparenchymal nodules. An example of a liver nodule measured 1.5 cm in diameter. The gallbladder was non-distended in size with mildly echogenic to prominent wall. Anechoic content was present. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained nonshadowing ingesta / chyme was present. The gastric body wall with measured 0.20 cm.



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The small exhibited generalized intact wall layering with mild altered muscularis/mucosa ratio owing to generalized prominent muscularis. A large, expansive, ill-defined intestinal mural mass noted in the mid cranial abdomen suspected to be involving the area of the ileum / ileocolic junction / proximal colon, measuring approximately 3.3 cm x 2.5 cm, but potentially larger, was present. Intact jejunum wall measured 0.35 cm width. The duodenum wall measured 0.40 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The discernable left pancreatic limb exhibited prominent size with asymmetrical contour and nonhomogeneous to nodular parenchyma.

Free Abdomen

Ill-defined nonhomogeneous mass was present in the omentum caudal to the stomach and in the area of the proximal to mid left pancreatic limb. Generalized, nonuniform to nodular mesentery and moderate volume peritoneal free fluid exhibiting mild cellular component were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Expansive intestinal mural mass subjectively involving likely area of ileum / ileocolic junction and potential proximal colon
- Concurrent ill-defined nonhomogeneous omental mass caudal to the stomach and in the area of the left pancreas, prominent to nodular discernable left pancreas
- Multifocal hypoechoic to expansive hepatic intraparenchymal nodules
- Diffuse nonuniform to nodular omentum
- Moderate volume peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the sonographic abnormalities and extent of pathology is consistent with multicentric neoplasia involving the segmental to potential generalized intestinal tract, omentum, and liver with suspected concurrent carcinomatosis, lymphomatosis, or similar.

Effusion analysis cytology +/- culture and sensitivity If clinically indicated, as well as, assuming normal clotting status, ultrasound guided FNA of the intestinal mural mass, ill-defined omental mass, and liver nodule could be considered for further clarification and potential for oncology consultation. However, an unfavorable prognosis is unfortunately indicated.

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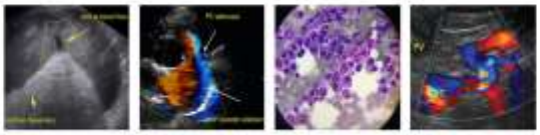

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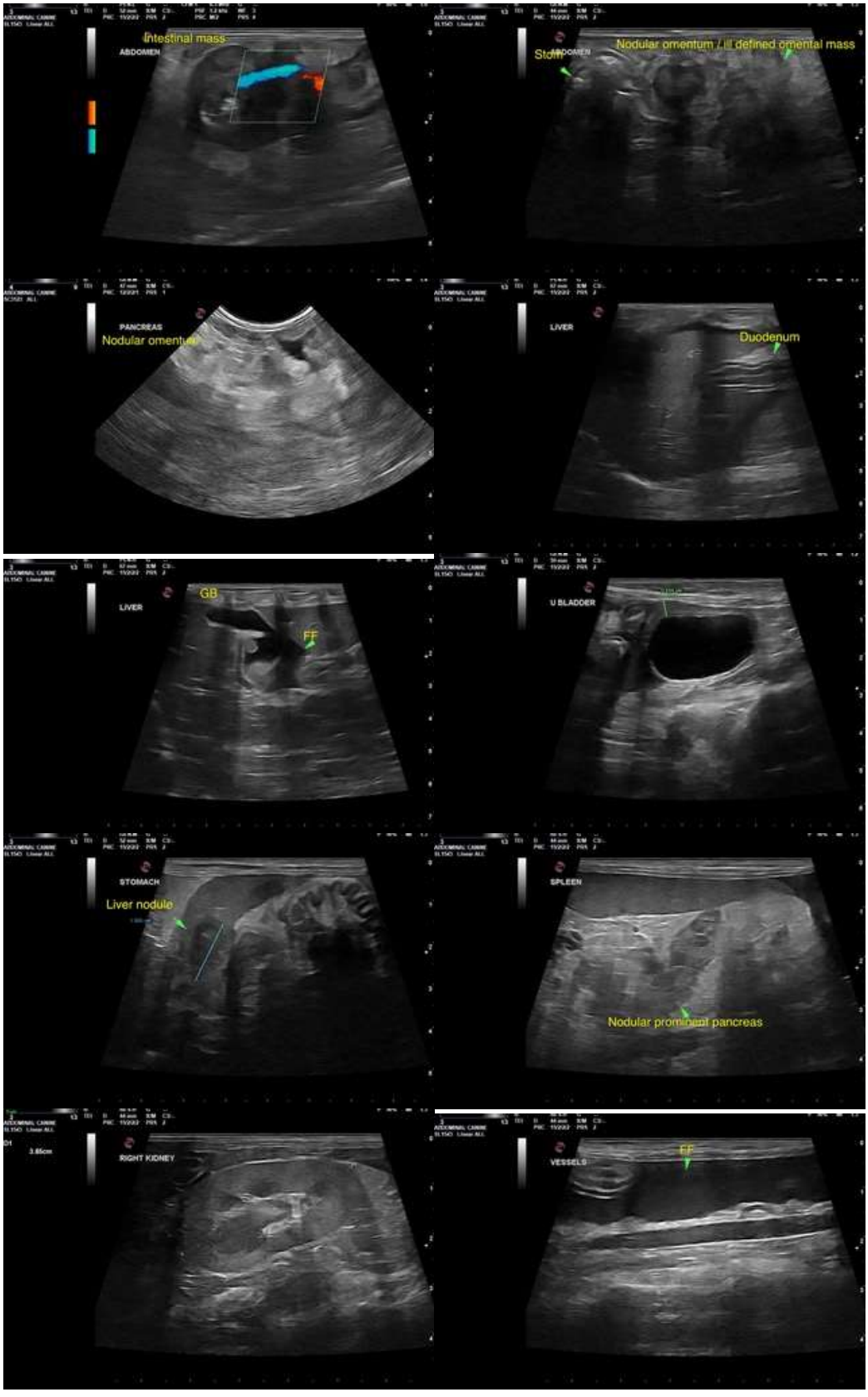

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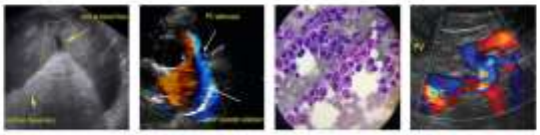

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com