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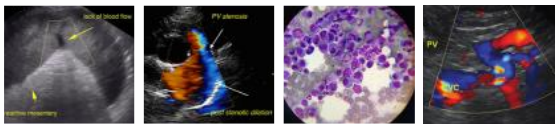


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Aleister Shaffer

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

17 years

WEIGHT

6.78 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Jones

INVOICE

13822

DATE

5/6/22

PRESENTING CLINICAL SIGNS

Examined 4/2/2022 - weighed 7.78, severe periodontal disease. Chem/CBC/T4/UA were normal, so scheduled dental for 5/5/2022. Presented 5/5/2022 - weighed 6.78, intestines palpably thickened, sticking together. Radiographs show abdominal effusion. Current Medications Convenia injection 5/5 Primary Question/Differential to Be Answered in This Exam Concern for carcinomatosis vs other causes. Owner considering QOL issues.
Abnormal PE/Chem/CBC/UA Results: SDMA 18, creatinine 1.0, USG 1.049, T4 2.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

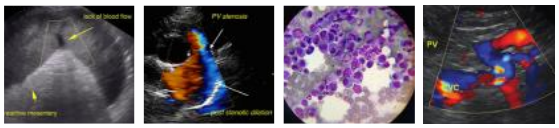
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

Spleen

The spleen was mildly enlarged in size with medial capsule asymmetrical contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.2 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.

The small intestine exhibited generalized intact wall layering with altered muscularis / mucosa ratio owing to segmental to generalized propensity for mildly prominent submucosa and muscularis layer. No overt evidence of Intestinal masses was noted. The jejunum wall width measured 0.26 cm. The ileocolic wall width measured 0.42 cm.

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

Pancreas

The left pancreatic limb was enlarged in size with capsule asymmetry. Isoechoic to heterogeneous parenchyma compared to adjacent omentum was present. No signs of active inflammation or neoplasia.

Free Abdomen

Mid abdominal to generalized nonuniform to nodular mesentery with likely associated nonhomogeneous mesenteric lymphadenopathy was present. Mild volume peritoneal free fluid was also present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

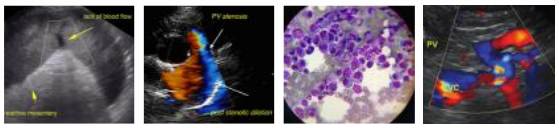
- Mild splenomegaly with micronodular parenchyma
- Heterogeneous to enlarged left pancreas
- Inflammatory enteropathy pattern
- Regional to generalized nonuniform nodular mesentery and likely associated nonhomogeneous mesenteric lymphadenopathy, possible ill-defined mid abdominal omental mass
- Mild volume peritoneal free fluid

Secondary Findings

- Urinary bladder sediment
- Interstitial nephrosis renal pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling could be considered for further assessment, the sonographic abnormalities are most suggestive of neoplastic diseases such as lymphomatosis, carcinomatosis, or similar. Assuming



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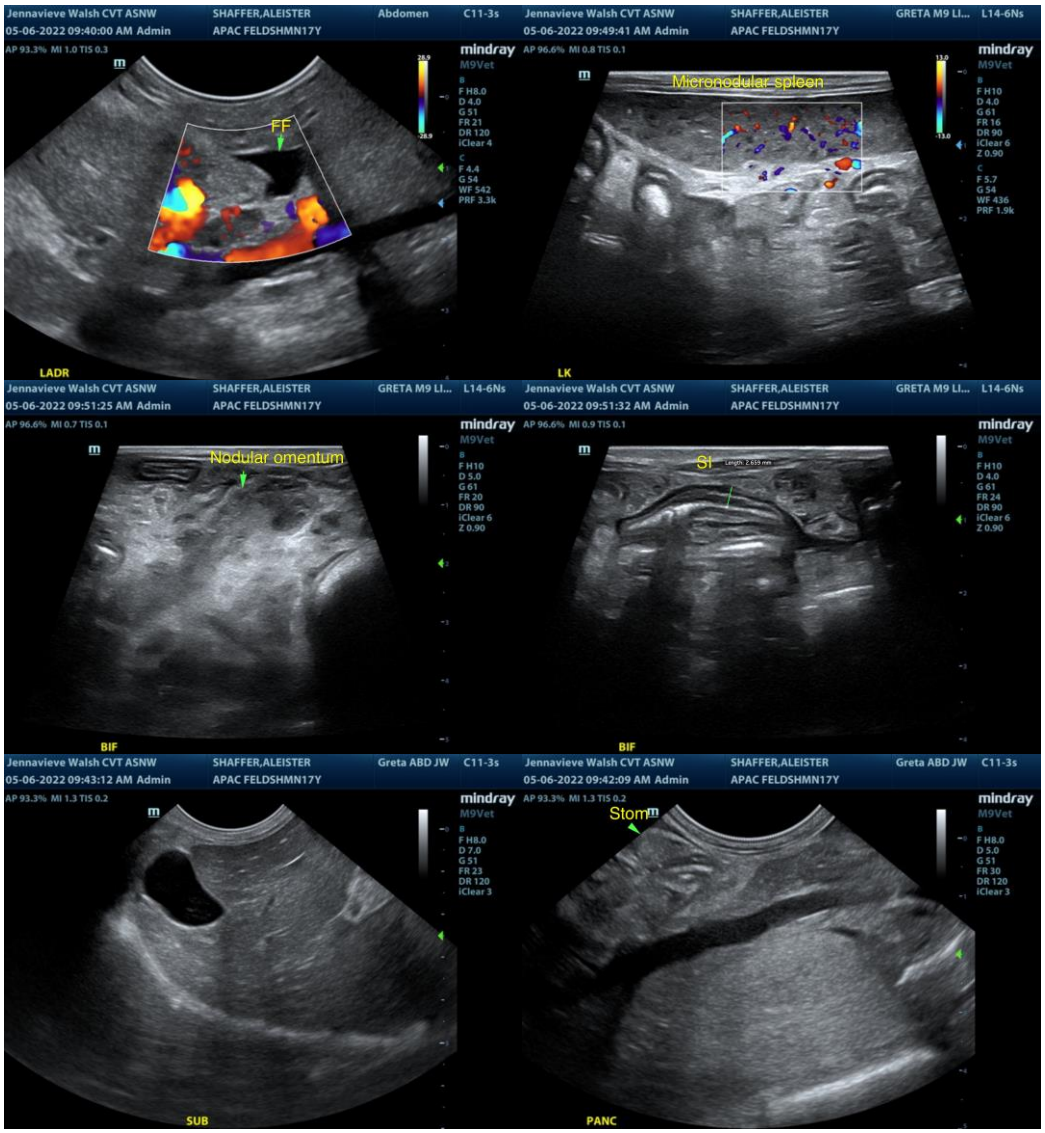
normal clotting status, ultrasound-guided FNA of the spleen and nonuniform to nodular mid abdominal omentum +/- effusion analysis and cytology could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended, given the patient's weight loss. Non-neoplastic etiologies I.e., IBD, significant mesenteric lymphoid hyperplasia or lymphadenitis, splenic micronodular hyperplasia, etc., are possible yet thought less likely.

Empirical gastrointestinal support +/- Prednisolone trial 1-2 mg/kg PO SID could be considered empirically. However, a likely unfavorable long-term prognosis is unfortunately Indicated.



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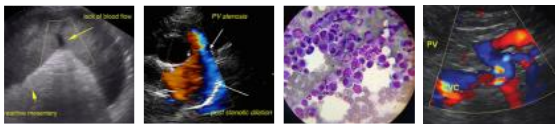

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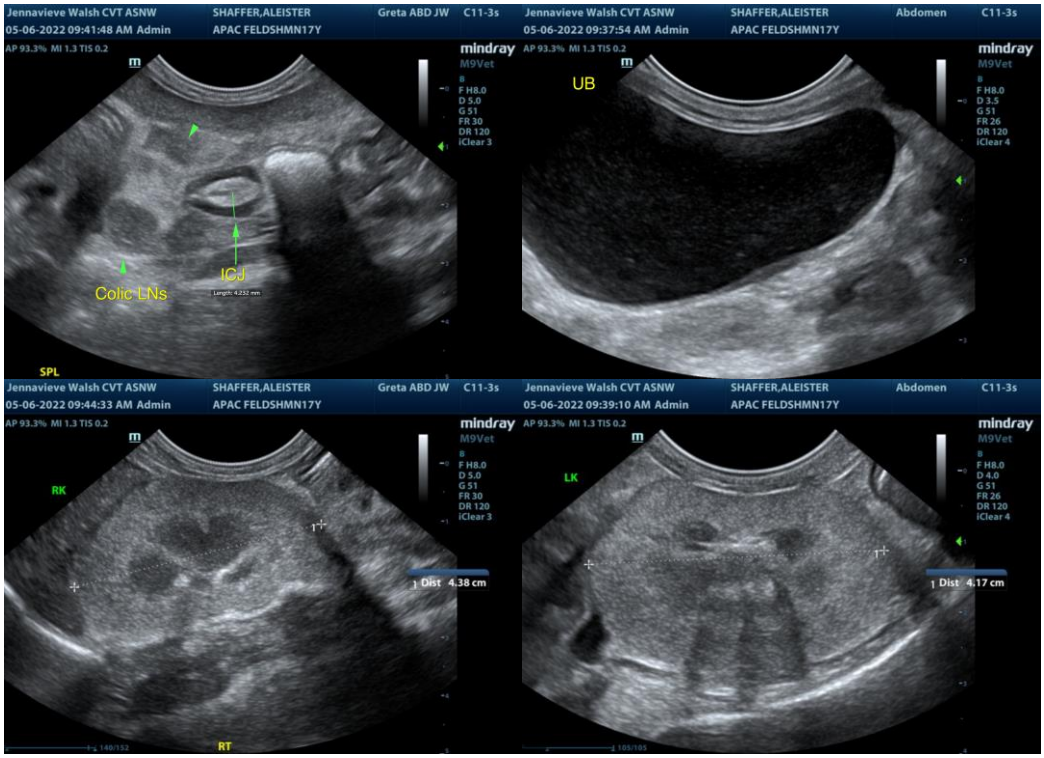

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com