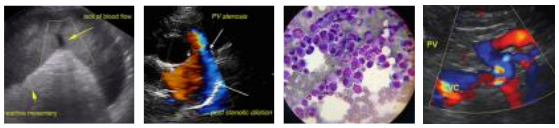


PATIENT

Oliver Holmes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

17 years

WEIGHT

7.64 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Whole Pet Vet Care

REFERRING VET

Dr. Demarco

INVOICE

13977

DATE

6/1/22

PRESENTING CLINICAL SIGNS

Rule out masses looking for reason for quick decline
Abnormal PE/Chem/CBC/UA Results: Metronidazole 250mg - Give 1/4 tablet by mouth twice daily -- Cerenia 16mg-Give 1/2 tablet by mouth - methimazole 5mg - Give 1/2 tablet by mouth twice daily.once daily for GI upset/inflammation/pain for 4 days in a row, then give a dose every other day long term -

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor medullary mineral was noted in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

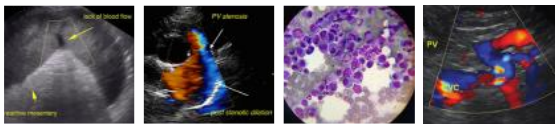
The left and right adrenal glands were not definitively visualized. The left adrenal gland measured 0.46 cm width. The right adrenal gland measured 0.40 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No overt evidence of neoplastic criteria was noted. The spleen measured 0.71 cm in width.

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. A solitary nonspecific subtly expansive nodule was present in the caudal



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left liver parenchyma measuring 0.75 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 revealed subjective moderately sized intestinal mural mass mid to cranial abdomen exhibiting moderate mural hypertrophy, decreased mural echogenicity, and loss of discernable wall layering, measuring an estimated 3.0-4.0 cm in length with wall width measuring up to 1.6 cm. By comparison, normal-appearing intact intestinal wall layering measured 0.22 cm wall width.

The descending colon exhibited intact sonographically unremarkable wall layering containing subjective formed feces and luminal gas.

Pancreas

The left pancreatic limb of the pancreas was normal in size and contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Subtle evidence of peripancreatic reactive mesentery was noted around the left pancreatic limb.

Free Abdomen

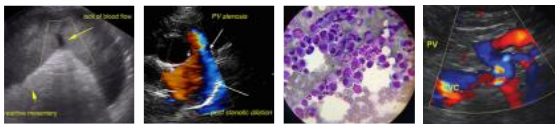
Associated peri intestinal lymph nodes were present adjacent to the intestinal mural mass. The lymph node was essentially isoechoic to adjacent omentum, maintaining a normal width: length ratio (<0.5). Mild peri intestinal reactive mesentery along with small pockets of scant peritoneal free fluid were noted around the liver margins and in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mural mass, associated peri intestinal reactive mesentery and mild lymphadenopathy
- Possible low-grade to chronic left pancreatitis
- Bilateral chronic renal changes
- Small pockets of scant peritoneal free fluid
- Solitary nonspecific hepatic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment and potential definitive diagnosis, the intestinal mural mass is most likely consistent with neoplastic criteria, i.e., carcinoma, round cell neoplasia, or other. Non-neoplastic etiologies such as inflammatory or granulomatous disease are possible yet considered less likely.



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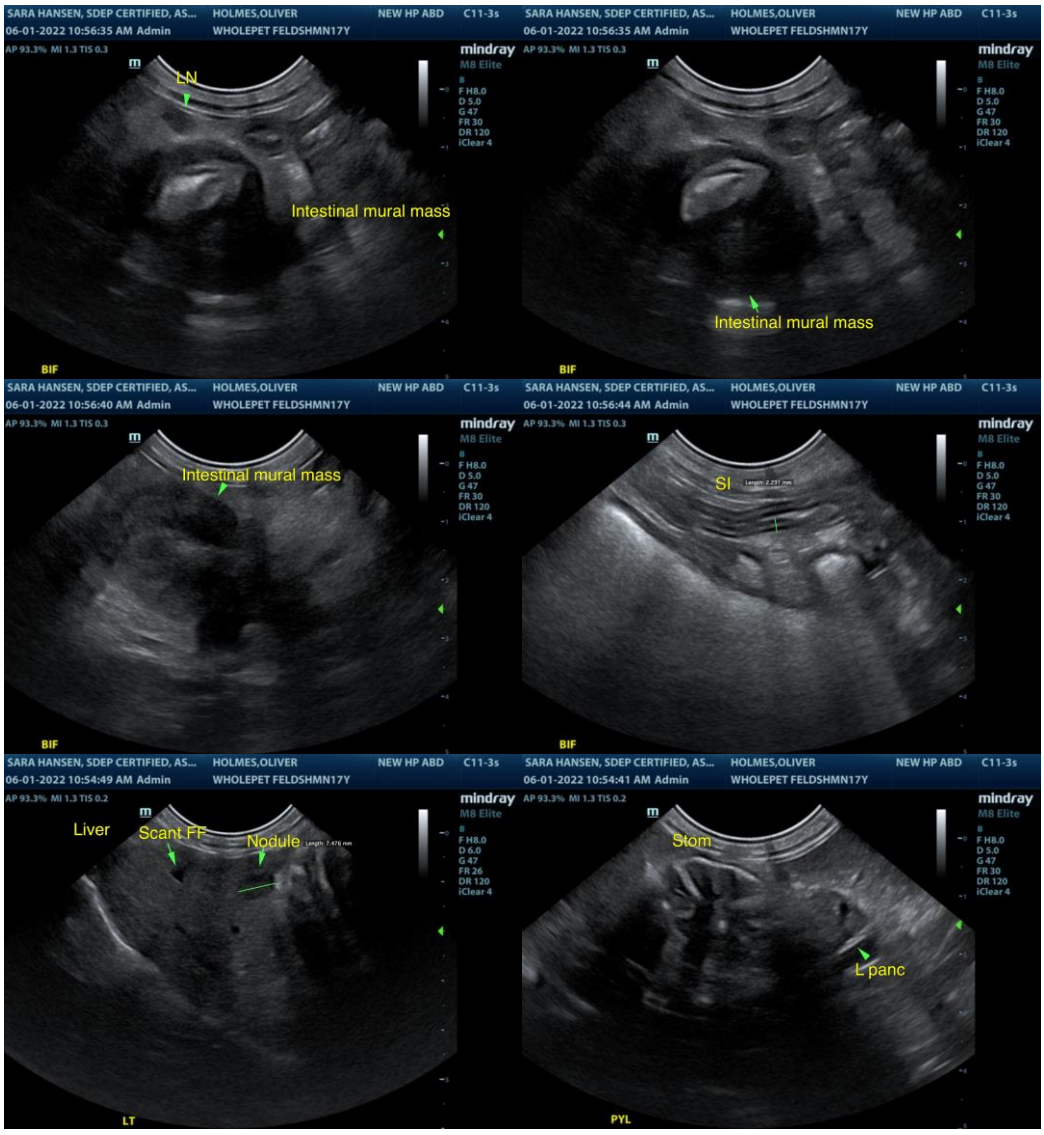
It was difficult to determine the exact intestinal segments involved in the mural mass, yet small intestinal or potential ileocecal involvement is suspected.

The solitary hepatic nodule was nonspecific with considerations including hyperplasia, hematopoiesis, and granuloma, while the possibility of focal hepatic metastatic disease is possible.

Further assessment may include, assuming normal clotting status, ultrasound-guided FNA of the intestinal mural mass, as well as screening cytology of the solitary hepatic nodule if accessible.

A very guarded to possible unfavorable prognosis is indicated.



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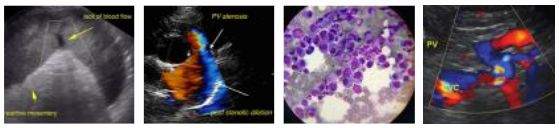

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IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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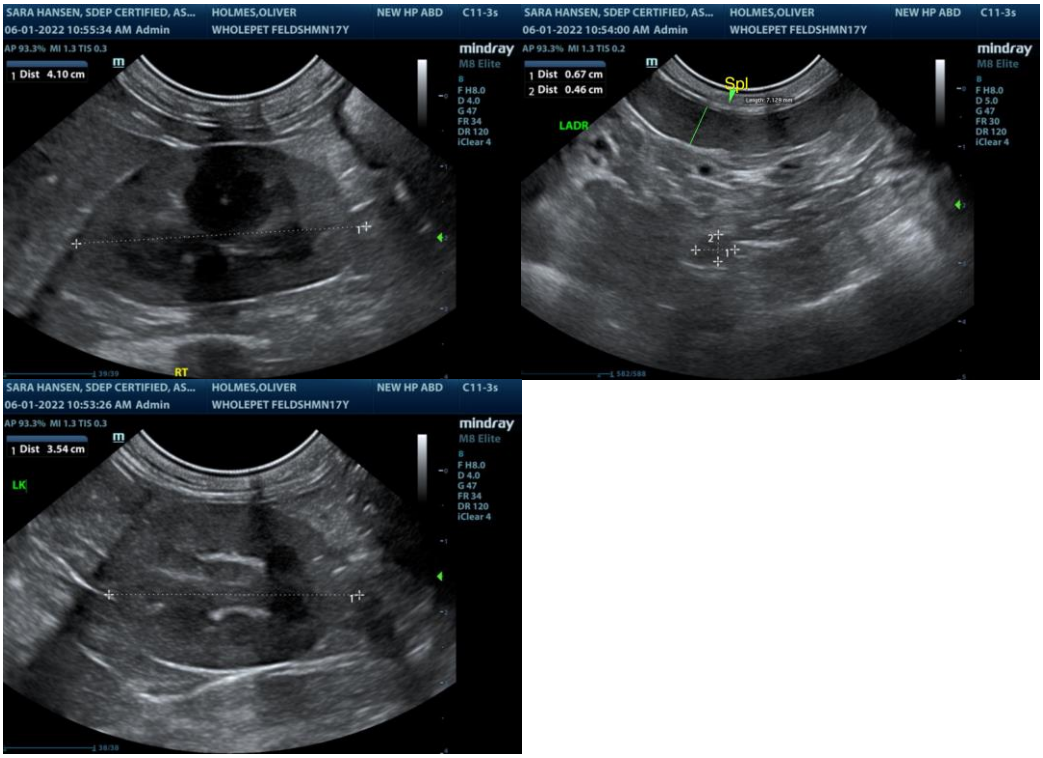

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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