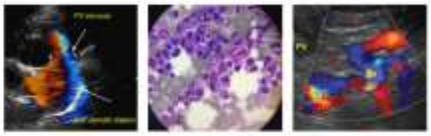
IMAGING PERFORMED BY
SVS Mobile Imaging 262-366-5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Nibbler Kirby (37780A)

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 Years

WEIGHT

12 lbs

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Custead

INVOICE

49472

DATE

1-11-22

PRESENTING CLINICAL SIGNS

History of vomiting/diarrhea, previous ultrasound found thickened intestines. cx signs have been controlled on high dose of prednisone.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys appear rounded and subjectively mildly enlarged, and show a heterogenous, hyperechoic, striated renal cortex and medulla with a fuzzy corticomedullary transition. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

Both adrenal glands are normal.

Spleen

Splenic margins are moderately rounded. Splenic echogenic texture is mildly inhomogeneous without protrusions of the capsule. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

The liver shows a subtle rounding of the liver edges. Liver echogenic texture appears diffusely and mildly hyperechoic. The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis.

Gastrointestinal

The stomach and small intestine reveal a mildly thickened wall with a prominent muscular layer (- 0.10 cm). At least one focal mass formation is recognized originating from the intestinal wall with loss of the wall layering and an amorphous, hypoechoic thickening. The adjacent periphery is markedly hyperechoic.

Mesenteric lymph nodes are moderately enlarged, hypoechoic and mildly rounded in shape with a significantly hyperechoic periphery.

The epigastric lymph node is mildly enlarged and inhomogeneous.

Pancreas

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen

There is a subtle amount of peritoneal fluid noted.

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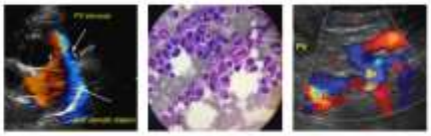

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ULTRASONOGRAPHIC FINDINGS

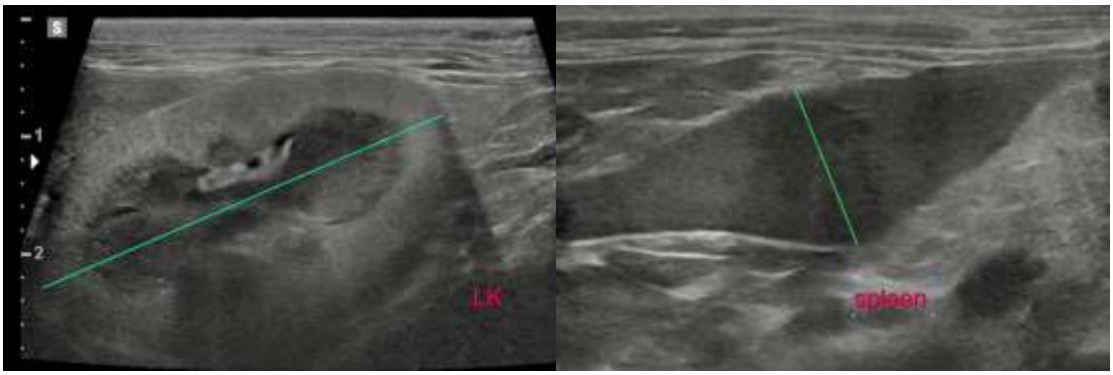
- Amorphous intestinal mass with marked peripheral mesenteritis/steatitis and mesenteric lymph adenopathy
- Infiltrative intestinal disease
- Spleno- and hepatomegaly, infiltration suspected
- Subtle ascites
- Bilateral (chronic) nephropathy, infiltration suspected

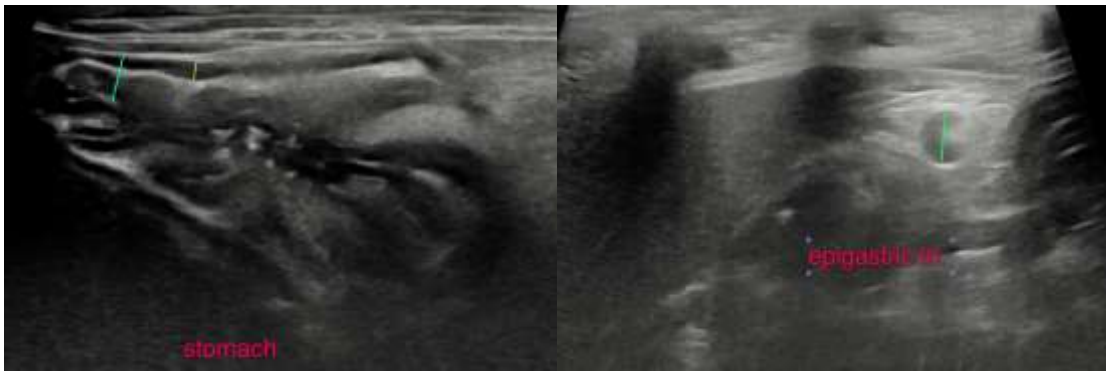
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the jejunum are highly suspicious for malignant neoplasia and are commonly seen with intestinal lymphoma, mast cell tumor or adenocarcinoma. Loss of layering is sometimes seen with severe inflammatory/granulomatous or necrotic disease. The latter is unlikely in this case. The thickened jejunal wall should be accessible for an ultrasound guided FNA (as already performed). Enterectomy may not be curative.

The splenomegaly partially may be caused by anesthesia. The inhomogeneous texture of the spleen, both kidneys and enlargement of the liver as well are highly suspicious for infiltrative disease. This would go along with lymphoma/mast cell tumor.

Ascites likely is reactive and may speak for peritoneal involvement.





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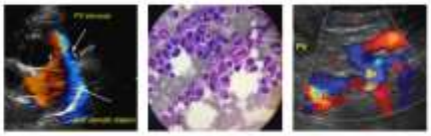

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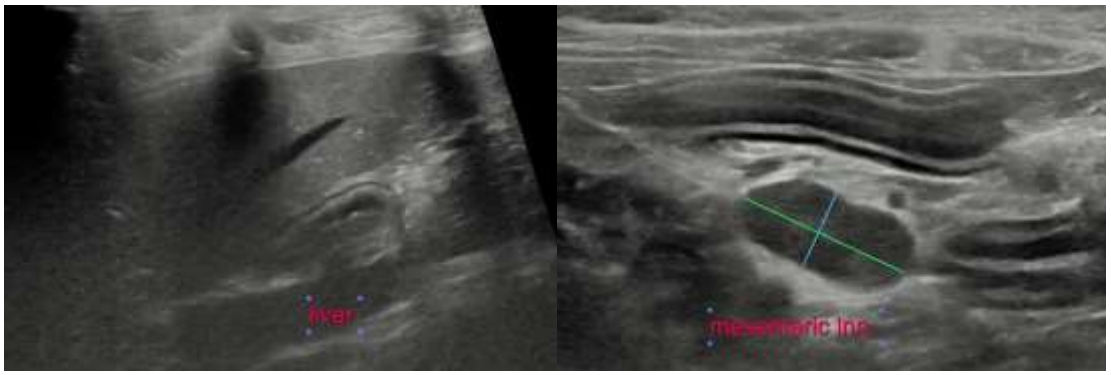

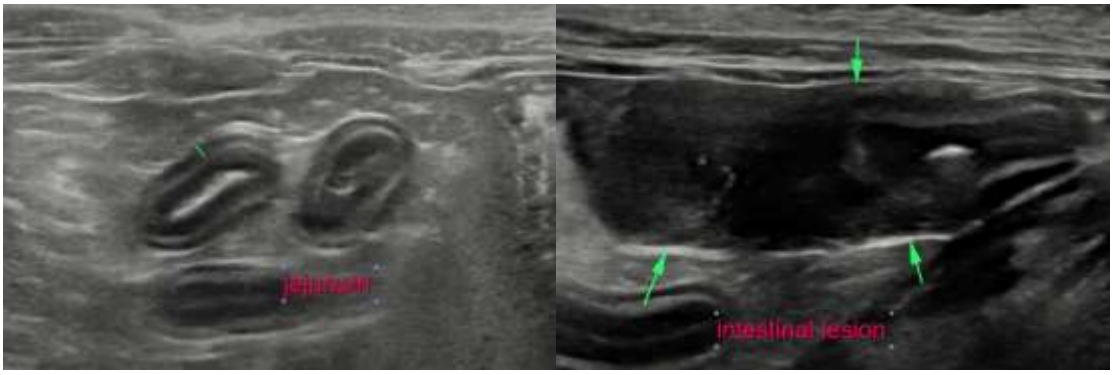

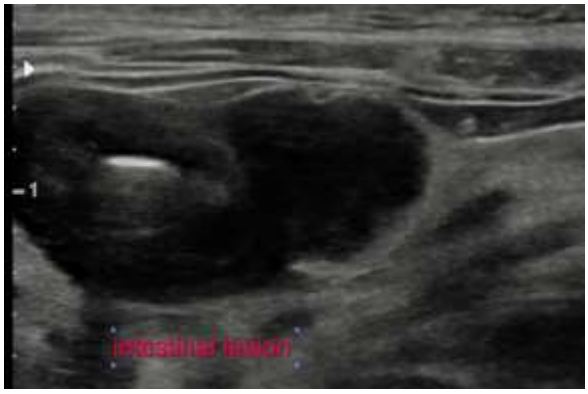

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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