**DATE PRESENTING CLINICAL SIGNS**

1/26/2022 History: Losing weight. lethargic, icteric.

PATIENT

Harley Lewis

Current Medications: enrofloxacin 22.7 mg 1/2 tab SID, Metronidazole 125mg/ml 0.6ml BID.

Lab Results: previous elevated ALT, elevated Tbili, anemia.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Siamese Mixed Breed

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth.

The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes

or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Male Neutered

The left kidney is normal in size (4.02 cm in length); with a slightly irregular shape. The cortex is variably

thickened and heterogenous, bordering on a nodular appearance. There is moderate loss of

corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is

present. There is no evidence of hydroureter. Renal vasculature is normal.

AGE

6-15-2020

WEIGHT

6.6 Lbs.

The right kidney is mildly enlarged size (4.60 cm in length); with a slightly irregular shape. Hyperechoic

shadowing diverticular foci are visualized. There is a normal 1:3 cortex to medulla ratio with mild to

moderate loss of corticomedullary distinction. The cortex is mildly heterogenous. The medullary

architecture is slightly irregular. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

Adrenal Glands

The left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal size (0.52 cm width). Normal shape and glandular echogenicity. The

phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Mt. Airy Animal
Hospital

Spleen

The spleen is normal in size (0.63 cm in width at the level of the hilus) with a normal capsular

contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic

vasculature is normal.

REFERRING VET

Dr. Riley

Liver

The liver is subjectively prominent to enlarged with swollen peripheral contours. The parenchyma is

subjectively hyperechoic and homogenous in appearance. No distinct focal lesions are observed.

Intrahepatic biliary tracts are normal. The portal vein appears subjectively dilated.

INVOICE

10200

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are

anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal

layering pattern. The small intestinal lumen is not dilated. A mass effect is observed in one segment of

bowel. The segment is >3 cm in length. The wall in this region is severely thickened (up to 0.89 cm) and

irregular with a loss of the layering pattern. The remaining small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The lumen of the descending colon contains liquid-appearing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

A moderate amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic. The lymph nodes at the mesenteric root are enlarged, with a mass effect (4.05 x 1.85 cm). The parenchyma is heterogenous in appearance. Other prominent abdominal lymph nodes are also seen.

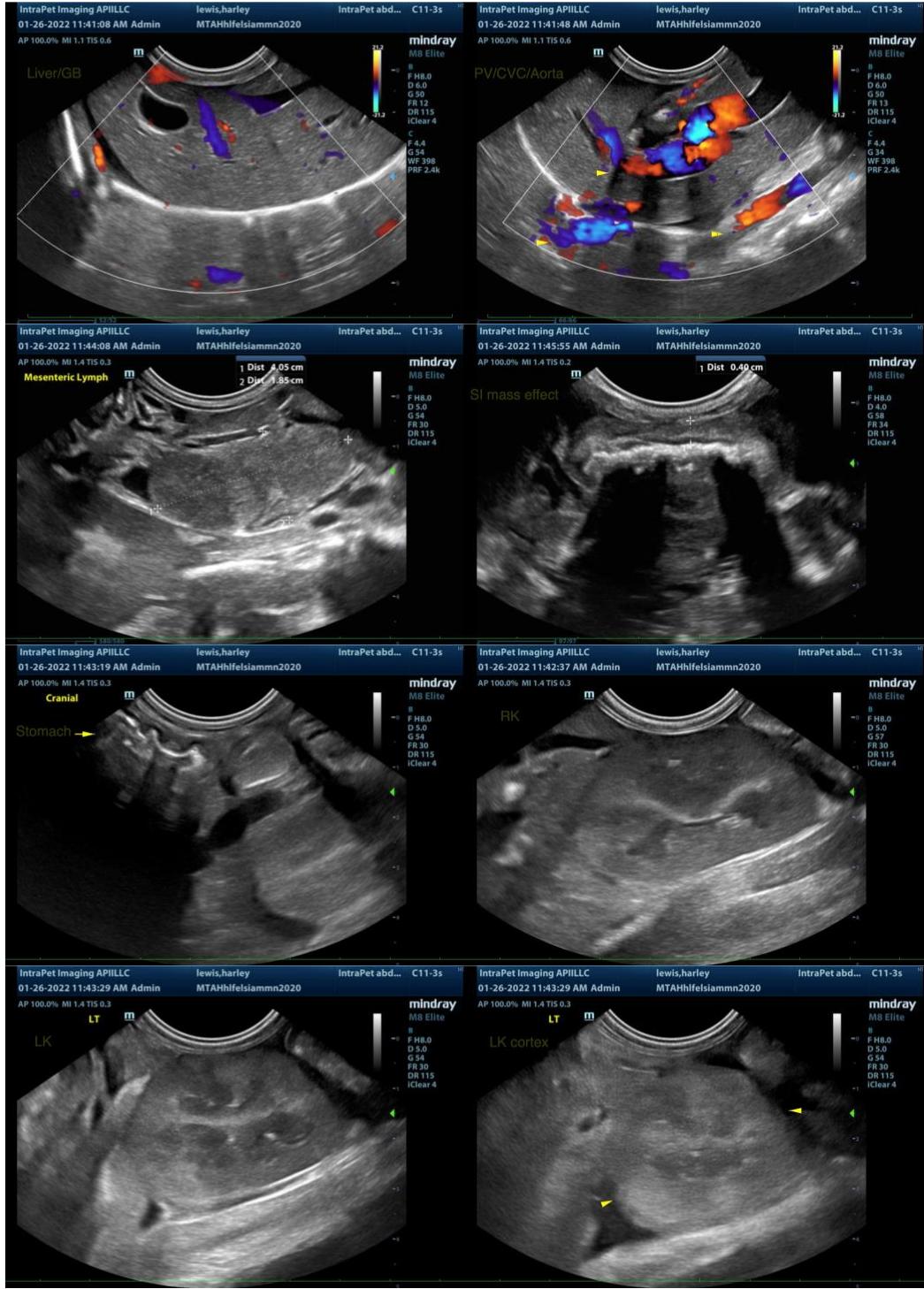
ULTRASONOGRAPHIC FINDINGS

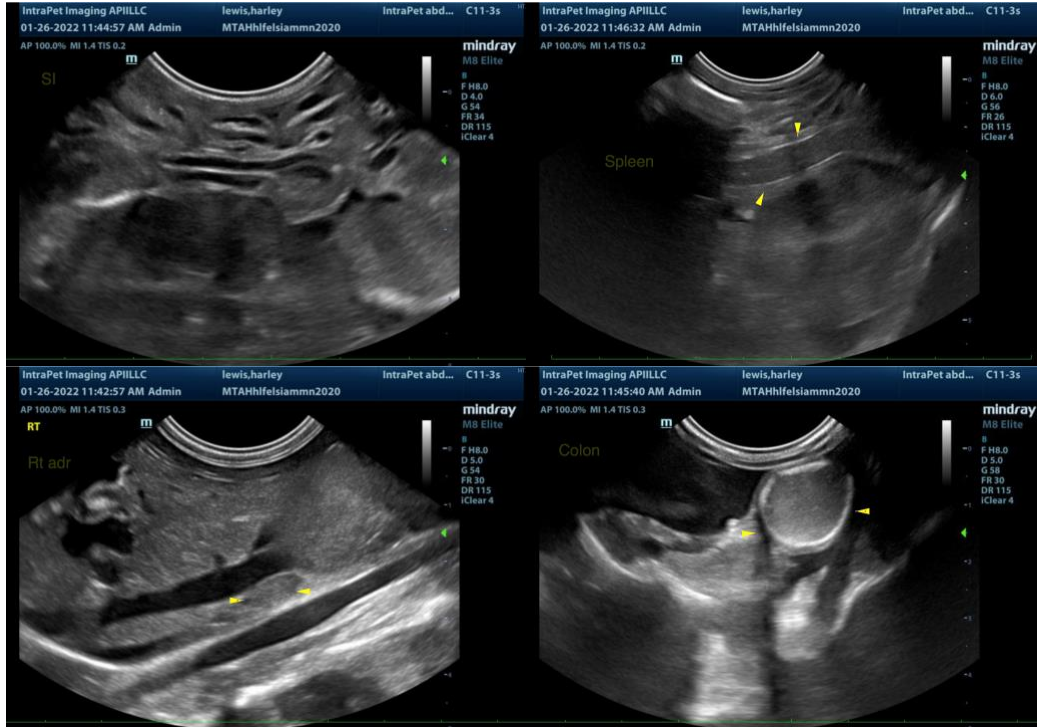
Primary Findings

- Bowel mass effect. Neoplasia (i.e, adenocarcinoma, lymphoma), is suspected with a lower possibility of a severe inflammatory process (i.e, pyogranulomatous).
- The mesenteric lymphadenopathy could be consistent with lymphoid neoplasia or reactive change. A neoplastic process is favored.
- Diffuse peritonitis is present, likely secondary to bowel/lymph node pathology.
- The bilateral renal changes could be consistent with infiltrative neoplasia or inflammatory process or degenerative change. Bilateral dystrophic mineralization is present.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- **Secondary Findings**
- The dilated portal vein may be secondary to hypertension or other causes of increased hydrostatic pressure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspirates of the bowel mass, liver, lymph node, +/- kidneys are recommended if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- Also consider a GI panel including serum cobalamin and folate PLI and TLI.





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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