



**PATIENT PRESENTING CLINICAL SIGNS**

Pumpkin Dunn  
History: decreased appetite, Friskies diet, vomiting chronic and more frequent, weight loss, lethargy, owner had an in home euthanasia appt, but doing a little better so opted for an AUS,

**SPECIES**  
Feline  
Abnormal PE/Chem/CBC/UA Results: SDMA 19, Low Na and K, High bicarb

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
*Urinary System*

DSH  
The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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**

Spayed Female  
The left kidney is normal size (3.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

10 years 4 mos  
The right kidney is subjectively normal in size, with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

8.6 lbs  
*Adrenal Glands*  
The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Andrea Nicastro, DVM,  
Diplomate ACVIM (Small  
Animal Internal Medicine)

*Spleen*

The spleen is normal in size (0.94 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT,  
LVT

*Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

**HOSPITAL NAME**

Four Paws Animal Clinic

**REFERRING VET**

Dr Susan Murphy

The gall bladder lumen is not definitively visualized due to the severe gastric/pyloric distention.

*Gastrointestinal*

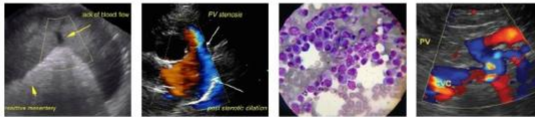
The gastric lumen is over distended with fluid and ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is fluid-distended and hypomotile. The remaining small intestinal tract is segmentally fluid-distended. A >3cm segment of jejunum is moderately to severely thickened (up to 0.55 cm), and hypoechoic with a loss of the normal layering pattern. The lumen in this region is mildly dilated with chyme. The remaining small intestinal walls are normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecolic junction and colonic wall are normal.

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**DATE**

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**PATIENT** *Pancreas*

Pumpkin Dunn

The pancreas is diffusely visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter). The mesentery effacing the serosal surface of the right limb is mildly hyperechoic.

**SPECIES**

Feline

*Free Abdomen*

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.77 cm in length. A 0.57 cm cranial abdominal lymph nodes is also seen.

**BREED**

DSH

*Other*

A brief echocardiogram reveals no evidence of pericardial effusion.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The thickened jejunal wall is most consistent with infiltrative neoplasia. Lymphoma and adenocarcinoma are the top differentials. A severe focal inflammatory process (i.e., pyrogranulomatous), is also possible, but considered less likely. Diffuse ileus is present.
- The abdominal lymphadenopathy likely represents reactive change, although emerging neoplasia cannot be completely excluded.
- The pancreatic changes are suggestive of chronic active pancreatitis.

**Secondary Findings**

- Bilateral degenerative renal changes.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM (*Small Animal Internal Medicine*)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- If accessible, a fine-needle aspirate of the thickened jejunal wall is recommended (if clotting status is normal). If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- A malabsorption panel including serum cobalamin and folate PLI and TLI should also be considered

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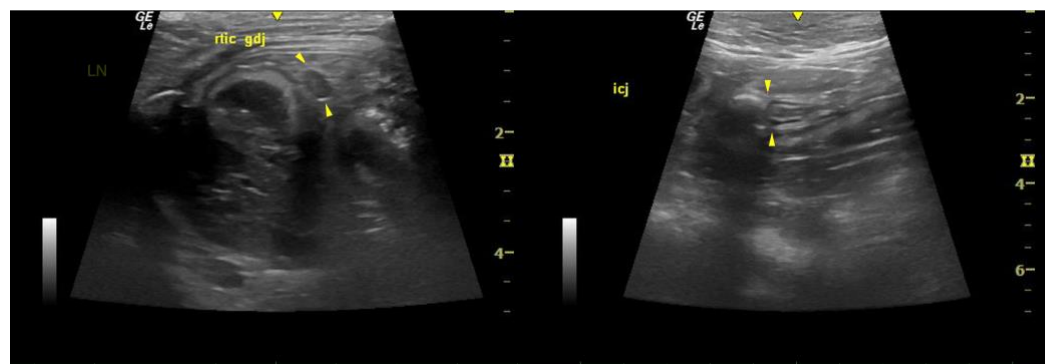
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**AGE**

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**WEIGHT**

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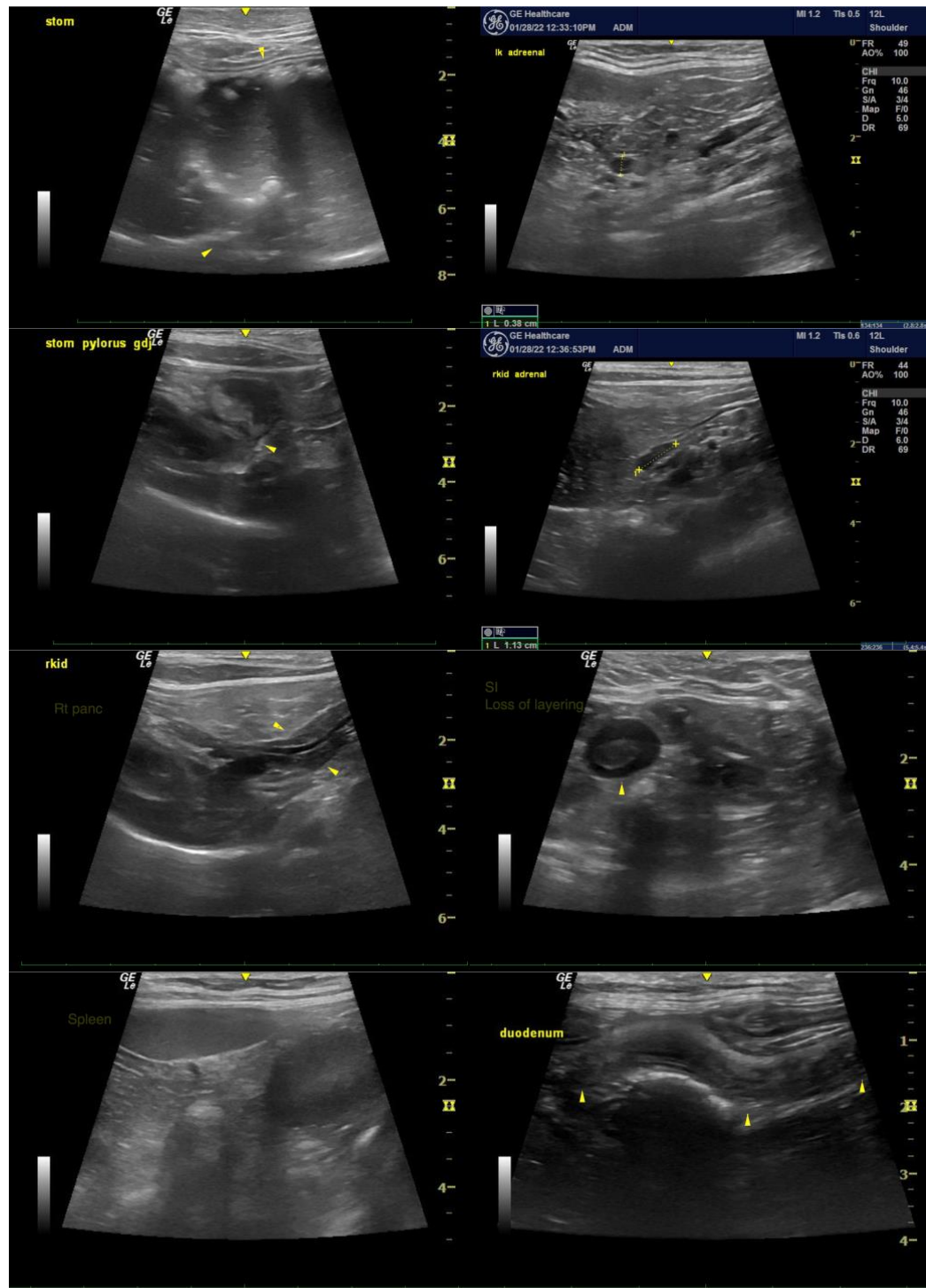
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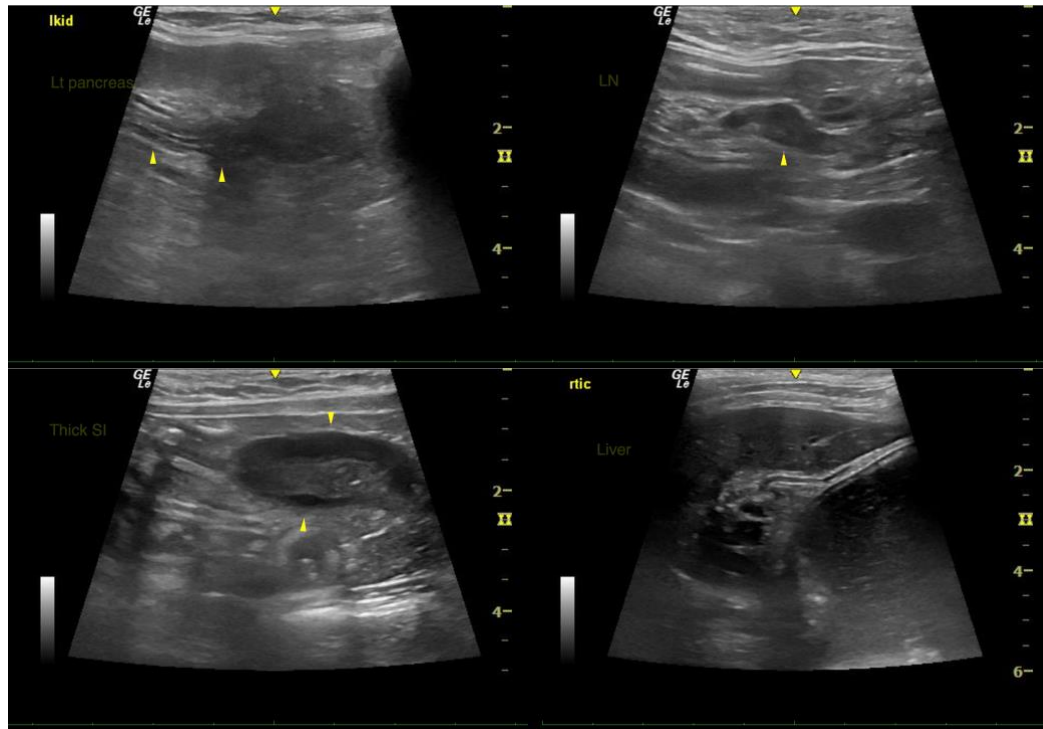
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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