

**DATE PRESENTING CLINICAL SIGNS**

10/10/2022

History: Owner found in an outdoor colony a month ago. Had extensive lab testing through a rescue but no imaging. Presented 1/8/22 at EVH for second opinion. Abdominal mass suspected. Owner would pursue surgical/chemotherapy. Interested in ultrasound for guidance.

**PATIENT**

Jovie Smith

Current Medications: Started metronidazole 40 mg BID, prednisolone 1.5 mg BID and Cerenia 6 mg SID 1/8/22. History of tylen and erythromycin for campylobacter.

**SPECIES**

Feline

Lab Results: NSF on fecal, fecal PCR, chemistries or cortisol levels except campylobacter jejuni positive.

Radiographs: poor detail, no stool in colon, possible mass effect dorsal abdomen.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Domestic shorthair

Imaging Performed By: Andi Parkinson, RDMS.

**SEX**

Female, spayed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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 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.

**AGE**

2/2/2014

**WEIGHT**

4.03 lbs.

The left kidney is normal size (3.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

The right kidney is normal size (4.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The region of the adrenal glands is evaluated. No obvious pathology is observed.

**HOSPITAL NAME**

Everhart VC

**Spleen**

The spleen is normal in size (0.68 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. Notarangelo

**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. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is mildly distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**INVOICE**

12811

**Gastrointestinal**

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The ileocecal colic junction is visible. The colonic wall is diffusely thickened (up to 1.25 cm) with a loss of the normal layering pattern. The colonic lumen is not dilated. The mesentery effacing the serosal surface of the colon is mildly hyperechoic. There is no evidence of an obstructive pattern.

### ***Pancreas***

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

### ***Free Abdomen***

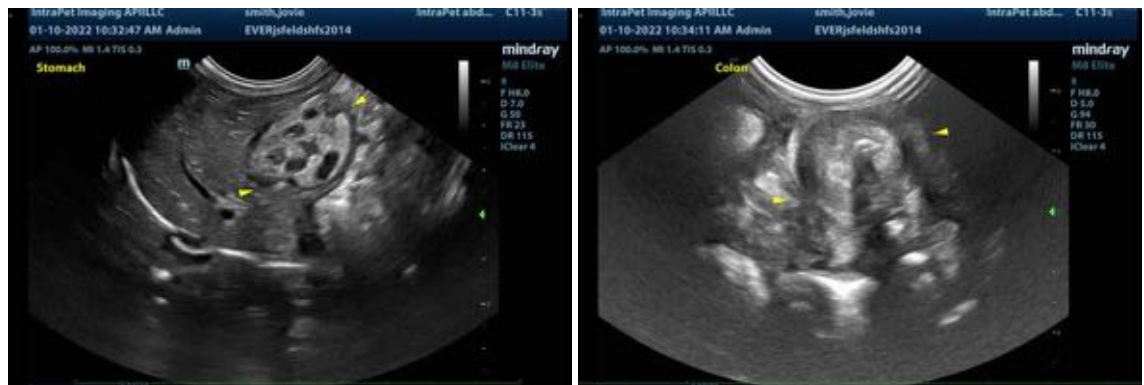
Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

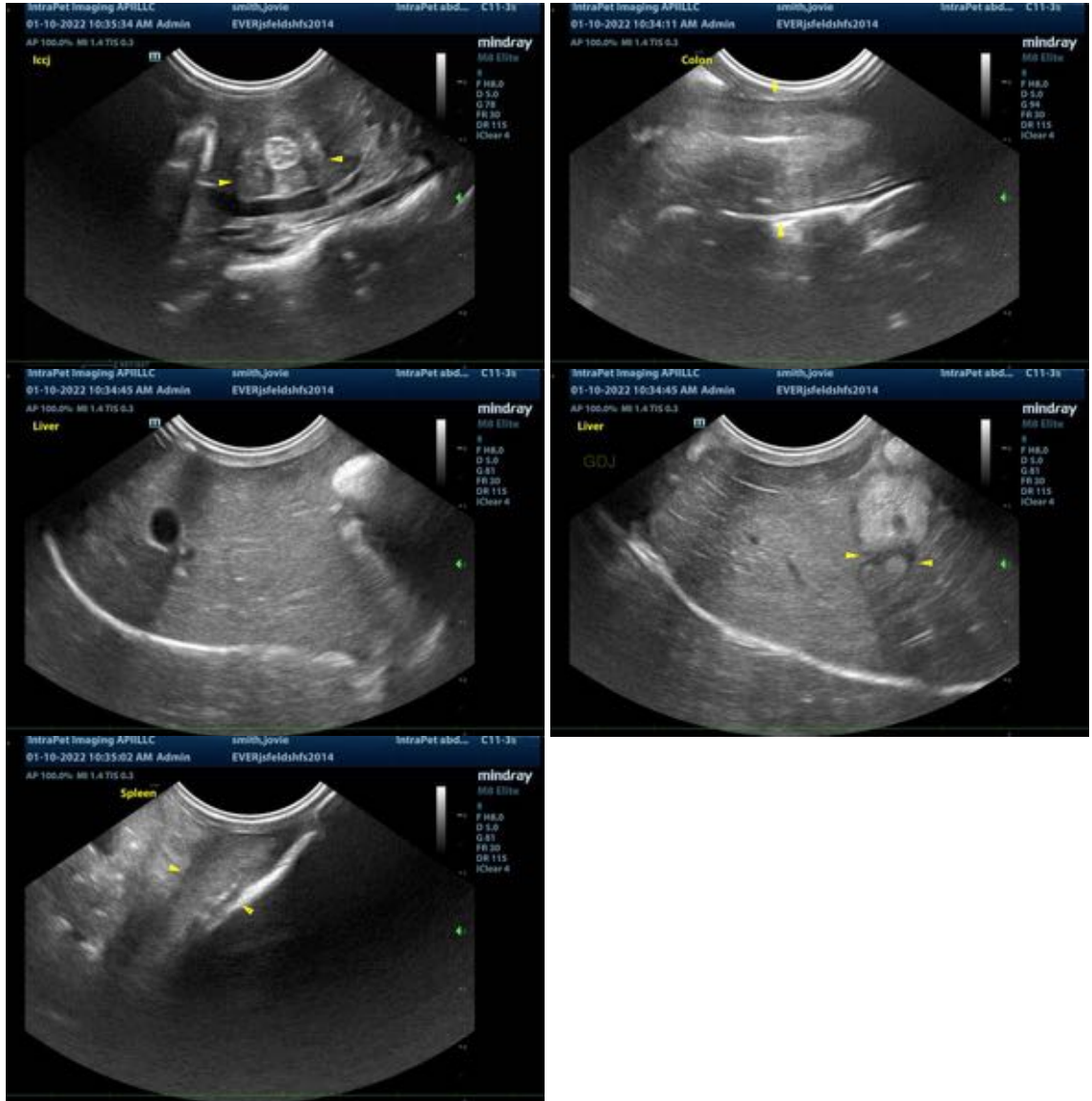
## **ULTRASONOGRAPHIC FINDINGS**

- The colonic wall changes are most concerning for infiltrative neoplasia (i.e., round cell tumor). However, a severe inflammatory process (i.e., pyogranulomatous) cannot be completely excluded.
- Regional peritonitis is present.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs should be performed to assess cardiopulmonary status.
- A fine needle aspirate of the colonic wall is recommended (if clotting status is appropriate). Care should be taken to avoid penetrating the colonic lumen during the procedure. If cytology results are inconclusive, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.
- Given the patient's previously feral status, feline leukemia, FIV, Toxoplasmosis and FIP testing should also be considered, if not already performed.





**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.

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