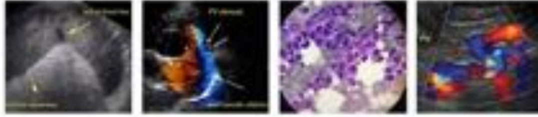


PATIENT

Willow Ness

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female, spayed

AGE

11 Years

WEIGHT

5.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Cortright

INVOICE

12823

DATE

1/10/2022

PRESENTING CLINICAL SIGNS

History: 11/16/2021 Hx: 4# weight loss between December 2020 and 11/16/2021. Recent hx of vomiting BID, better on wet food. Otherwise acting ok per O. CBC shows mild neutrophilia and mild eosinophilia. Chemistry low normal albumin and globulins. T4 wnl. Started prednisolone trial and special diet rec. 12/23/2021 Recheck Now 6.9#, O unable to get the oral meds into cat. Dr. Yoffe thought there is a palpable mass in mid-abdomen approx 3/4 inch, irregular and highly rec abd u/s at referral clinic Given SQF and cerenia inj In-house CBC-neutrophila now moderate 23K, Chemistry albumin 2.2 and TP 5.6 (mildly low) 12/31/2022 Recheck Still losing weight, now 5.9# and somewhat lethargic. I cannot tell if irregular mid-to-caudal abdominal mass approx 3/4 inch or fecal ball. SQF, cerenia, depomedrol and mirtazepine 1/4 tab in clinic Due to cachexia highly worried about cancer and rec abd

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. A scant amount of echogenic debris is suspended within the lumen. 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.

The left kidney is normal size (3.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.91 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.

Adrenal Glands

The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

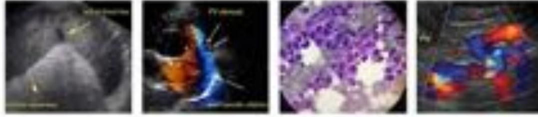
The right adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.58 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.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance. Vascular and biliary tracts



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are of normal volume with no evidence of congestion. See also *Other*. The gall bladder lumen is moderately distended. The wall is mildly thickened (up to 0.23 cm), hyperechoic and irregular. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The walls are mildly thickened. There was no evidence intraluminal obstruction.

Gastrointestinal

The gastric lumen is not distended. 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 not dilated. An approximately 4 cm segment of jejunum is severely thickened (up to 0.71 cm) with a mass effect. The wall in this region is hypoechoic and irregular with a complete loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter).

Free Abdomen

There is no evidence of free fluid. Several enlarged, irregular to rounded hypoechoic mesenteric lymph nodes are visualized, the largest measuring 2.82 cm in length. A 0.67 cm lymph node is observed in the cranial abdomen. See also *Other*.

Other

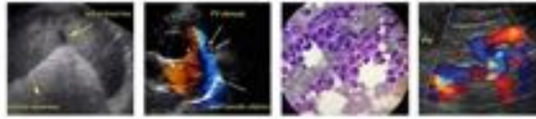
A 2.02 x 1.94 cm rounded-to-slightly irregular, hypoechoic-to-slightly heterogeneous mass is observed in the cranial abdomen between the caudal aspect of the liver and stomach.

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Jejunal mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.
- The abdominal lymphadenopathy is suspicious for infiltrative neoplasia with a lower possibility of pyogranulomatous lymphadenitis or reactive change.
- The origin of the mass effect in the cranial abdomen is unclear. It is thought to be an enlarged lymph node. However, a hepatic or mesenteric mass cannot be completely excluded. Again, neoplasia is suspected.



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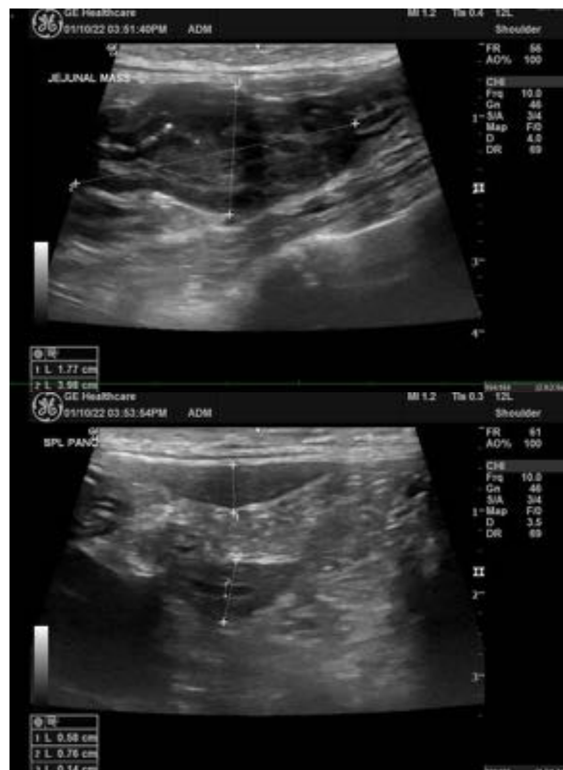
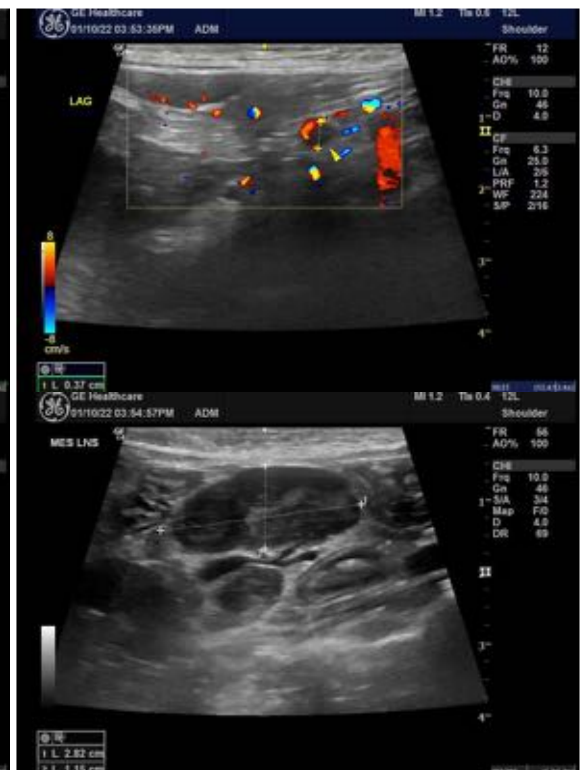
Secondary Findings:

- Bilateral non-specific age-related renal changes.
- The gallbladder and cystic/common bile duct wall changes could be consistent with cholecystitis/cholangitis and/or benign age-related hyperplasia. Correlation with the patient's bloodwork is recommended.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Age-related pancreatic remodeling/fibrosis +/- concurrent inflammation, particularly if the patient exhibits discomfort on cranial abdominal palpation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the jejunal mass and enlarged abdominal lymph nodes are recommended (if clotting status is appropriate). If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.





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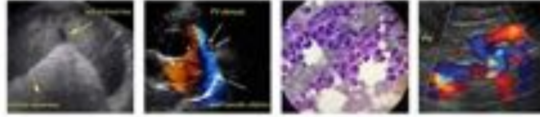

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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea.nicastro@sonopath.com