

**DATE PRESENTING CLINICAL SIGNS**

10/17/22

Weight loss acute on chronic (9.8lbs today when used to be 12.3lbs years ago). Anorexia recently. Pet tolerated abdominal palpation very well and NSF. Pale MM- O notices no respiratory effort/cough at home and heart b/w almost incessant purr beats were normal/crisp.

**PATIENT**

Bo Bond

Current Medications: Cerenia PO started 10/7. Gabapentin on arrival  
 Lab Results: Globulins elevated and TP up otherwise NSF in senior CBC/Chem/T4.  
 Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline

Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.  
 Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

Domestic shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A small amount of aggregated echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Male, neutered

The left kidney is normal in size (3.82 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

8/15/2010

The right kidney is normal size (4.12 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

9.7 lbs.

**INTERPRETED BY**

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

**Adrenal Glands**

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

**Spleen**

The spleen is normal in size (0.57 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.

**HOSPITAL NAME**

Everhart VH

**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 gall bladder lumen is moderately distended. A bi-lobed confirmation is present. The wall is normal in thickness. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Farris

**INVOICE**

14094

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The ileocecolic junction is normal. A segment of proximal descending colon is severely thickened (up to 1.21 cm) and hypoechoic with a complete loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining colonic wall is normal. The colonic lumen contains shadowing fecal material.

**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***

There is no evidence of free fluid. A few prominent lymph nodes are visualized in the mid to caudal abdomen, adjacent to the colonic wall thickening. The largest node measures 0.73 cm in length. Surrounding mesentery is hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

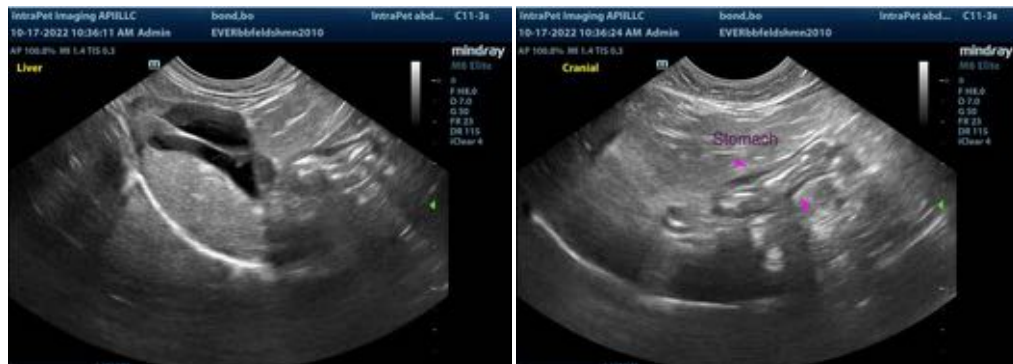
- Focal colonic wall thickening/mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected. However, a severe inflammatory response (i.e., pyogranulomatous) cannot be completely excluded. Adjacent peritonitis is present.
- The regional lymphadenopathy could be consistent with metastatic disease, reactive lymphadenitis or lymphoid hyperplasia.

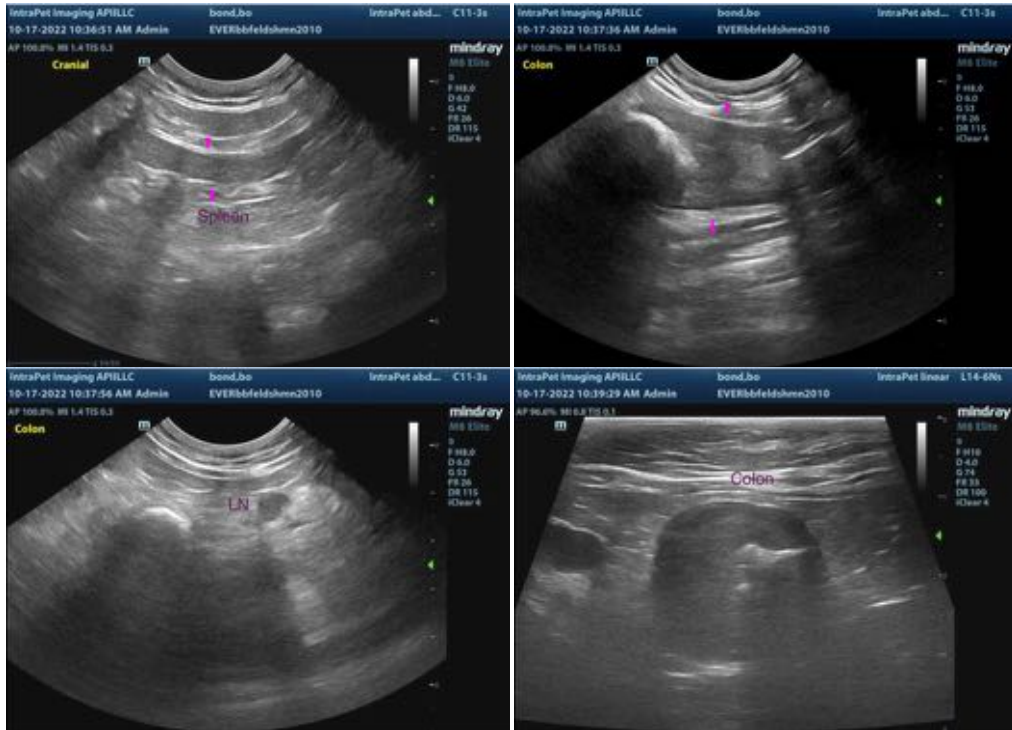
### **Secondary Findings:**

- Bilateral age-related renal changes with dystrophic mineralization.
- Bi-lobed gallbladder- incidental.

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the colonic wall thickening is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. Colonoscopy could be considered in lieu of surgery to obtain biopsy specimens. However, histopathology results may be inconclusive due to small sample size.





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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