



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cece Paucus	History: Cece is a 15yo FS DSH who presented for bleeding from rectum. P V+ once. Bleeding from rectum that started last night. O does not think it's bloody diarrhea. P on rx diet for allergies.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b> The <b>urinary bladder</b> wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.
<b>BREED</b>	
DLH	The <b>left kidney</b> is normal size (3.78 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.
<b>SEX</b>	
Spayed Female	The <b>right kidney</b> is normal size (3.72 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.
<b>AGE</b>	
15.5 years	<b>Adrenal Glands</b> The region of the <b>adrenal glands</b> is evaluated. No obvious pathology is observed.
<b>WEIGHT</b>	
9.9 lbs	<b>Spleen</b> The <b>spleen</b> is normal in size (0.73 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.
<b>INTERPRETED BY</b>	<b>Liver</b> The <b>liver</b> is prominent in size with an irregular peripheral margin on the right side. In the region of the right lateral lobe, a 2.36 x 2.89 cm hyperechoic to heterogenous, multiseptated cystic mass is observed. In the remainder of the liver, the peripheral margins are curvilinear, and the parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	The <b>gall bladder</b> lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.
<b>IMAGING PERFORMED BY</b>	<b>Gastrointestinal</b> The <b>gastric lumen</b> 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 2.30 x 2.00 cm irregular focal bowel mass is visualized and is thought to be arising from small intestine. The wall in this region is hypoechoic with a loss of the normal layering pattern. In the remaining small intestinal segments, the walls are normal in thickness with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.
Dr. Carver	
<b>HOSPITAL NAME</b>	
Animal AH Volusia	
<b>REFERRING VET</b>	<b>Pancreas</b> The region of the <b>pancreas</b> is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.
Dr. Carver	
<b>INVOICE</b>	<b>Free Abdomen</b> There is no evidence of free fluid. A few prominent colic <b>lymph nodes</b> are visualized, the largest measuring 1.18 cm in length. Surrounding mesentery is hyperechoic.
11836	
<b>DATE</b>	
10.17.22	

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Focal bowel mass (suspected to be small intestinal). Neoplasia (i.e., adenocarcinoma, lymphoma) is suspected, with a lower possibility of a focal inflammatory process.
- The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.

### Secondary Findings

- The right cystic hepatic mass is most consistent with a biliary cystadenoma with a lower possibility of a cystadenocarcinoma.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

A fine-needle aspirate of the bowel mass can be considered if clotting status is appropriate. If cytology results are inconclusive or if the mass is not accessible, consider an abdominal exploratory surgery with biopsy or removal of the bowel mass.





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

