

**DATE PRESENTING CLINICAL SIGNS**

10/18/22

Not eating well the past 2 weeks, weight and hair loss. Palpable possible mass in cranial abdomen. Licking and ingesting wall grout.

PATIENT

Ghost Hess

Current Medications: IV fluids.

Lab Results: Cret 2.6. Albumin 2.4, BUN 36, WBC 23,000 with a mature neutrophilia, USG 1.051 with 1+ proteinuria, inactive sediment.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dexdomitor/Torbugesic IV.

Stat Report: Requested/Approved.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Feline

BREED

Point Siberian

SEX

Male, neutered

AGE

2021

WEIGHT

9 lbs.

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 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 1-2 cm, are normal.

The left kidney is normal size (3.85 cm in length) with an irregular shape. The cortex is focally thickened (1.00 cm) and irregular at the cranial pole. There is loss of corticomedullary distinction in this region. Trace pyelectasia is present. There is no evidence of nephroliths or hydronephrosis. Subcapsular fluid is present. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

The right kidney is normal size (3.37 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 a questionable cortical cyst at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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Adrenal Glands

The left adrenal gland is normal in size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Bel Air VH

Spleen

The spleen is normal in size (0.79 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. Kelly

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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

INVOICE

14100

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. An approximately 7 cm segment of small intestine is severely thickened (up to 1.14 cm), irregular and hypoechoic with a loss of the normal layering pattern. The lumen in this region contains some

irregular shadowing material. The mesentery effacing the serosal surface in this area is hyperechoic. In the remaining small intestinal segments, the wall is thickened (up to 0.32 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis; mucosal ratio. The colonic wall is normal.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

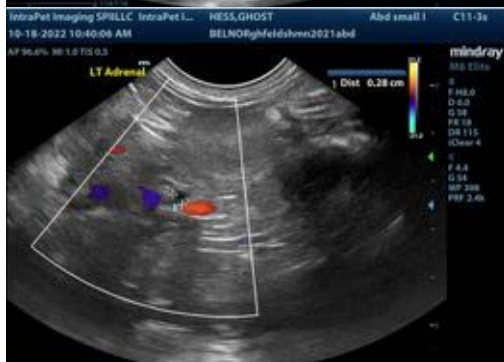
Trace free fluid is observed. The lymph nodes at the mesenteric root are enlarged (up to 2.88 cm), rounded and hypoechoic to heterogeneous in appearance. Surrounding mesentery is hyperechoic.

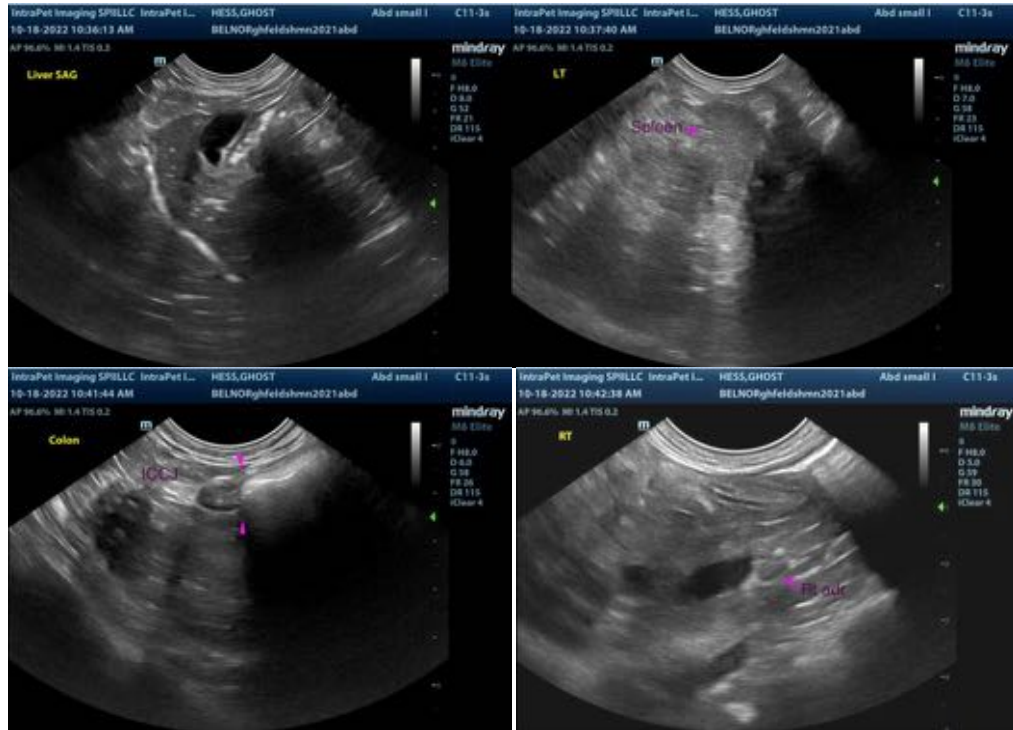
ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis is present. The shadowing material within the lumen of this thickened segment may represent foreign material or retained chyme.
- The diffuse small intestinal changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The left renal cortical thickening and subcapsular fluid are also concerning for a neoplastic process (i.e., lymphoma) with a lower possibility of inflammatory disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the bowel mass, enlarged abdominal lymph nodes +/- the focal thickening of the left renal cortex can be considered if clotting status is appropriate. 25-gauge needles should be used.
- Thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.





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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