

PATIENT PRESENTING CLINICAL SIGNS

Pavlov Wall History: Pavlov, MN 11.8-year-old 7.3lb feline Abyssinian. Decreased appetite for 3 weeks. No v/d. P/u p/d. Radiographs- NSF. Blood work showed elevated ALP, Bilirubin. Urinalysis 3+ bilirubin and 1+ protein.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE

Urinary System

BREED

Abyssinian

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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.

SEX

Neutered Male

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

AGE

11 Years

The right kidney is normal size (3.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

7 Pounds

Adrenal Glands

The left adrenal gland is normal size (0.40 cm width) with a normal shape and smooth peripheral contours. A few hyperechoic to mineralized foci are observed within the gland. Surrounding vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

The spleen is normal in size (0.90 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

Incline Vet

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is heterogeneous in appearance. Several varying sized hyperechoic nodules are observed in the left lateral lobe. A 2.76 cm mass effect is observed at the caudal aspect. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Moger

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The gall bladder lumen is moderately distended. The wall is diffusely thickened (up to 0.26 cm) and hyperechoic. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

11/12/21

Gastrointestinal



PATIENT The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The duodenal and jejunal walls are normal in thickness with a normal layering pattern. There is disruption in the normal 1:3 muscularis to mucosal ratio and mild thickening of the submucosal layer in most segments. The ileum is diffusely thickened. A mass effect is observed in the distal ileum, extending through the ileocecal junction and several cm into the colon. The wall in this region is severely thickened (up to 0.80 cm) and hypoechoic with a loss of the normal layering pattern. The distal colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The left limb of the pancreas is visible with slightly irregular 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.

Free Abdomen

AGE

11 Years

A small to moderate amount of free fluid is visualized. The mesentery in the mid abdomen is hyperechoic. A few prominent to enlarged hypoechoic lymph nodes are observed in the mid abdominal cavity, the largest measuring 1.21 cm in length.

Other

WEIGHT

7 Pounds

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

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(Small Animal Internal

Primary Findings

- Mass at the ileocecolic junction. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). The diffuse small intestinal wall changes could be consistent with emerging lymphoma or inflammatory bowel disease. Regional peritonitis is present.
- The hepatic parenchymal changes/mass effect are concerning for infiltrative neoplasia with a lower possibility of an inflammatory process.
- The prominent abdominal lymph nodes may represent infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The gallbladder wall changes are most consistent with cholecystitis and/or age-related hyperplasia.

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Secondary Findings

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- Pancreatic changes are most consistent with age-related remodeling/fibrosis +/- low-grade inflammation.
- Bilateral age-related renal changes

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- The mineralized foci in the left adrenal gland likely represent a benign age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the ileoceocolic junction mass and liver mass can be considered if clotting status is normal. A 25-gauge needle should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. However, given the possibility of multiorgan neoplasia, the prognosis for this patient is considered guarded.

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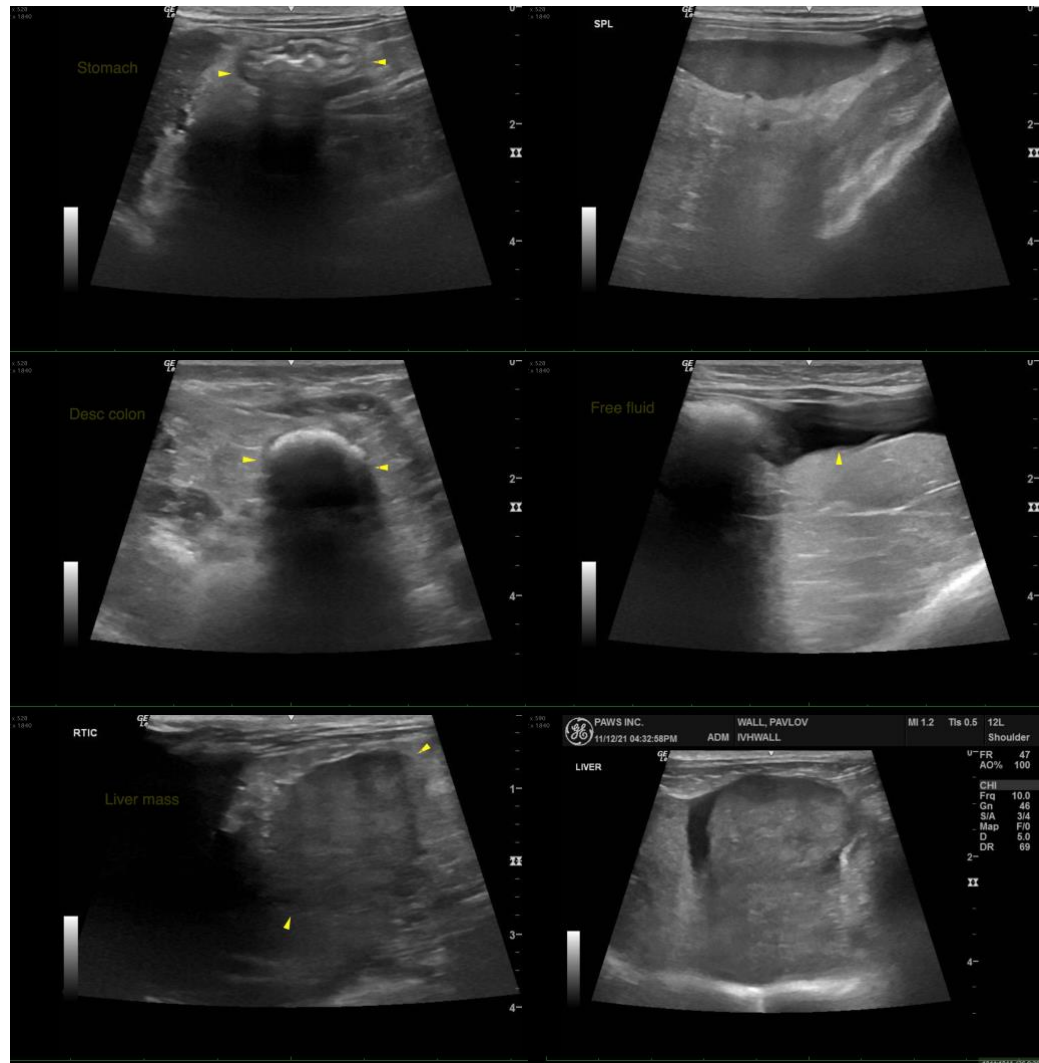
Dr. Moger

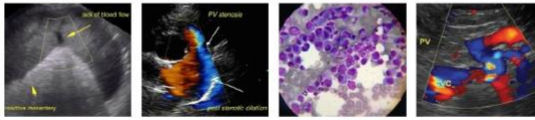
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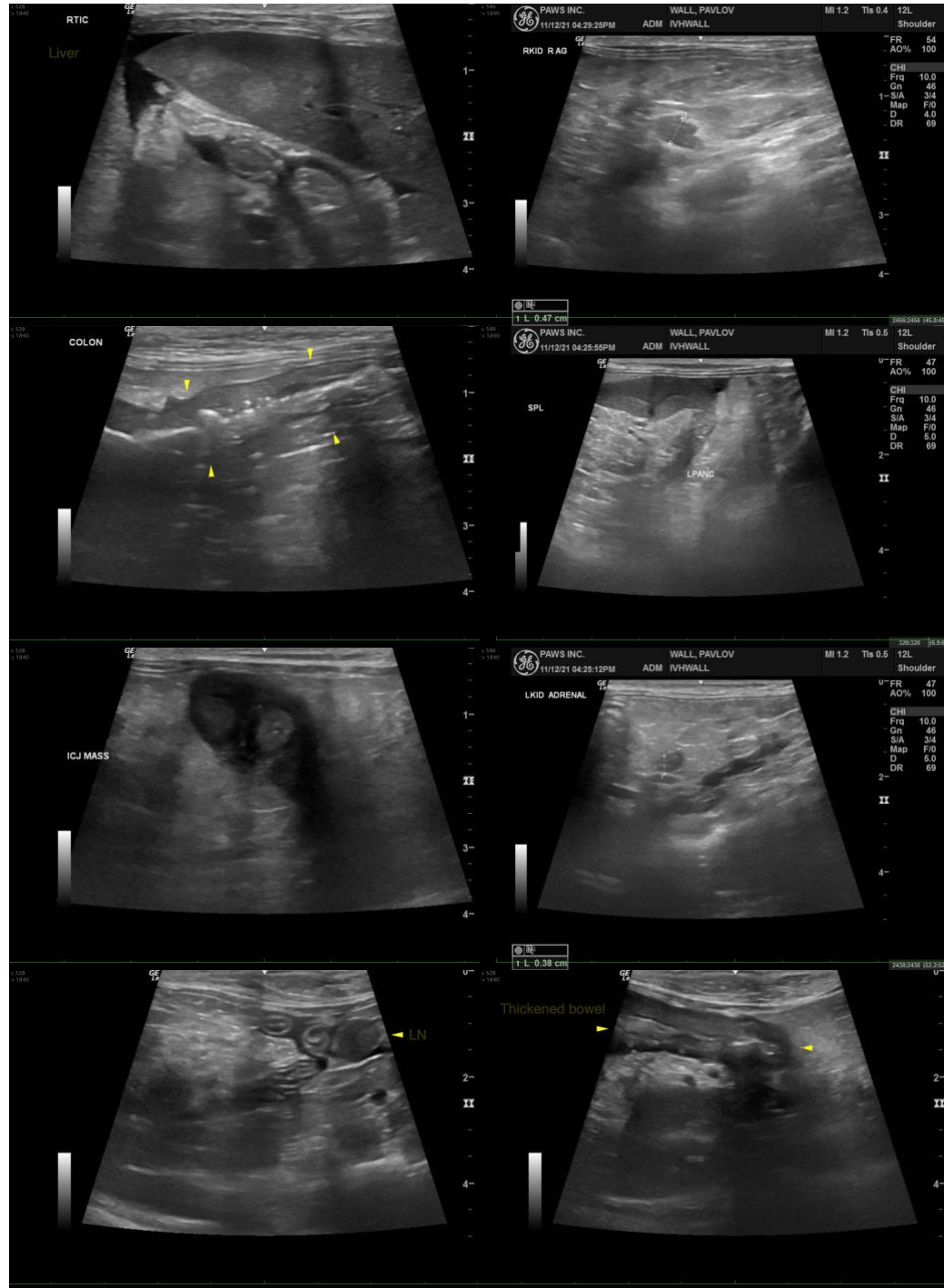
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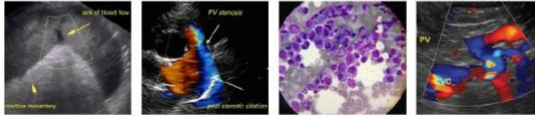
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT can be of any further assistance please contact me.

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