

**DATE PRESENTING CLINICAL SIGNS**

11/2/21

History: Patient presents with poor appetite, I was initially concerned for oral pathology during visit due to a lack of significant BW changes. Sedated oral examination performed today and unremarkable. Previous concern for IBD/lymphoma. Checking for progression.

**PATIENT**

Cosmo Geppi

Current Medications: No current medications.

Lab Results: Some mild azotemia, CBC showed leukocytosis with a neutrophilia and a monocytosis.

Elevated SDMA at 21. Creatinine is 2.4, BUN normal. Urinalysis in August USG was 1.018. Recent T4 normal.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not needed.

Stat Report: Not requested.

**BREED**

Domesitc shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Male, neutered

**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 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 2 cm, are normal.

**AGE**

7/10/2007

The left kidney is normal size (3.93 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. Renal vasculature is normal.

**WEIGHT**

10 lbs.

The right kidney is normal size (3.74 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. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.57 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Perry Hall AH

**Spleen**

The spleen is normal in size (0.76 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. Miller

**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 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**

12469

### ***Gastrointestinal***

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, particularly in the lesser curvature, the wall is thickened (up to 0.93 cm and hypoechoic) with the loss of the normal layering pattern. The mesentery effacing the serosal surface is reactive. 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### ***Pancreas***

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### ***Free Abdomen***

There is no evidence of free fluid. A prominent gastric lymph node is visualized (0.90 x 0.81 cm). Surrounding mesentery is mildly hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The pyloric antral wall changes are concerning for infiltrative neoplasia (i.e., round cell tumor, adenocarcinoma) with a lower possibility of a severe inflammatory process. Regional peritonitis is present. The adjacent lymphadenopathy may represent infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.

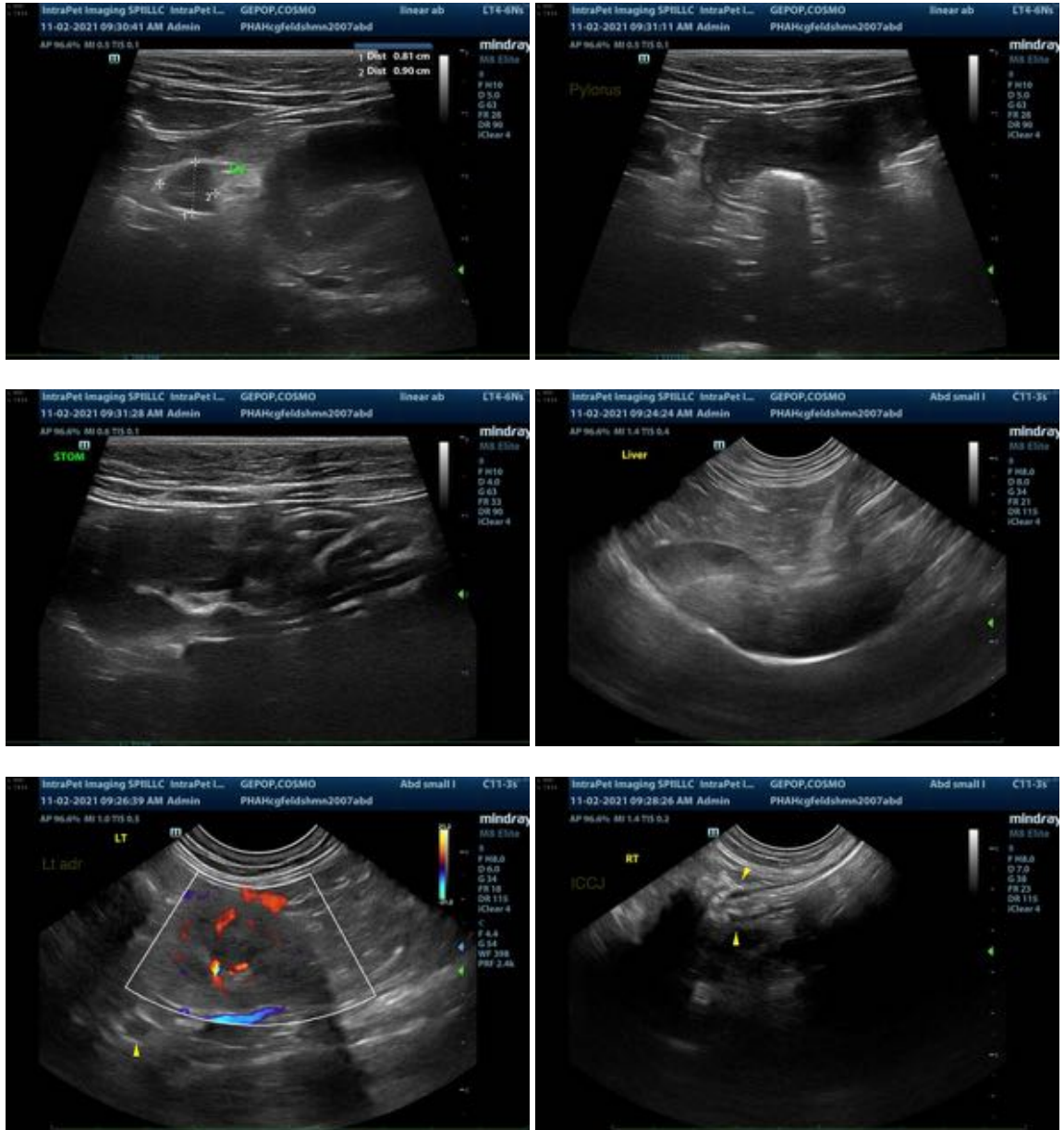
### **Secondary Findings:**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Endoscopic or surgical gastrointestinal biopsies with particular attention to the pyloric antrum are recommended to get a definitive diagnosis. 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.

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

[Andrea.nicastro@sonopath.com](mailto:Andrea.nicastro@sonopath.com)