



**PATIENT**

Sox Kunzman

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

11 Yrs.

**WEIGHT**

10.3 lbs. .

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Emily Kirk

**HOSPITAL NAME**

Shiloh AH

**REFERRING VET**

Dr. Emily Kirk

**INVOICE**

14290

**DATE**

11/28/22

**PRESENTING CLINICAL SIGNS**

**History:** Patient presented 1 week ago for diarrhea that was occurring approximately once daily. On exam it was noted that patient had decreased from 15 pounds in March 2022 to 11 pounds at present. Owners feel there has been a subtle decline in dry food intake. No vomiting. On abdominal palpation there appears to be a thickened area in the mid abdomen. X-rays obtained show irregular kidney contour and concern for an abnormal small intestinal segment. Decreased appetite and diarrhea are persisting.

**Abnormal PE/Chem/CBC/UA Results:** Lab work (labs attached): Mild monocytosis and increased SDMA. Albumin 2.1 (2.6- 3.9), UP:C 0.3 Fecal nps X-ray reports: Thorax: diffuse increase in interstitial opacity. Abdomen: On further evaluation, the left kidney is irregularly marginated as compared to the right, suggestive of potential cortical infarction. Additionally, in the left lateral view, there is a tubular region of tissue within the mid-abdomen, originally considered to be superimposed intestines though with another look this is concerning for a more abnormal small intestinal segment, such as mural thickening secondary to neoplasia, or less likely a lymph node.

**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 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.

The left kidney is normal size (4.53 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. A small amount of subcapsular fluid is present. The mesentery adjacent to the kidney is mildly hyperechoic.

The right kidney is normal size (4.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Trace subcapsular fluid is suspected. The mesentery adjacent to the kidney is slightly hyperechoic.

*Adrenal Glands*

The left adrenal gland is normal in size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

*Spleen*

The spleen is contracted with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall



**PATIENT**

Sox Kunzman

bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**SPECIES**

Feline

**Gastrointestinal**

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. A >6 cm mass is arising from the small intestine. The mesentery effacing the serosal surface is hyperechoic. The wall in this region is severely thickened (up to 2.19 cm), hypoechoic and irregular with a complete loss of the normal layering pattern. In the remaining small intestinal segments, wall thickness is normal with a normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. The colonic wall is normal.

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**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.

**AGE**

11 Yrs.

**Free Abdomen**

There is no obvious evidence of free fluid. A few enlarged rounded hypoechoic lymph nodes are visualized in the right cranial quadrant, the largest measuring 1.18 cm in length. Surrounding mesentery is hyperechoic.

**WEIGHT**

10.3 lbs. .

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

**Primary Findings:**

- Small intestinal mass. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a lower possibility of severe inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis is present. The regional lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

**IMAGING PERFORMED BY**

Dr. Emily Kirk

**Secondary Findings:**

- The subcapsular fluid seen in both kidneys may be secondary to an inflammatory process or infiltrative neoplasia (i.e., lymphoma).
- The mild hepatomegaly may be a normal variant for this large breed cat or may be secondary to emerging hepatic lipidosis, inflammatory disease or infiltrative neoplasia.

**HOSPITAL NAME**

Shiloh AH

**REFERRING VET**

Dr. Emily Kirk

**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 is recommended, if clotting status is appropriate. A 25 gauge needle should be used. If cytology results are inconclusive, more advanced testing (i.e., flow cytometry, PARR or biopsy) may be necessary to get a definitive diagnosis.

**INVOICE**

14290

**DATE**

11/28/22



## PATIENT

Sox Kunzman

## SPECIES

Feline

## BREED

Domestic shorthair

## SEX

Male, neutered

## AGE

11 Yrs.

## WEIGHT

10.3 lbs..

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Emily Kirk

## HOSPITAL NAME

Shiloh AH

## REFERRING VET

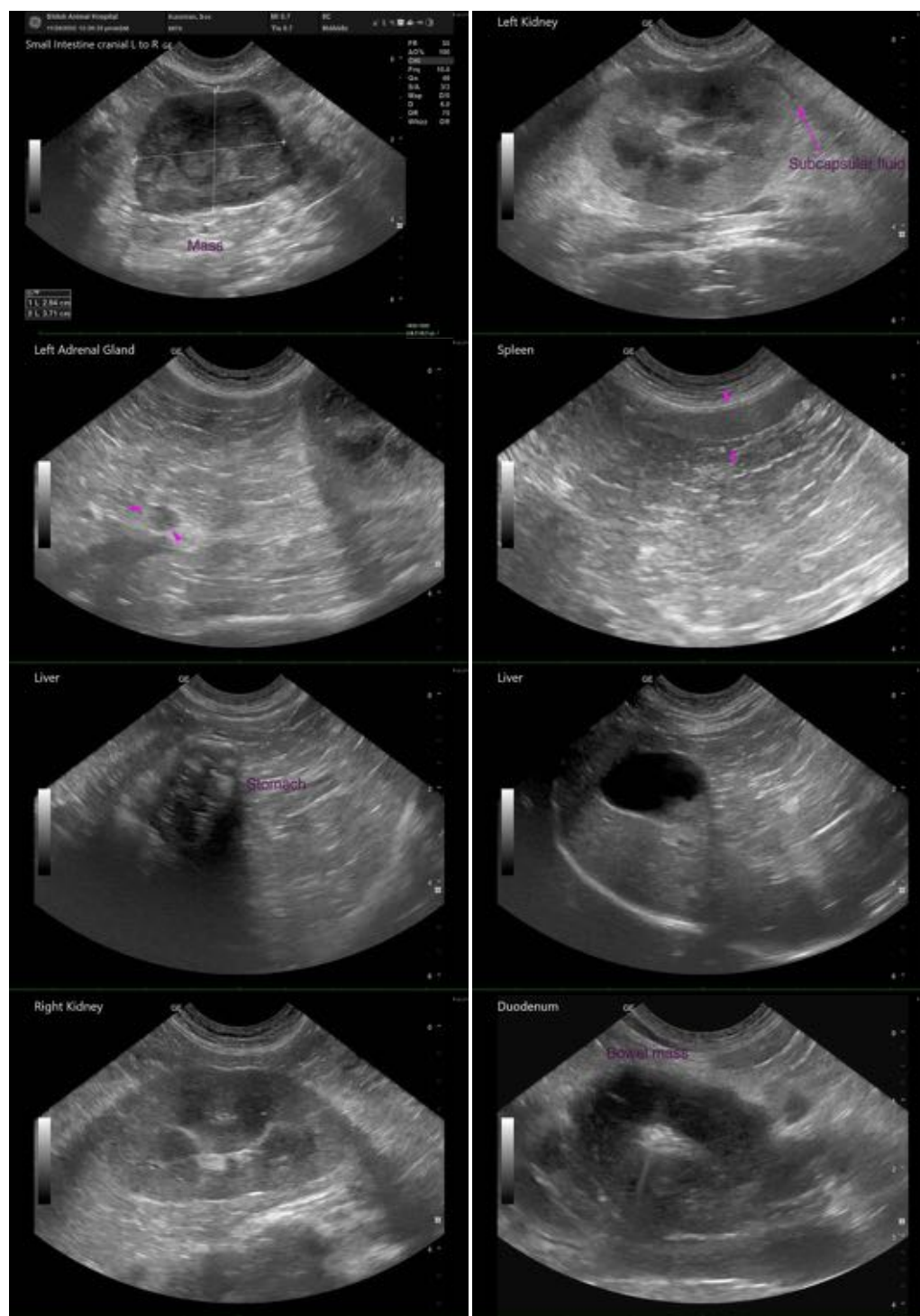
Dr. Emily Kirk

## INVOICE

14290

## DATE

11/28/22





**PATIENT**

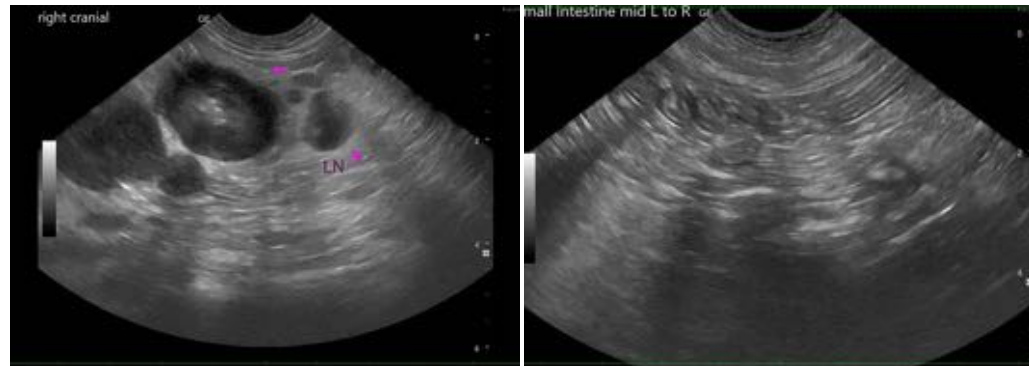
Sox Kunzman

**SPECIES**

Feline

**BREED**

Domestic shorthair



**SEX**

Male, neutered

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.

**AGE**

11 Yrs.

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)

**WEIGHT**

10.3 lbs. .

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Emily Kirk

**HOSPITAL NAME**

Shiloh AH

**REFERRING VET**

Dr. Emily Kirk

**INVOICE**

14290

**DATE**

11/28/22