

**DATE PRESENTING CLINICAL SIGNS**

12/14/2021

History: Seen at Animal Medical Center on 12/11 for 1-week Hx lethargy, anorexia. Labs showed neutrophilia, hypocalcemia, hyperkalemia. Treated with Convenia, SC fluids, Cerenia SC. Still only eating about 2oz of liquid food a day but will eat some dry.

PATIENT

Topaz Griffith

3 lb weight loss since 8/24/21. PE 12/13 relatively normal. Ate treats in exam room, BAR. Palpated probable stool in colon, but not ruling out poss mass.

SPECIES

Feline

Current Medications: currently on Gabapentin 25 mg PO SID in AM for overgrooming. Has been taking since early 2019.

BREED

Domestic shorthair

Lab Results: Elevated WBC 33,000 with a neutrophilia. Albumin 2.0.

Radiographs: Questionable mild cardiomegaly.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Female, spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is not definitively visualized but is presumed to be empty/contracted. The patient was painful during the scan so further search for the urinary bladder was discontinued.

AGE

1/29/2011

The left kidney is normal size (3.66 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

13 lbs 5.5 oz.

The right kidney is normal size (4.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is subjectively normal in size (0.75 cm in width at the level of the hilus) with focal expansion of the medial contour just caudal to the hilus. The parenchyma is of appropriate echogenicity and echotexture and is homogeneous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Cat Sense Feline
 Hospital

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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Sinclair

Gastrointestinal**INVOICE**

12705

The gastric lumen is fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. At least 3 small intestinal segments are thickened (up to 0.72 cm), hypoechoic and irregular with a loss of the normal layering pattern. The remaining segments are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

Pancreas

The left and right limbs 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.

Free Abdomen

Trace free fluid is observed. The mesentery adjacent to the abnormal small intestinal segments is hyperechoic and clumped/adhered to bowel wall. A prominent lymph node is suspected adjacent to the ileocecal colic junction.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The thickened segments of small intestine are concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, severe inflammatory disease (i.e., pyogranulomatous) cannot be completely excluded. Peritonitis is present, likely secondary to bowel pathology.
- The gastric distention is likely secondary to functional ileus. However, an outflow tract obstruction cannot be completely excluded, as it is difficult to fully assess the pyloric outflow tract given the patient's discomfort.

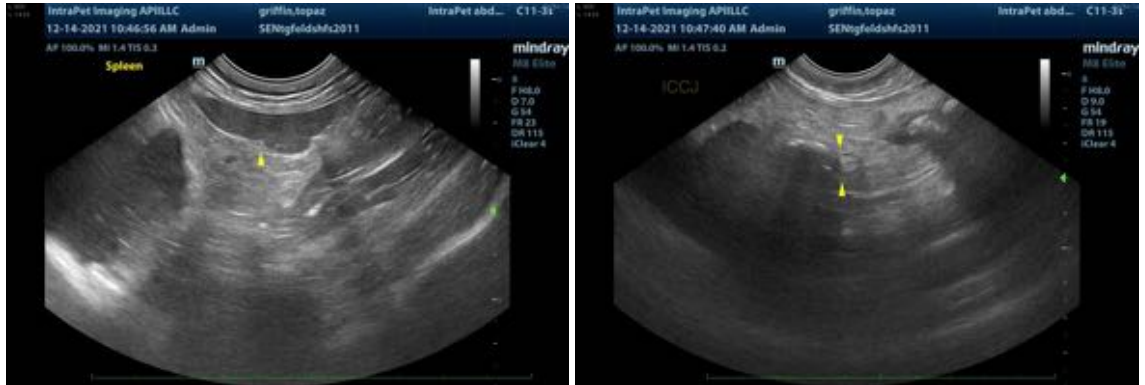
Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor age-related renal changes.
- The focal expansion of the spleen in the region of the hilus may be a normal variant for this patient. However, emerging neoplasia, extramedullary hematopoiesis or lymphoid hyperplasia cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the thickened bowel segments are recommended (if clotting status is appropriate). Given the patient discomfort noted in the history, sedation will likely be necessary to perform aspirates. If cytology results are inconclusive, an abdominal exploratory with gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- A GI panel including serum cobalamin, folate, TLI and PLI is also recommended.





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