

**DATE PRESENTING CLINICAL SIGNS**

2/28/23

Progressive lethargy and weight loss diagnosed with suspect IBD or lymphoma 09/22, O decided biopsies.

PATIENT

Bailey Hall

Current Medications: Prednisolone 5mg EOD, did not tolerate hypoallergenic diet

Lab Results: CBC: RBC (L) 5.5, HCT (L) 24.8, Hgb (L) 8.4. Chem 27: Glu (L) 64, SDMA (H) 17, BUN (H) 44, TP (L) 6.2. UA: cysto, USG: 1.025, pH: 6

protein: 1+. T4 1.6

Date of Previous IntraPet Ultrasound: 9/20/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

4/30/2007

WEIGHT

6.3 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A tiny cystic calculi is observed within the lumen along with a scant amount of suspended, echogenic debris.

The region of the trigone is normal.

The left kidney is mildly enlarged (4.69 cm in length) with smooth peripheral contours. The cortex is thickened and there is moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.00 cm in length) with an irregular shape. The cortex is thickened and hyperechoic to heterogeneous with poor corticomedullary distinction. There is loss of normal renal architecture. A few mineralized foci are visualized. Trace pyelectasia is present (0.15 cm in the longitudinal plane). There is no evidence of hydroureter.

INTERPRETED BY

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

Adrenal Glands

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

Spleen

The spleen is normal in size (0.72 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

Perry Hall AH

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.67 x 1.54 cm irregular multi-septated cystic lesion is observed on the left side. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Baer

INVOICE

14663

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened. There is disruption in the normal 1:3 muscularis: mucosal ration in most segments. In an approximately 3 cm segment of jejunum, there is loss of the normal layering pattern. The wall thickness in this region is up to 0.40 cm. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is normal in size 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 obvious evidence of free fluid. A 0.57 cm gastric lymph node is visualized. Several prominent to enlarged hypoechoic mesenteric lymph nodes are also seen, the largest measuring 2.10 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The segment of jejunum with the loss of the normal layering pattern is concerning for infiltrative neoplasia (i.e., lymphoma). However, severe inflammatory bowel disease cannot be completely excluded. The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with reactive change or infiltrative disease (i.e., lymphoma).

Secondary Findings:

- Minor, age-related pancreatic remodeling. Changes are similar to the previous sonogram.
- Bilateral, degenerative renal changes with right renal atrophy and suspected left renal compensatory hypertrophy. Dystrophic mineralization and trace pyelectasia is observed in both kidneys. Changes are similar to the previous sonogram.
- Tiny cystic calculus.
- The cystic hepatic lesion likely represents benign lesion with a lower possibility of an emerging tumor. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To get a definitive diagnosis, surgical biopsies of the segment of jejunum with the loss of layering and enlarged abdominal lymph node biopsies would be necessary.
- Also consider a GI 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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