



PATIENT PRESENTING CLINICAL SIGNS

Pumpkin Gieniewski History: Anorexia x 2 d, weight loss x 1 week, abd mass on radiographs
Abnormal PE/Chem/CBC/UA Results: wbc 25.5, neu 21.88

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

DSH

SEX

Female Spayed

The left kidney is normal in size (3.24 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

AGE

6 years

The right kidney is normal in size (3.47 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

7.5 lbs

Adrenal Glands

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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Animal Internal Medicine*)

Spleen

The spleen is normal in size (0.60 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.

IMAGING PERFORMED BY

Val Shumskaya

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 portal vein to caudal vena cava ratio is approximately 1: 1.

HOSPITAL NAME

Newton VH

The gall bladder 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/not seen.

REFERRING VET

Dr. Chun

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. A >5.50 cm irregular, hypoechoic bowel mass is obstruction and is suspected to be arising from the small intestine. The wall in this region is severely thickened (up to 1.05 cm) with complete loss of the normal layering pattern. The mesentery effacing the serosal surface of the mass is hyperechoic. The remaining small intestinal segments are normal in thickness and appropriate mural detail. The colonic wall is normal. The colonic lumen contains a small mt of granular-appearing fec. There is no obvious evidence of an obstructive pattern.

INVOICE

12552

DATE

3.29.23

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.

Free Abdomen

There is no obvious evidence of free fluid. A 1.91 cm irregular hypoechoic rounded lymph node is observed in the left cranial abdomen. In addition, a 1.35 cm rounded hypoechoic, portal lymph node is seen.

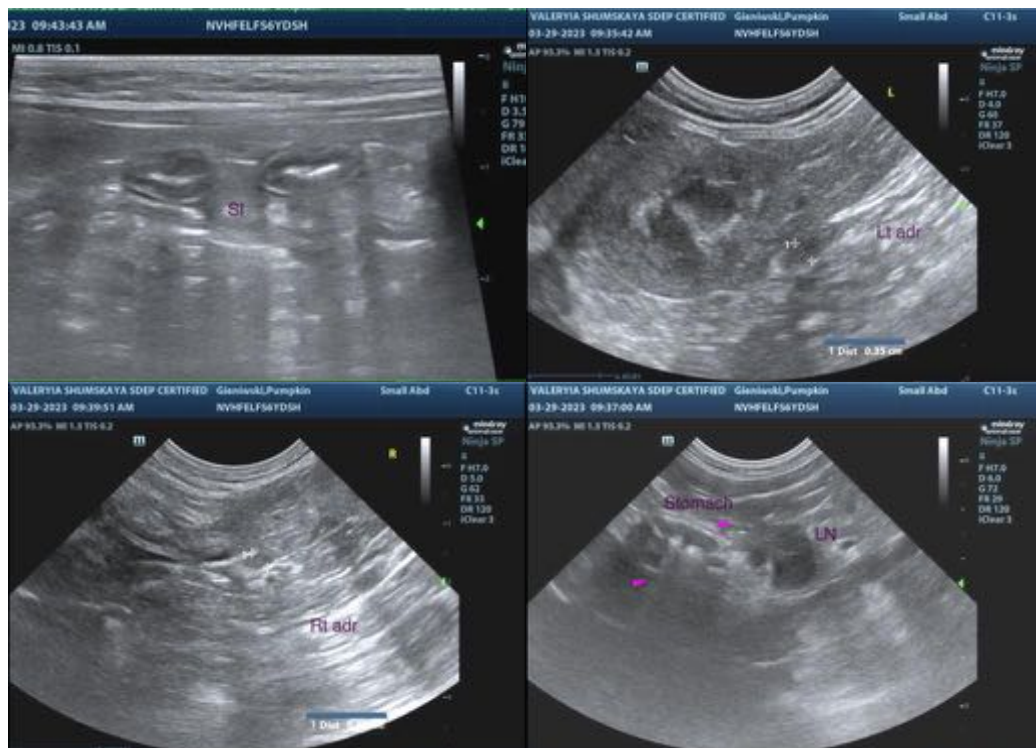
ULTRASONOGRAPHIC FINDINGS

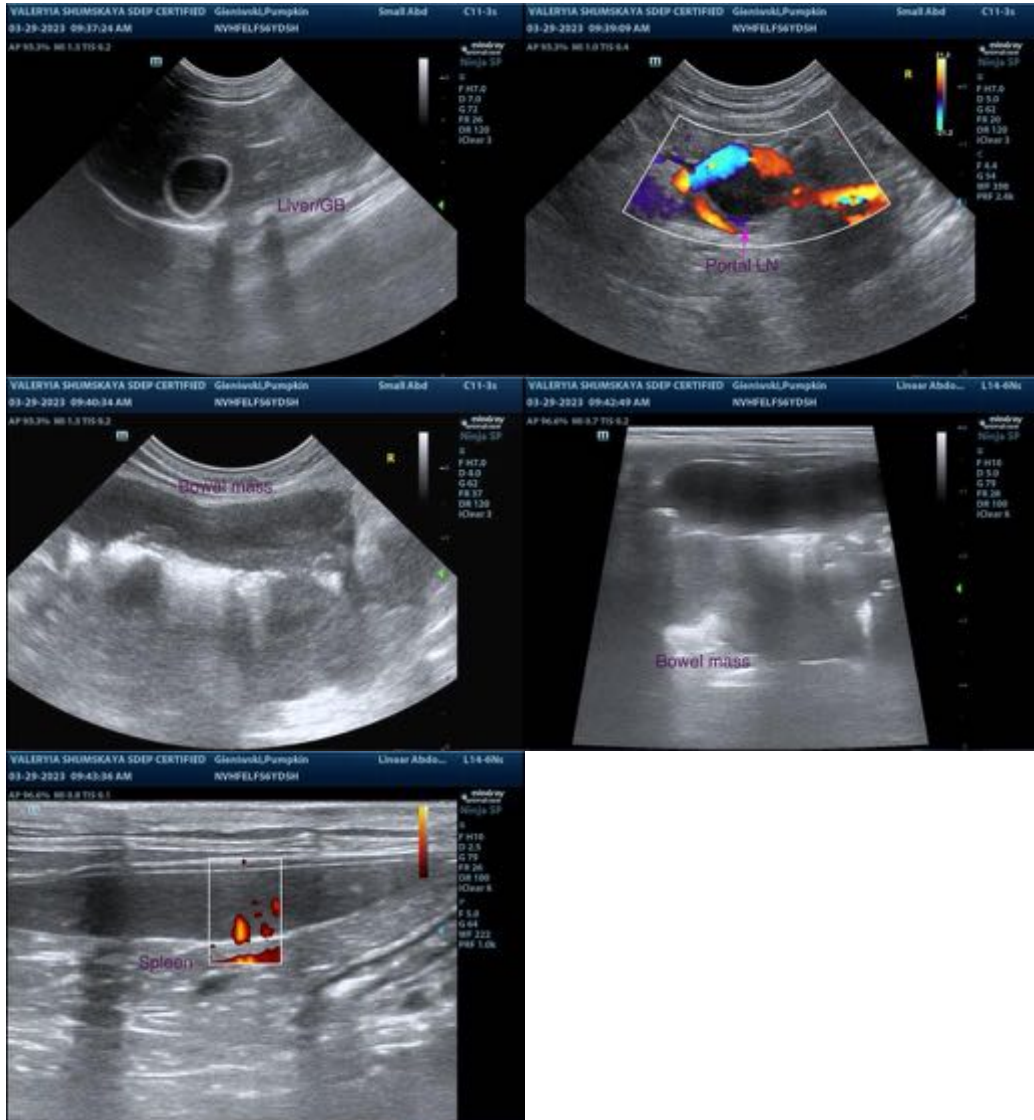
Findings

- Large bowel mass, suspected to be of small intestinal origin. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis is present.
- The abdominal lymphadenopathy is concerning for infiltrative neoplasia with a lower possibility of reactive change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspirates of the bowel mass and enlarged abdominal lymph nodes (if clotting status is appropriate). Twenty-five gauge-needles should be used. If the results are inconclusive, further testing (i.e., PARR, biopsies) may be warranted.
- Also consider three-view thoracic radiographs and feline leukemia/FIV testing.





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.

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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