

**DATE PRESENTING CLINICAL SIGNS**

3/8/22

Patient presents for hyporexia and weight loss. On 2/10/22- patient presented for decreased appetite- fever of unknown origin panel performed at this time with baseline labwork. 3/7/22- still decreased appetite with 2 lb weight loss since prior visit- labwork and FPL were sent out today. Some mild dental disease but no evidence of tooth resorption or oral masses noted.

**PATIENT**

Biz Lee

Current Medications: None currently. Gabapentin 100mg for scan.

**SPECIES**

Feline

Lab Results: 2/10/22- CBC: severe leukocytosis 24.07k with neutrophilia 20.29k and monocytosis 0.75. Chem: mild hyperglycemia 182, mild decrease BUN 13, Elevated GGT 6. T4 2.6. Felv/FIV negative. FPL WNL. Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.

**BREED**

Domestic Mediumhair

Imaging Performed By: Andi Parkinson, RDMS.

**SEX**

Male, neutered

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The bladder lumen is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent mineralized sand is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

**AGE**

3/4/2013

The left kidney is normal size (4.21 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. At the caudolateral aspect, a 0.84 cm hypoechoic subcapsular area is visualized. Below this region, the cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths or hydroureter.

**WEIGHT**

14 lbs.

The right kidney is normal size (4.46 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. A 0.84 cm hypoechoic to anechoic subcapsular area is observed at the caudolateral aspect.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Perry Hall AH

The right adrenal gland is upper limits of normal in size (0.54 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

Dr. Miller

**Spleen**

The spleen is normal in size (0.73 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.

**INVOICE**

13111

**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 mostly anechoic. The cystic and common bile ducts are normal.

**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 focal area of jejunum (2.80 cm in length) is

plicated with a mass effect. The wall in this region is thickened (up to 0.58 cm) and hypoechoic to heterogeneous in appearance. The mesentery surrounding this region is hyperechoic. The remaining small intestinal segments are normal with a normal layering pattern. The colonic wall is normal. No obvious obstructive disease is noted.

### ***Pancreas***

The pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogeneous in appearance. The pancreatic duct is mildly dilated (0.26 cm in diameter). There is no evidence of peripancreatic effusion.

### ***Free Abdomen***

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

### ***Other***

A brief visualization of the thorax reveals a 1.73 cm hypoechoic to slightly heterogeneous nodule adjacent to the diaphragm.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Jejunal mass. Neoplasia (i.e., adenocarcinoma, lymphoma) are the top differentials although a severe inflammatory process (i.e., pyogranulomatous) cannot be excluded. Regional peritonitis is present.
- The thoracic nodule is also concerning for neoplasia, particularly in light of the bowel mass. However, a granuloma or inflammatory focus are also differentials.
- The subcapsular lesion on the right kidney may represent an early infarct, emerging lymphoma, other.

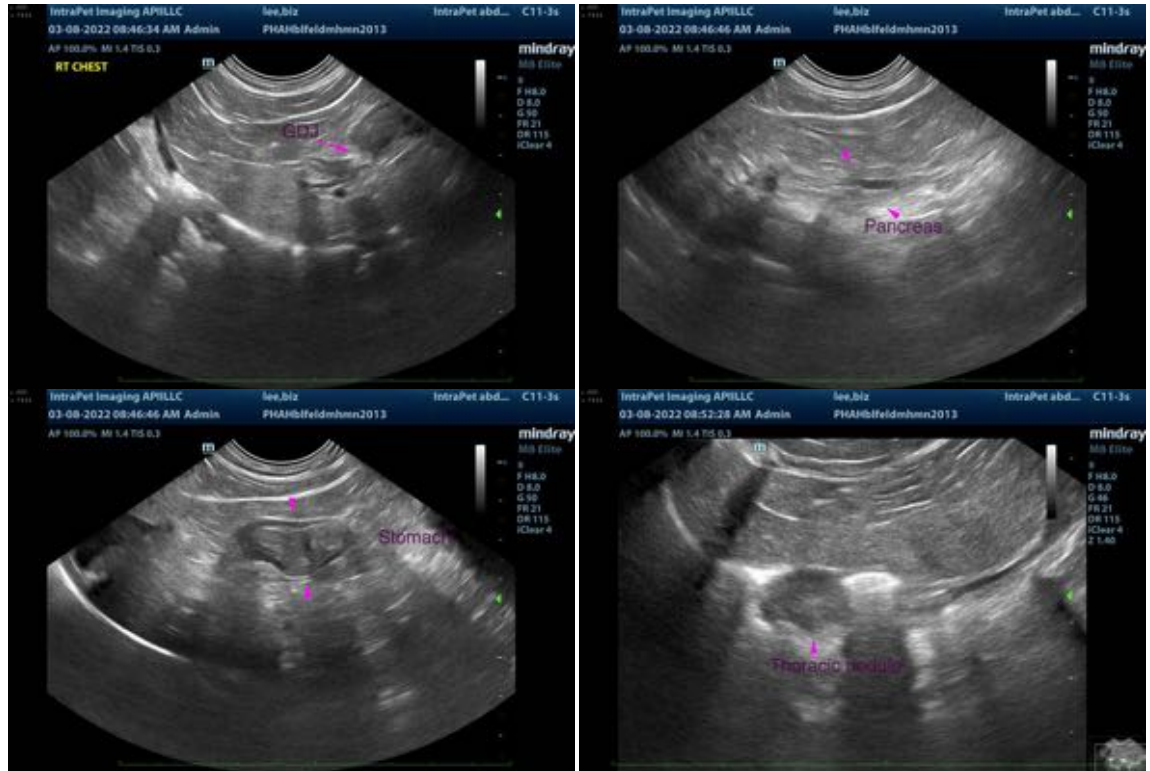
### **Secondary Findings:**

- Urinary bladder sand.
- The pancreatic changes are suggestive of chronic pancreatitis. Correlation with clinical findings is recommended.

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

- Chest radiographs (three-view) are recommended to further evaluate for pulmonary disease/nodules.
- Consider a fine needle aspirate of the jejunal mass if accessible and if clotting status is appropriate. If cytology results are inconclusive, a surgical biopsy may be necessary to get a definitive diagnosis. However, given the presence of the thoracic nodule, a thoracic CT scan may be beneficial in pre-surgical planning to help determine if metastatic disease is present.





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