

**DATE PRESENTING CLINICAL SIGNS**

5/13/2022 History of suspected IBD, not currently treating. Last week or so decreased appetite, ADR. Patient has lost 2.5 lbs in a year. Diagnosed with hyperthyroidism, marked lymphocytosis and right caudal lung lobe lesion. Started on methimazole and flow cytometry sent out to Colorado. Possible mass effect seen in colon on in house ultrasound.

PATIENT

Clarisse O'Connell

Current Medications: Cerenia, Methimazole 2.5 mg BID.
 Lab Results: CBC: Hct 29%, WBC 22.69, Lymph 12.09, Mono 0.93. Chem: SDMA 16. U/A SG 1.028. T4: 5.0.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: 4/7/21. See attached.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

Imaging Performed By: Stephanie Pearce RDCS, RVT.

DSH

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

Spayed Female

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

AGE

10/21/2008

The left kidney is normal in size (3.16 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9 lbs

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

The right kidney is normal in size (3.18 cm in length) with a slightly irregular shape. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. At least one cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands**HOSPITAL NAME**

Hickory Veterinary
 Hospital

The left adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

REFERRING VET

Dr. Lyle

Spleen

The spleen is normal in size (0.81 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, the parenchyma appears mottled. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

10906

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. The duodenal papilla is visualized and is normal in size (0.40 cm in width).

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The duodenal papilla is visualized and is normal in size (0.40 cm in width).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. The muscularis layer of the ileocecolic junction is prominent. A 2.83 x 2.55 cm focal mass effect is observed in the region of the transverse colon/proximal descending colon. The wall in this region is severely thickened (up to 1.48 cm) with a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining colonic wall is normal. There is no evidence of an obstructive pattern.

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 evidence of free fluid. A few prominent colic lymph nodes are visualized, the largest measuring 1.03 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

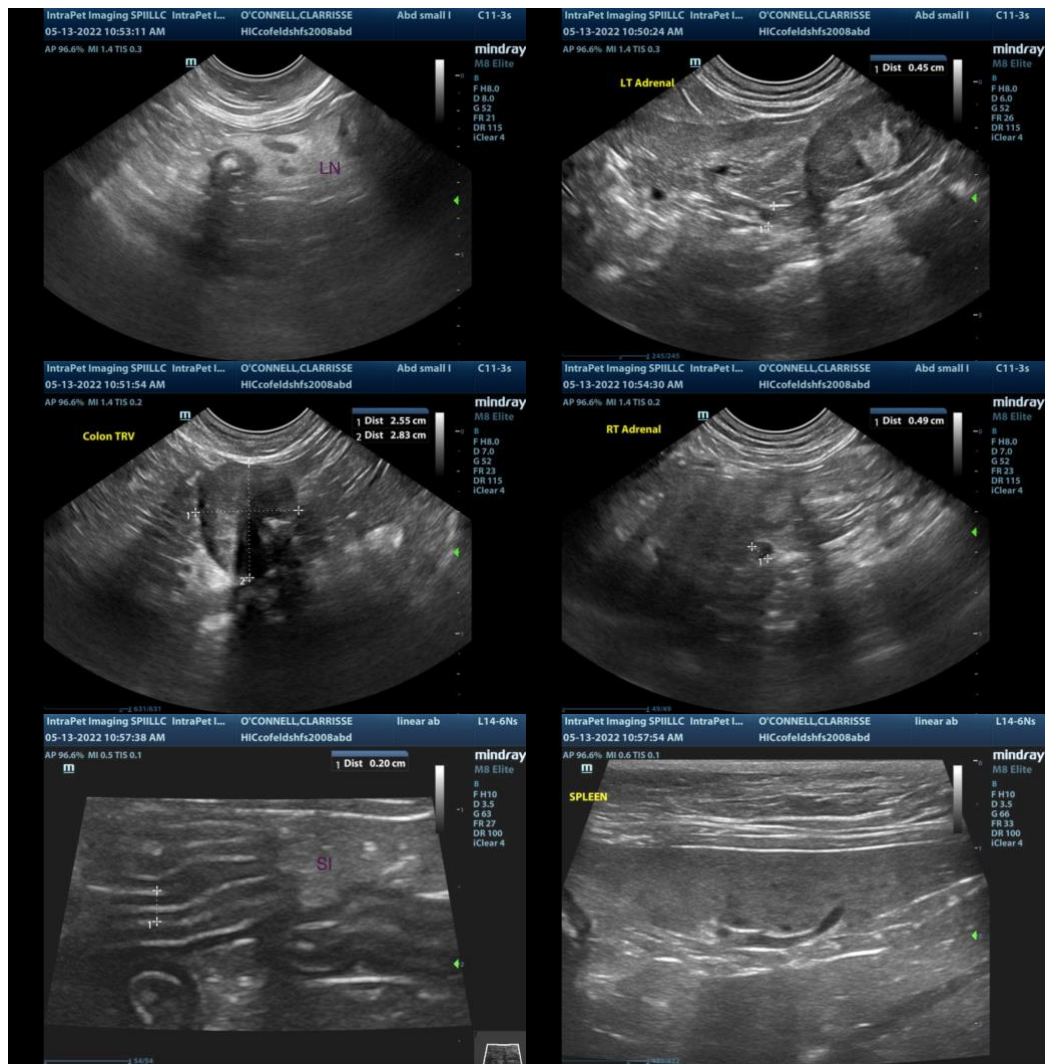
- Focal colonic wall mass. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected, with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.
- The diffuse small intestinal wall changes are similar to the previous sonogram and could be consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent colic lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis or infiltrative neoplasia (i.e., lymphoma).
- The splenic parenchymal changes are nonspecific and could be secondary to antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or emerging neoplasia (i.e., lymphoma).

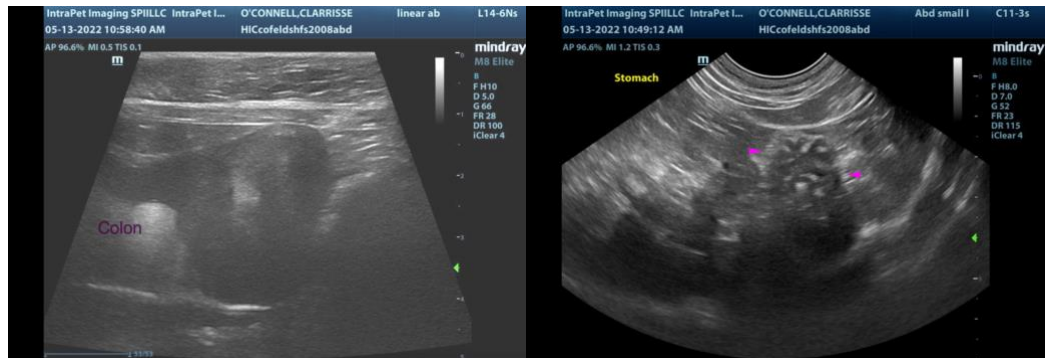
Secondary Findings

- Bilateral, chronic, age-related renal changes with dystrophic mineralization and a right cortical infarct. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the colonic wall mass if clotting status is appropriate. Care should be taken to avoid penetration of the colonic lumen with the needle during aspiration. If cytology and/or flow cytometry results are inconclusive, surgical biopsies, may be necessary to get a definitive diagnosis.
- Also consider a Texas A&M GI panel (serum cobalamin, folate, TLI and PLI).





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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