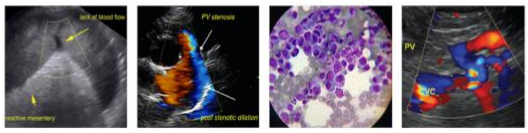




**PATIENT**

George Madison

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

20017

**WEIGHT**

9.7 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT, ARDMS/RVT

**HOSPITAL NAME**

Mill Pond VC

**REFERRING VET**

Dr. Collns

**INVOICE**

10981

**DATE**

5/26/22

## PRESENTING CLINICAL SIGNS

History: Weight loss, normal appetite, loose stool
Abnormal PE/Chem/CBC/UA Results: Globulin 4.8. T4 normal. FeLeuk FIV negative. Toxoplasmosis positive. Corona virus titers.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of aggregated, echogenic, suspended debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.36 cm in length); normal shape and architecture with 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.

### *Adrenal Glands*

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is normal size (0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (0.86 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.

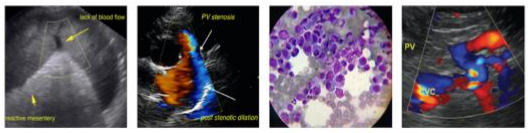
### *Liver*

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. A small amount of echogenic debris is observed within the lumen. 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. The small intestinal wall is normal in thickness normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. At the ileocecocolic junction, an





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approximately 4.00 cm mass effect is observed, extending into the proximal colon. The wall in this region in diameter thickened (up to 1.12 cm), hypoechoic, with a complete loss of the normal layering pattern. The remaining colonic wall is normal in thickness with a normal layering pattern. The colonic lumen contains shadowing fecal material. 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 0.61 medial iliac lymph node is visualized. Several irregular, hypoechoic, colic lymph nodes are seen, the largest measuring 0.86 cm in length. Surrounding mesentery is hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Mass effect at the ileocecocolic junction. Neoplasia (i.e., round cell tumor, adenocarcinoma) is consider likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous).
- The adjacent to lymphadenopathy may be secondary to metastatic disease, lymphoid hyperplasia or lymphadenitis.
- The diffuse small intestinal wall changes could be consistent with emerging lymphoma or inflammatory bowel disease.

### Secondary Findings

- Minor, bilateral, age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine-needle aspirate of the mass effect at the ileocecocolic junction is recommended. If the area is not accessible or if cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. A GI Panel (send to Texas A&M) is also recommended.

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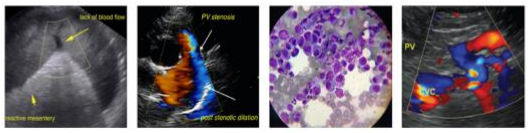

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Clinical Sonography & Telecytology
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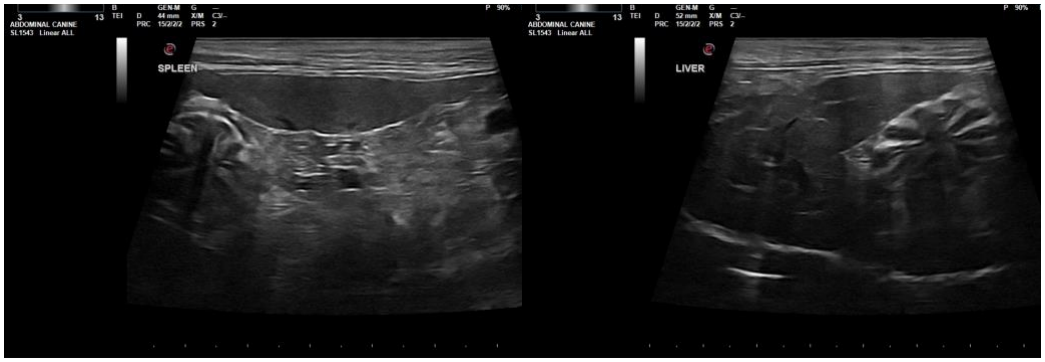


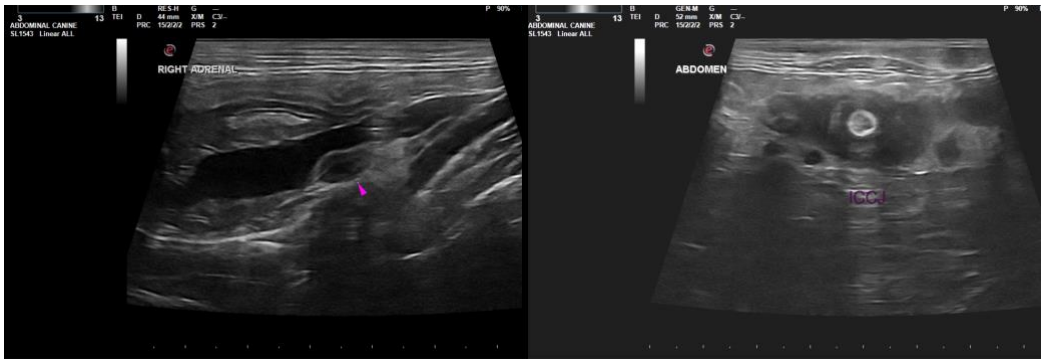


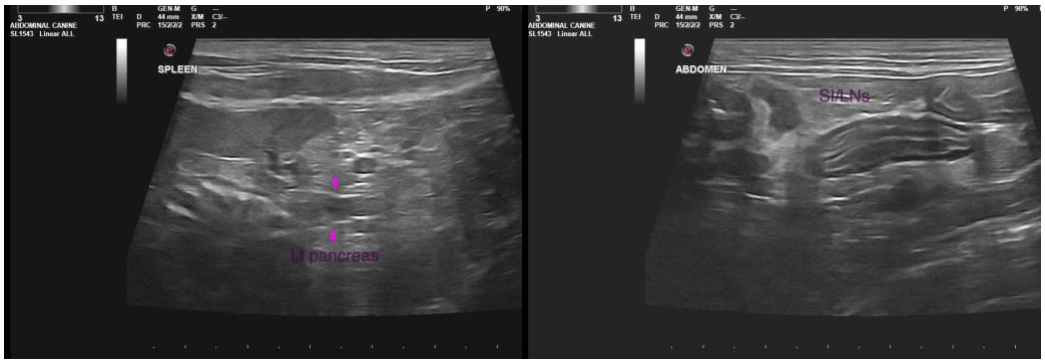



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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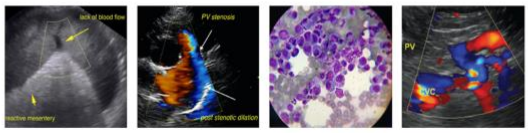

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**Andrea Nicastro**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com