



PATIENT PRESENTING CLINICAL SIGNS

Lily Blum

History: Lily has been vomiting and losing weight for about a week. On exam today, there is a palpable mass in the cranial abdomen.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Chem/CBC/UA/T4 all are WNL

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DLH

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. A small to moderate amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

SEX

Spayed Female

The left kidney is normal size (3.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

14 years

The right kidney is normal size (3.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

8.5 lbs

Adrenal Glands

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

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.74 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

Dr. Velasco

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

Bethany Family PC

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.

REFERRING VET

Dr. Velasco

Gastrointestinal

INVOICE

10988

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. A >6.0 cm, irregular, hypoechoic mass is arising from the small intestines. The mesentery effacing the serosal surface of the mass is hyperechoic. In the remaining segments, the wall is normal in thickness with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. The colonic wall is normal. There is no evidence of an obstructive pattern.

DATE

5/26/22



PATIENT

Lily Blum

Pancreas

SPECIES

Feline

Free Abdomen

BREED

DLH

SEX

Spayed Female

AGE

14 years

WEIGHT

8.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Velasco

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Velasco

INVOICE

10988

DATE

5/26/22

The left limb is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogenous in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Trace free fluid is observed. Several prominent mesenteric lymph nodes are visualized, the largest measuring 0.81 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

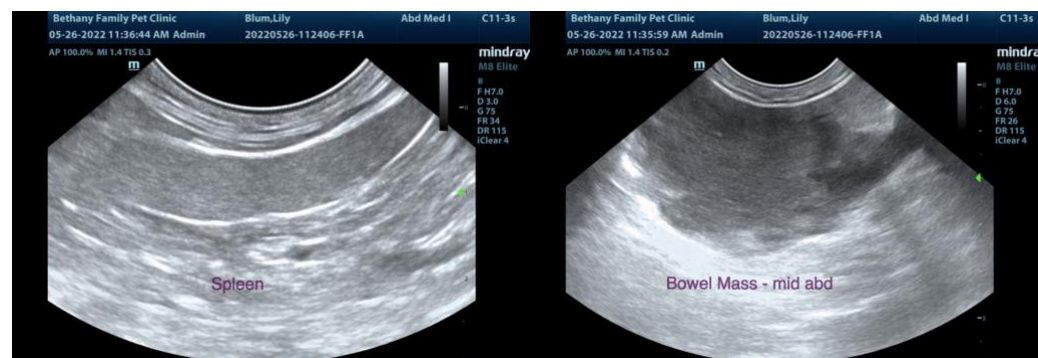
- Small intestinal mass. Neoplasia (i.e., adenocarcinoma, lymphoma) is suspected with a lower possibility of a benign process (i.e., pyrogranulomatous or inflammation). Regional peritonitis is present. The adjacent lymphadenopathy may be secondary reactive lymphadenitis, lymphoid hyperplasia, or metastatic disease.
- The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Minor bilateral, chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the bowel mass is recommended if clotting status is appropriate. If cytology results are inconclusive, surgical biopsy +/- removal can be considered. If surgery is pursued, consider referral to a board-certified surgeon to a board-certified surgeon due to the potential for perioperative complications.
- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI.





PATIENT

Lily Blum

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

14 years

WEIGHT

8.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Velasco

HOSPITAL NAME

Bethany Family PC

REFERRING VET

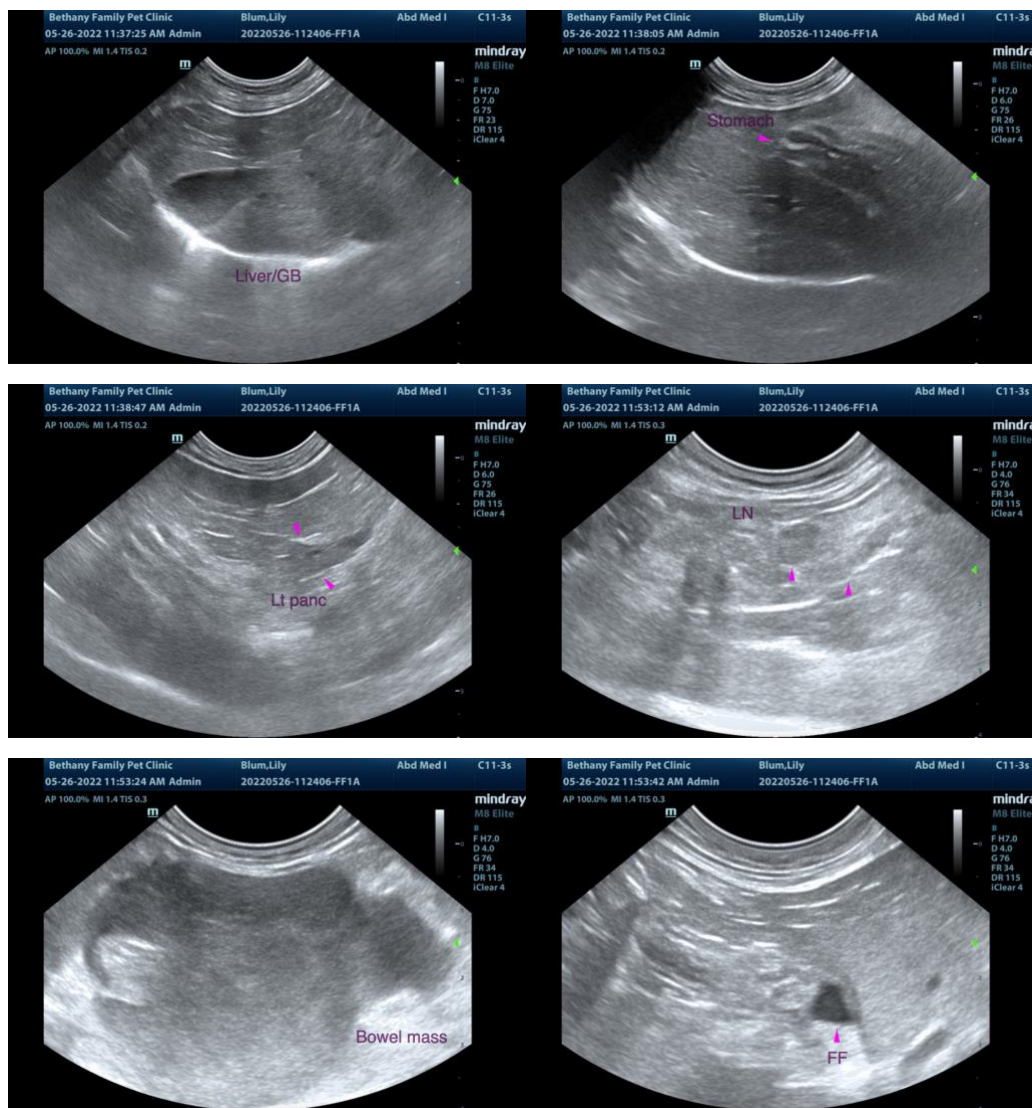
Dr. Velasco

INVOICE

10988

DATE

5/26/22



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.

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