

**DATE PRESENTING CLINICAL SIGNS**

5/4/2022 Was seen at AEH on 4/3 for bloody diarrhea and weight loss. Abdomen palpation very thin but thickened in caudal abdomen.

**PATIENT**

Leopold Kohlbus

Current Medications: Ondansetron 4mg ½ BID #5, Metronidazole 50mg ½ BID #5, Provable Kit (has not received), Gabapentin 25mg 1 q8-12hrs #20.

Lab Results: WNL.

Radiographs: Renoliths, loss of detail/mass effect in caudal abdomen.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9/1/2012

**WEIGHT**

5.6lbs

**INTERPRETED BY**

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(Small Animal  
Internal Medicine)

**HOSPITAL NAME**

Animal Care Center

**REFERRING VET**

Dr. Muedeking

**INVOICE**

10850

**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 is moderately distended. A small amount of suspended, echogenic 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 enlarged (4.51 cm in length); with a with a slightly irregular shape. The cortex is mildly thickened, irregular and hyperechoic. Several, varying-sized hyperechoic to heterogenous nodules are observed in the cortical region, the largest measuring 1.72 cm in diameter. Nonobstructive nephroliths are seen. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is borderline enlarged (5.58 cm in length); with a slightly irregular shape. The cortex is mildly thickened, irregular and hyperechoic. Several, varying-sized hyperechoic to heterogenous nodules are observed in the cortical region, the largest measuring 1.72 cm in diameter. Nonobstructive nephroliths are seen. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present.

**Adrenal Glands**

The left adrenal gland is normal size (0.44 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.

**Spleen**

The spleen is normal in size (0.95 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen, and is homogenous in appearance. No distinct focal lesions are observed. Intrahepatic biliary tracts are normal. Hepatic veins are normal to borderline dilated.

The gall bladder lumen is mildly distended. The wall is normal in thickness. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen mildly distended with ingesta. The gastric wall is 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 is normal in thickness with a normal layering pattern and appropriate mural detail. A 5.90 cm ill-defined mass effect is observed surrounding the ileocecolic junction. It is unclear whether the mass is arising from the bowel wall itself, or adjacent lymph nodes. There is also a mass effect in the distal colonic wall which is difficult to differentiate from adjacent lymphadenopathy. The wall is severely thickened (up to 1.58 cm) in this region with a loss of the normal layering pattern. In between this mass effect and the ileocecolic junction mass, the colonic wall is normal. The lumen contains shadowing fecal material.

### ***Pancreas***

A portion of the pancreas is obscured by the diffuse abdominal pathology. In the visualized portion, no obvious abnormalities are seen.

### ***Free Abdomen***

A small amount of free fluid is present. Numerous hypoechoic to slightly heterogenous, ill-defined, irregularly shaped lymph nodes are observed throughout the abdomen, the largest measuring >4.00 cm.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

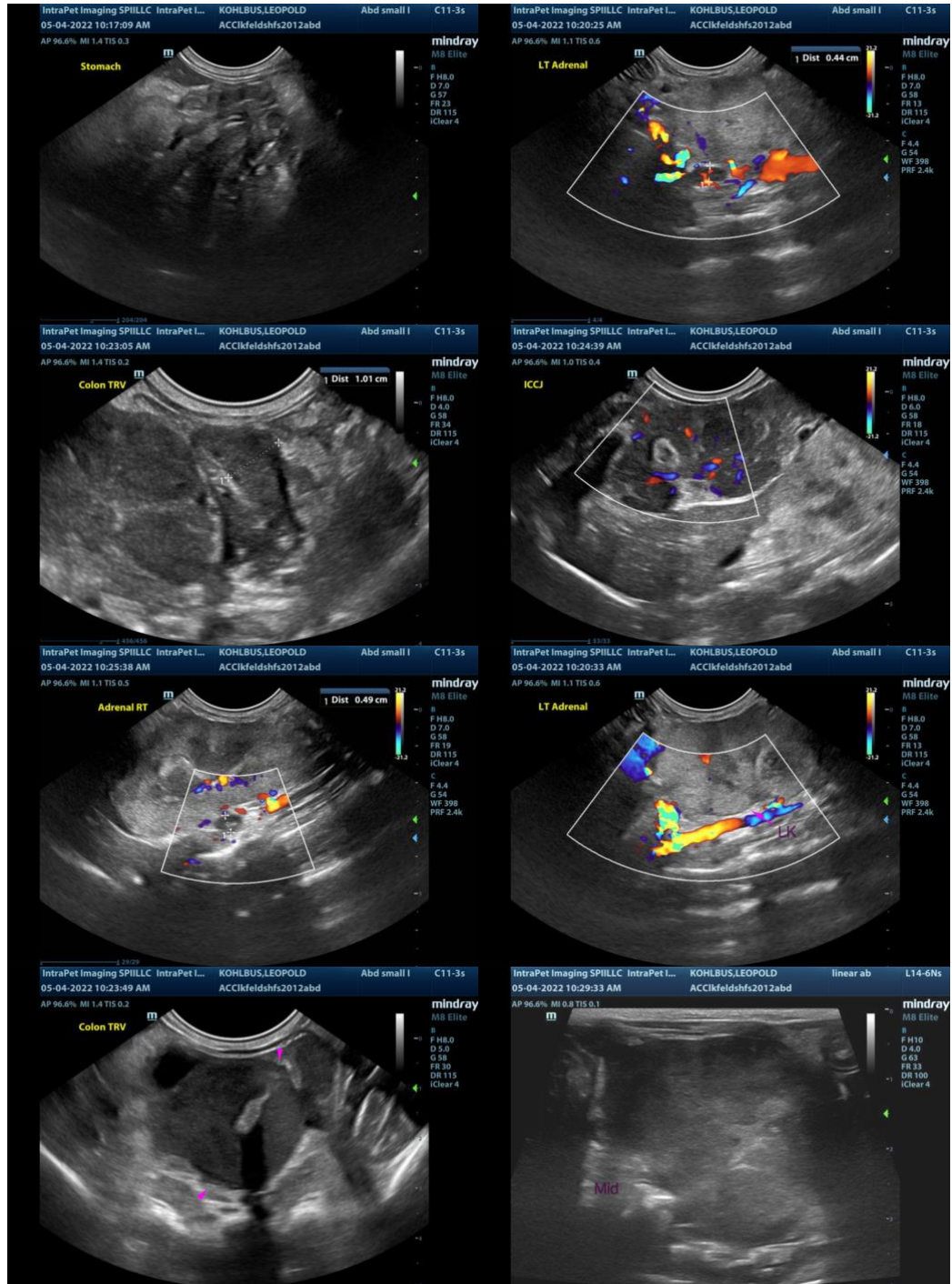
- Lymph node and colonic wall masses, which appear to merge in some areas. Neoplasia (i.e., round cell tumor, carcinomatosis) is considered likely. However, severe pyogranulomatous cannot be excluded.
- The bilateral renal changes are also concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of an inflammatory process.

### **Secondary Findings**

- The mild hepatomegaly may be secondary to passive congestion, inflammation, infiltrative neoplasia, emerging hepatic lipidosis, other.

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine-needle aspirates of the bowel and lymph node masses +/- kidneys can be considered if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- Also consider a malabsorption panel, including serum cobalamin and 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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