

**DATE PRESENTING CLINICAL SIGNS**

7/1/22

Lost 2.5lbs without decreased appetite. Pulling fur out of one location. Hx of GI lymphoma.

**PATIENT**

Corbin Moore

Current Medications: Prednisolone 5mg SID.

Lab Results: CBC/Chem/T4/UA WNL.

Date of Previous IntraPet Ultrasound: 4/2/20. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Feline

Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

Domestic shorthair

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

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of aggregated echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Male, neutered

The left kidney is normal size (3.90 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**

2/26/2008

The right kidney is normal size (3.87 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.

**WEIGHT**

9 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 (0.95 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.

**HOSPITAL NAME**

Timonium Animal Hospital

**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 to moderate amount of aggregated echogenic debris/sludge is observed within the lumen, some of which is partially dependent and some of which is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Stephens

**Gastrointestinal**

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. The small intestinal wall is normal to moderately thickened (up to 0.32 cm). In at least one segment, the wall is irregular with suspected loss of the normal layering pattern. In other segments, there is thickening of the submucosal layer. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

**INVOICE**

13487

**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***

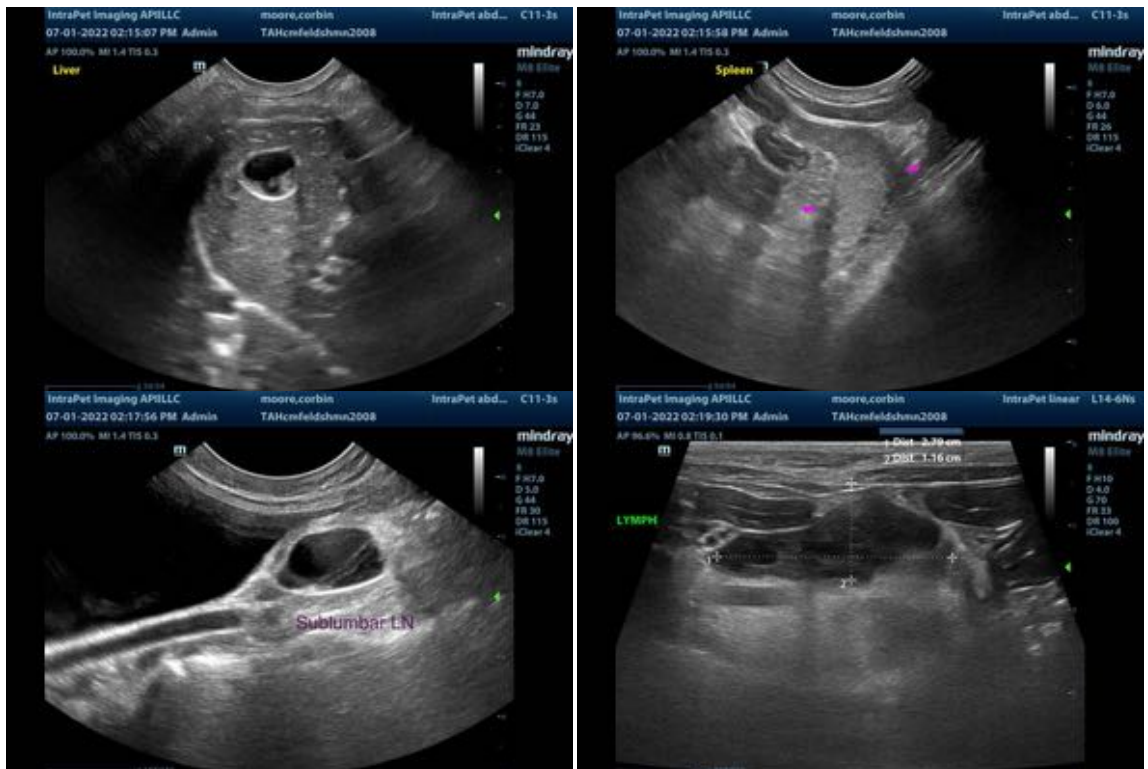
There is no evidence of free fluid. 2-3 prominent to enlarged irregular cystic sublumbar lymph nodes are visualized, the largest measuring 1.77 x 1.02 cm. In addition, several prominent mesenteric lymph nodes are visualized, the largest measuring 2.79 cm in length. The mesentery surrounding all nodes is hyperechoic.

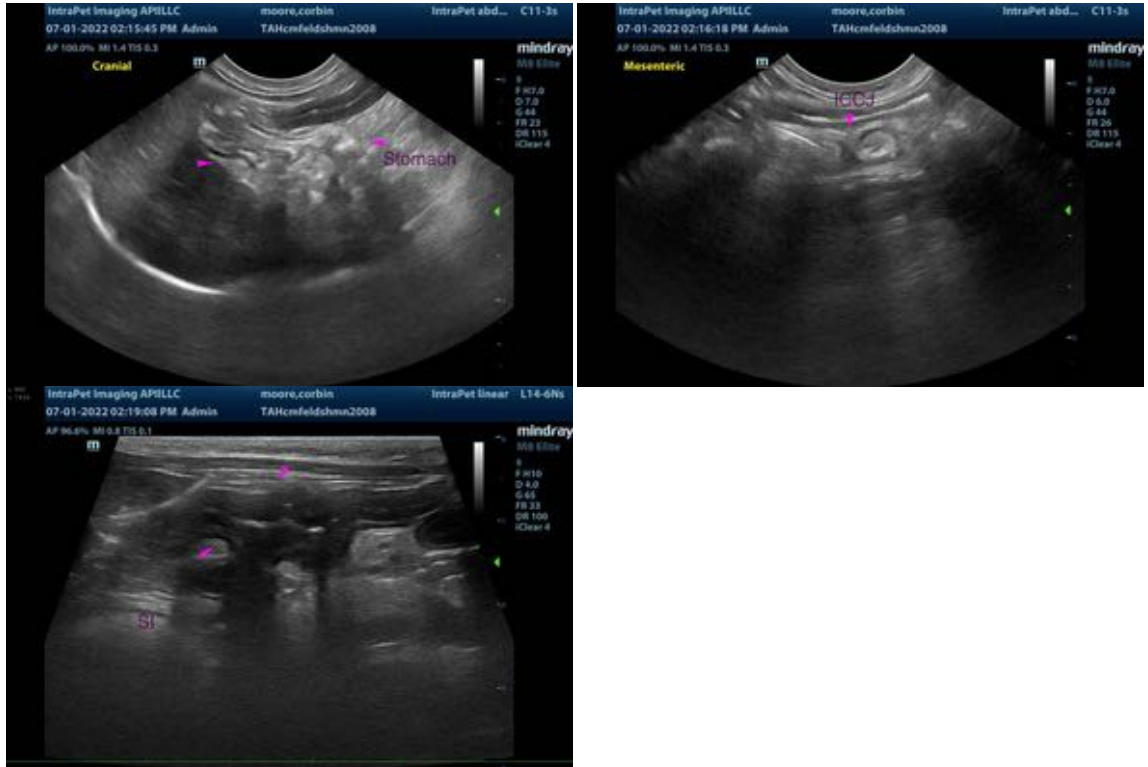
### **ULTRASONOGRAPHIC FINDINGS**

Some of the small intestinal wall changes are concerning for the presence of infiltrative neoplasia (i.e., lymphoma) although a severe inflammatory process cannot be excluded. The abdominal lymphadenopathy could also be consistent with lymphoma, other neoplasia, or reactive change. Given the patient's history, persistent or recurrent GI lymphoma is of primary concern.

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

- Consider fine needle aspirates of the enlarged abdominal lymph nodes +/- a thickened bowel segment, if accessible.
- Thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.
- Consider a malabsorption panel (i.e., serum cobalamin, folate, TLI and PLI) to assess for concurrent maldigestion/malabsorption and pancreatitis.
- Consultation with a board-certified oncologist may be warranted to discuss medication changes.





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.

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