

**PATIENT PRESENTING CLINICAL SIGNS**

Jim Harp  
Abnormal PE/Chem/CBC/UA Results: Losing weight and vomiting, elevated cardiac enzymes. CBC Chem T4 unremarkable. USG 1.042 with 1+ proteinuria and an inactive sediment. ProBNP 302. Fecal negative for ova and giardia.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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.

**SEX**

Neutered Male

The left kidney is normal size (3.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**AGE**

9 years

The right kidney is normal size (3.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

7.8 lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland 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 (0.69 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**

Amy Mayhew LVT

**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.

**HOSPITAL NAME**

SVS Imaging MI

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Rochester VH

**Gastrointestinal**

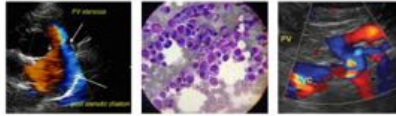
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. A focal segment of small intestine in the left cranial to midabdomen is thickened (up to 0.56 cm) and irregular, with loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness, with a normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The ileoceocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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**DATE**

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**PATIENT**

Jim Harp

**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.

**SPECIES**

Feline

**Free Abdomen**

There is no obvious evidence of free fluid. Several, prominent, mesentery lymph nodes are visualized, the largest measuring 1.21 cm in length. Surrounding mesentery is hyperechoic.

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DSH

**Primary Findings**

- The focal small intestinal wall thickening is concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) with a lower possibility of a severe inflammatory process. Adjacent peritonitis is present. The regional lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma), reactive lymphadenopathy or lymphoid hyperplasia.

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

9 years

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

**WEIGHT**

7.8 lbs

A fine-needle aspirate of the thickened small intestinal wall is recommended, if clotting status is appropriate and if the area is accessible. If cytology results are inconclusive or the area is not accessible, consider and abdominal exploratory with gastrointestinal and abdominal lymph node biopsy.

If tissue sampling is not pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids +/- hypoallergenic diet) can be considered, as long as the client understands the risks of treatment without a definitive diagnosis,

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Medicine)

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**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

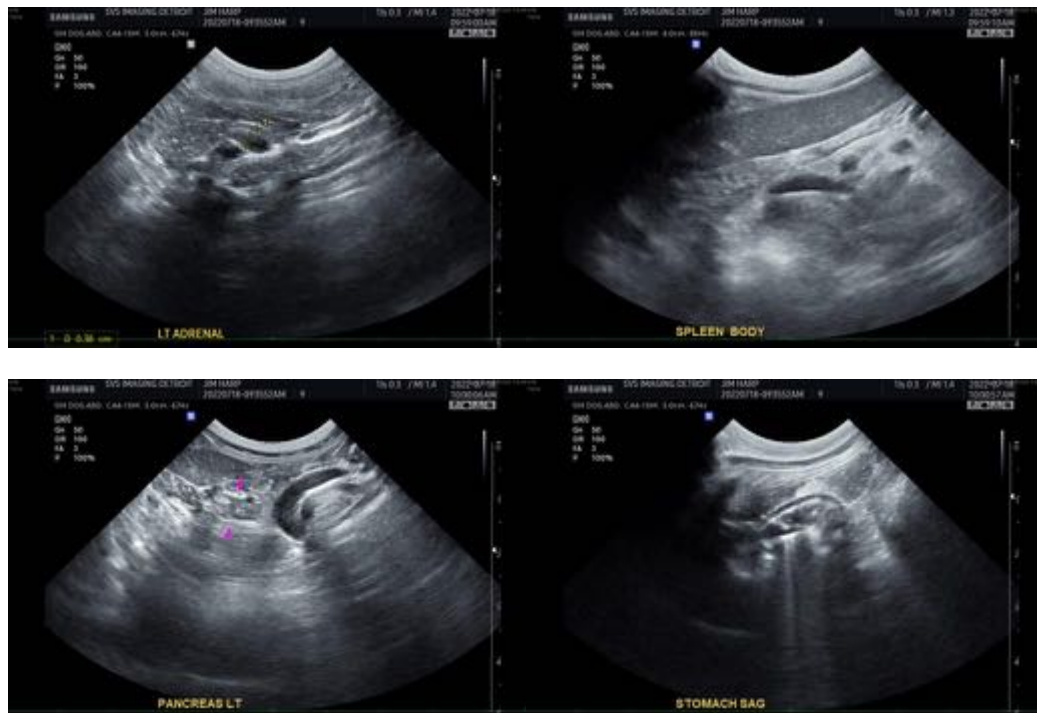
Rochester VH

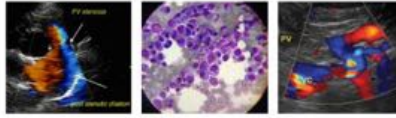
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**SEX**

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**AGE**

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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.

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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