

**DATE PRESENTING CLINICAL SIGNS**

7/25/22

Weight loss. Elevated white blood cell count, suggesting inflammation, slightly decreased liver values, and what appears to be interstitial cystitis with blood in the urine.

**PATIENT**

Bella Roemmich

Current Medications: None listed.

Lab Results: Albumin 2.3, USG 1.046, 2+ proteinuria, pyuria, hematuria, T4 normal, fecal negative for ova and Giardia

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

7/15/2010

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Cat Hospital at Towson

**REFERRING VET**

Dr. Slaughter

**INVOICE**

13763

**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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.73 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (3.66 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal in size (0.49 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.

**Spleen**

The spleen is normal in size (0.64 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 gallbladder 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.

**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. An approximately 5.7 cm irregular, jejunal mass is visualized. The wall in this region is severely thickened (up to 1.65 cm), irregular and hypoechoic with the loss of the normal layering pattern. The mesentery effacing the serosal surface of the mass is slightly hyperechoic. In the remainder of the small intestines, the wall thickness

is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obstructive disease is noted.

### ***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 mesenteric lymph nodes are visualized, the largest measuring 1.75 cm in length. The nodes are normal in shape and echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

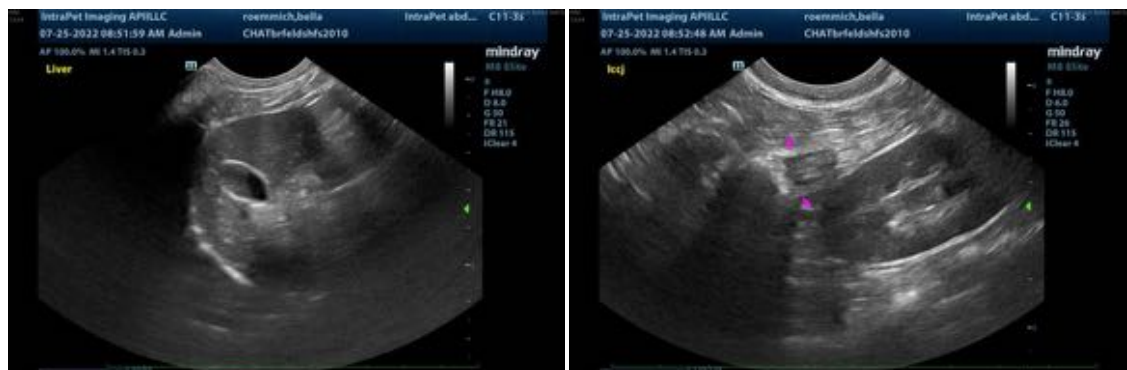
- Jejunal mass. Neoplasia (i.e., adenocarcinoma, lymphoma) is suspected with a lower possibility of a focal inflammatory process (i.e., pyogranulomatous). Mild adjacent peritonitis is present. The adjacent lymphadenopathy could be secondary to lymphoid hyperplasia, reactive lymphadenitis or metastatic disease.

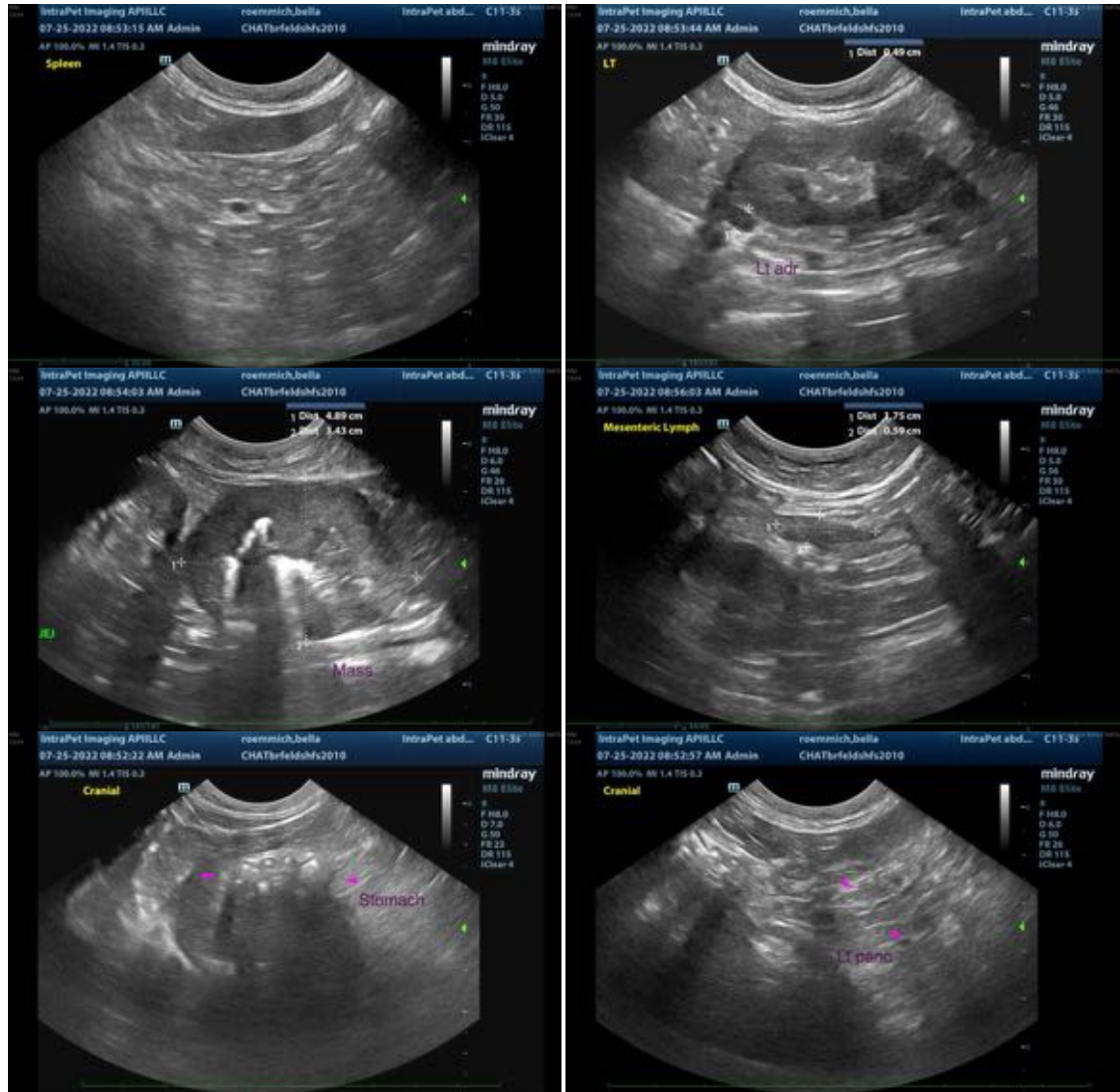
### **Secondary Findings:**

- Bilateral, chronic, age-related renal changes with a possible left cortical infarct.

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the jejunal mass is recommended (if clotting status is appropriate). If cytology results are inconclusive, a surgical biopsy +/- resection and anastomosis may be warranted. If surgery is pursued, referral to a board certified surgeon is recommended due to the potential for perioperative complications, particularly if a resection and anastomosis is performed.





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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