

**DATE PRESENTING CLINICAL SIGNS**

8/1/22

Anorexia - vomiting - large palp abd mass. History of diabetes mellitus and mammary adenocarcinoma (double mastectomy 2015)

PATIENT

Tigger Guterrez

Current Medications: Prozac Insulin 1 unit sq bid
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Torbugesic IV.
 Stat Report: Not requested.
 Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

6/15/2008

WEIGHT

10.3 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Kaufmann

INVOICE

13789

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 (3.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.94 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 is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas distended. The small intestinal wall is normal to mildly thickened (up to 0.30 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis:mucosal ratio in most segments. Starting at the ileocecolic junction, an approximately 5 cm irregular, hypoechoic mass is infiltrating into the proximal colon. The wall in this region is severely thickened (up to 2.35 cm) with complete loss of the normal layering pattern. The remaining colonic wall is normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the bowel mass. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

There is no obvious evidence of free fluid. Several enlarged (up to 3.0 cm) colic lymph nodes are visualized. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

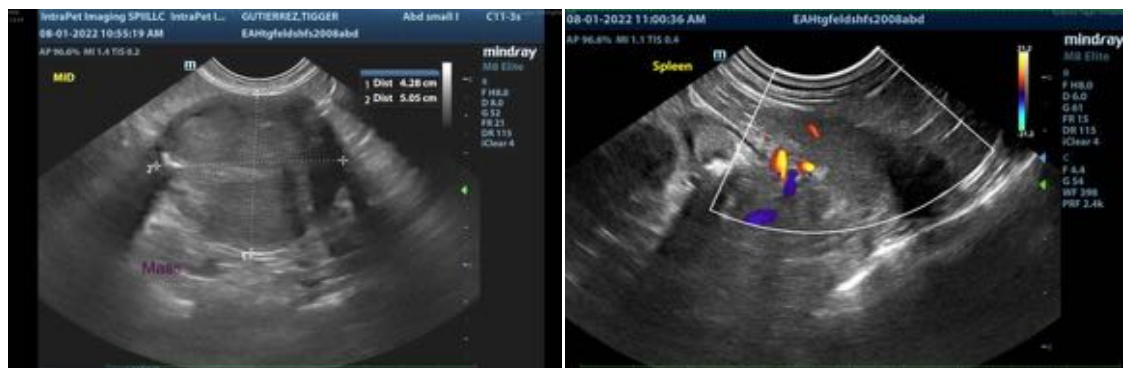
- Mass at the ileocecal junction/proximal colon. Neoplasia (i.e., round cell tumor, adenocarcinoma) is suspected with a lower possibility of benign pathology (i.e., pyogranulomatous inflammation). Adjacent peritonitis is present. The severe regional lymphadenopathy could be consistent with metastatic disease, lymphadenitis or lymphoid hyperplasia.
- The diffuse small intestinal wall changes could be consistent with emerging lymphoma or inflammatory bowel disease.

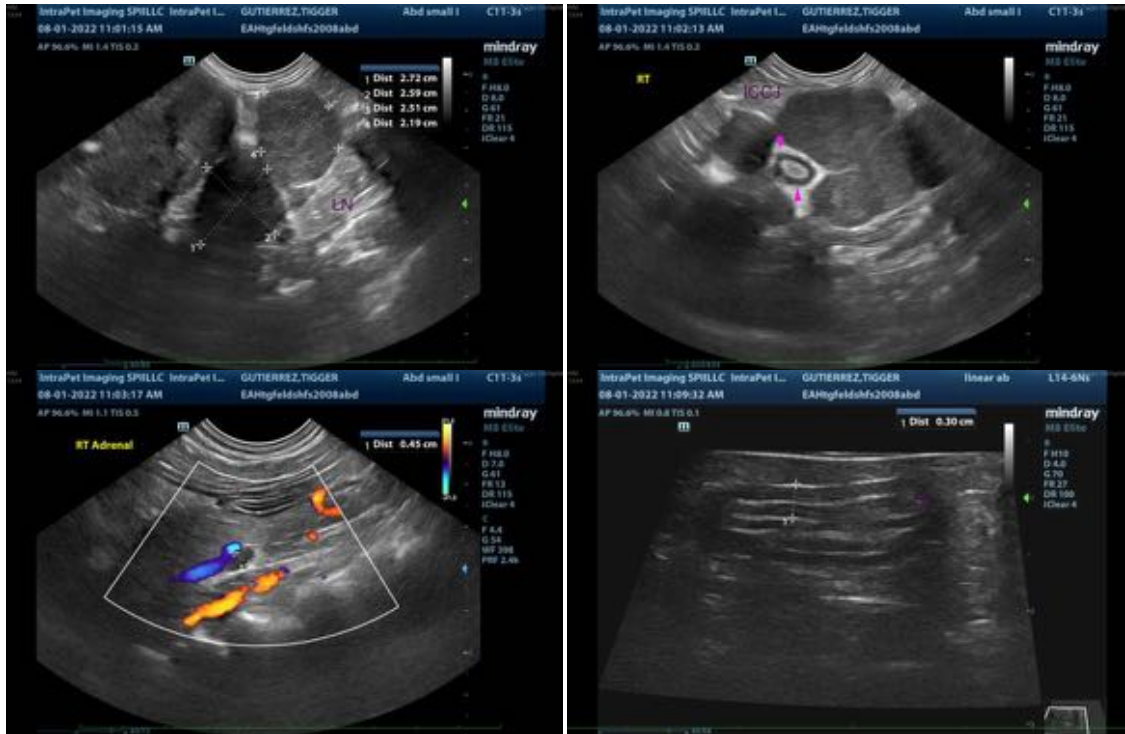
Secondary Findings:

- Bilateral, chronic age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the bowel mass and the enlarged regional lymph nodes are recommended, if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- Thoracic radiographs are also recommended to assess for lymphadenopathy and metastatic disease in the chest.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI to assess for concurrent maldigestion/malabsorption and pancreatic disease.





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.

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