

**DATE PRESENTING CLINICAL SIGNS**

8/1/23

Decreased appetite. 3# weight loss, lethargic.

**PATIENT**

Big Guy Simon

Current Medications: None.

Lab Results: CBC: normal. Chem: normal. T4/FT4: normal, BNP: normal (24). U/A- good concentration; no UTI/crystals.

Radiographs: lungs normal. heart normal.

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**

Maine Coon

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

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

**SEX**

Male, neutered

The left kidney is normal size (4.09 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 hydroureter.

**AGE**

4/14/2012

The right kidney is normal size (4.41 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 hydroureter.

**WEIGHT**

11.8 lbs.

**Adrenal Glands**

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

**INTERPRETED BY**Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)**Spleen**

The spleen is normal in size (0.78 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**HOSPITAL NAME**

Timonium AH

**REFERRING VET**

Dr. McMichael

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. In at least 2 segments of small intestine, the wall is thickened with a loss of the normal layering pattern. In one of the segments, the wall measures up to 0.66 cm and is hypoechoic. There is possible narrowing/stricturing of the lumen in this segment. The mesentery effacing the serosal surface is hyperechoic. The lumen adjacent to the segment is moderately distended with chyme. In the second thickened segment, the wall measures up to 0.27 cm and is hypoechoic. There is amorphous tissue adhered to the serosal surface in this region. Surrounding mesentery is hyperechoic. In the remaining small intestinal segments, the wall is normal to borderline thickened. There is disruption in the normal 1:3 muscularis to mucosal ratio in most segments. Thickening of the submucosal layer is also observed in some regions. The ileoceocolic junction and colonic wall are normal.

**INVOICE**

15162

### ***Pancreas***

The base and right limb are prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (up to 0.18 cm in diameter).

### ***Free Abdomen***

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.40 x 0.92 cm. Surrounding mesentery is mildly hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

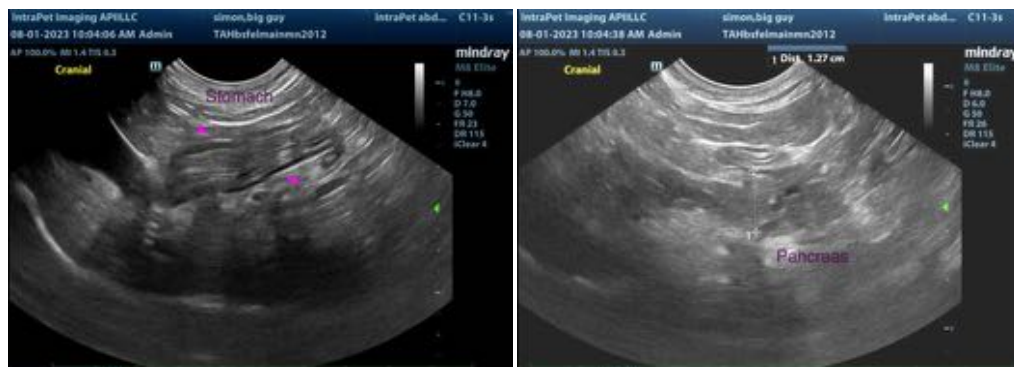
- The small intestinal wall changes, particularly in the segments with loss of layering, are most concerning for infiltrative neoplasia. Top differentials include lymphoma and adenocarcinoma. There is possible luminal narrowing/stricturing in the segment with the thicker wall. Adjacent peritonitis is present.
- The mesenteric lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

### **Secondary Findings:**

- Minor bilateral chronic renal changes.
- The pancreatic changes could be consistent with chronic pancreatitis +/- age-related remodeling.

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspiration of the thickened bowel segments and prominent mesenteric lymph nodes if accessible and if clotting status is appropriate. 25-gauge needles should be used. If the regions are not accessible or if cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. If surgery is pursued, the bowel segments should be evaluated for a possible obstruction. If present, resection and anastomosis may be warranted.





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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