



PATIENT

Dexter Marthaler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

10 years

WEIGHT

9.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden,
RVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero

INVOICE

11679kk

DATE

8/20/20

PRESENTING CLINICAL SIGNS

History: Large BM every 2-3 days; regurg of food after eating. occasionally vomiting of brown liquid. weight loss over the past few months.

Abnormal PE/Chem/CBC/UA Results: 8/9/21 wnl at ER

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant 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.

The left kidney is normal size (4.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (5.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (1.00 cm length; 0.50 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 (0.62 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. A 0.61 cm hyperechoic nodule is visualized at the caudal aspect. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is normal in thickness. A bi-lobed configuration is suspected. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. A 2.15 cm irregular mass is observed in what is thought to be the ileocolic junction; although, the exact location is difficult to discern. The bowel wall in this region is thickened (up to 1.29 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. The mass-effect is causing at least partial luminal



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obstruction. In the remaining small intestinal segments, the wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in some segments. The small intestinal lumen is segmentally dilated with chyme. The wall of the descending colon is normal in thickness with a normal layering pattern. The colonic lumen is distended and contains shadowing fecal material.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal 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 (0.16 cm in diameter).

Free Abdomen

No free fluid is observed. Several prominent to enlarged, hypoechoic lymph nodes are observed adjacent to the bowel mass with the largest measuring 1.74 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Focal bowel mass with at least partial luminal obstruction suspected. Neoplasia (i.e., adenocarcinoma, lymphoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present. The regional lymphadenopathy may be secondary to infiltrative neoplasia, reactive lymphadenitis, or lymphoid hyperplasia. In the remaining small intestinal segments, the wall changes could be consistent with inflammatory bowel disease or emerging neoplasia.
- Gastric +/- small intestinal stasis.
- The pancreatic changes are suggestive of chronic pancreatitis.

Secondary Findings:

- Bilobed gall bladder – incidental.
- The hyperechoic hepatic nodule trends towards the benign (i.e., a focus of lymphoid hyperplasia) with a lower possibility of an early neoplastic process.
- Bilateral, age-related, renal pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If accessible, a fine needle aspirate of the bowel mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. A STAT cytology should be obtained as the lesion appears partially obstructive and a surgical intervention may be indicated, particularly if the lesion is not likely to respond to medical management/chemotherapy.
3. A GI panel is also recommended to assess for maldigestion/malabsorption.



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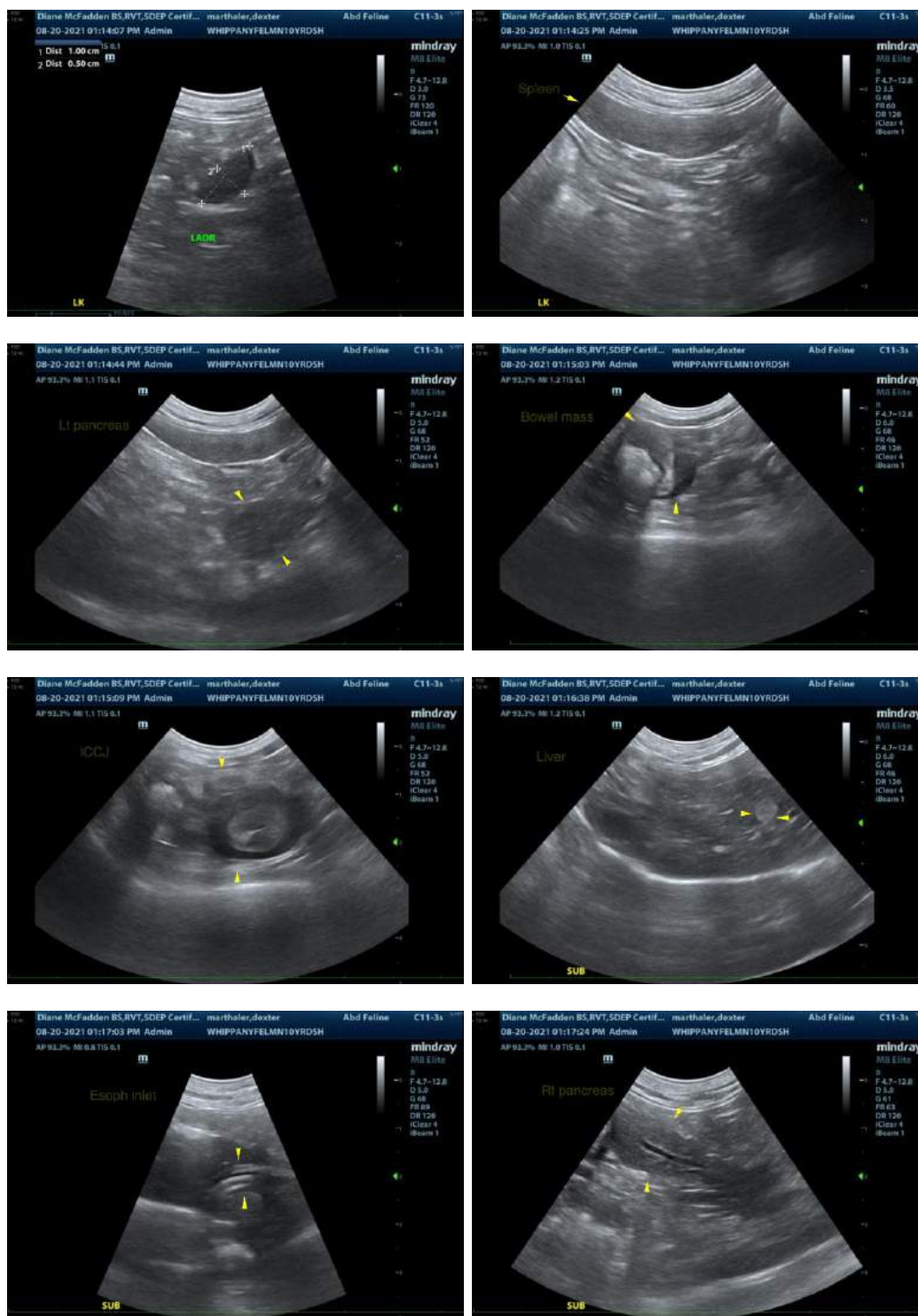
Dr. Cordero

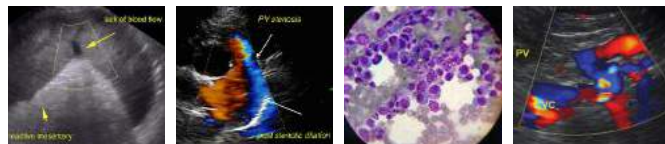
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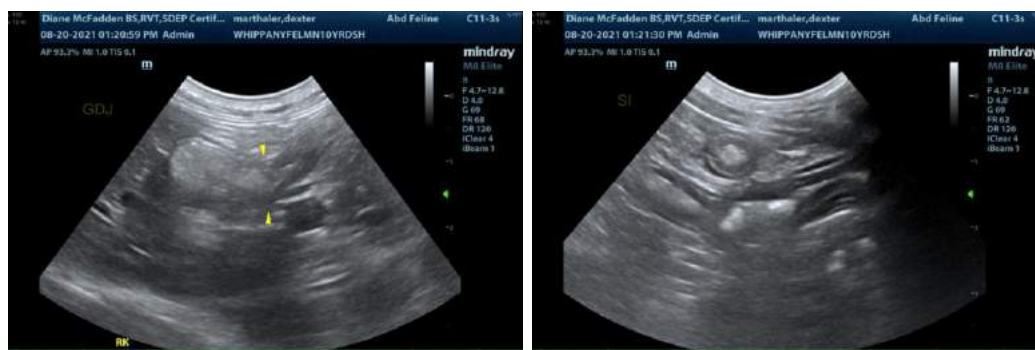
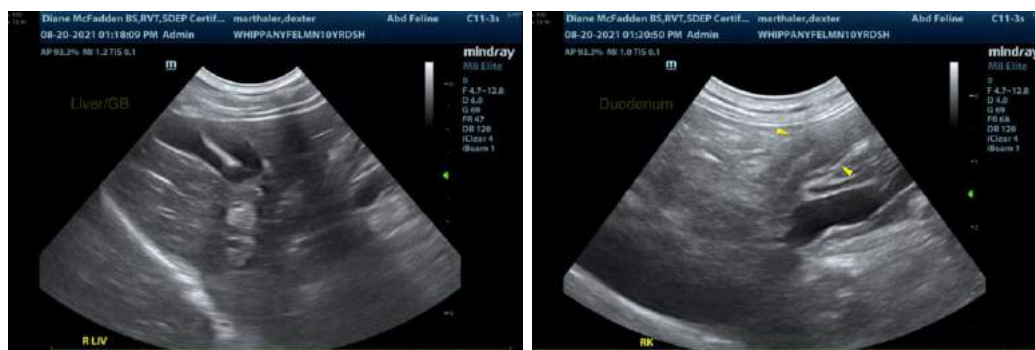
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)
Andrea.nicastro@sonopath.com