

**DATE PRESENTING CLINICAL SIGNS**

8/31/21

History: Snowboard has unexplained weight loss and an acute upper respiratory infection. Bloodwork was done (superchem, CBC, T4, UA) and the results were unremarkable.

PATIENT

Snowboard Smith

Current Medications: Convenia (39.2 mg SQ) was given during an exam on 8/25/2021. Snowboard is currently on z/d diet.

Lab Results & Radiohographs: Superchem/CBC/T4 are all within the normal limits. U/A pending- owner to drop off a urine sample

Date of Previous IntraPet Ultrasound: 10/30/2020

Sedation: Not needed.

SPECIES

Feline

Stat Report: Not requested.

BREED

Domestic shorthair

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 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

Male, neutered

The left kidney is normal in size (3.90 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

2006

WEIGHT

10.2 lbs.

The right kidney is normal size (4.11 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. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.55 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Bel Air VH

Spleen

The spleen is normal in size (0.69 cm in width at the level of the hilus) with a normal capsular contour. Using the linear probe, the parenchyma appears diffusely mottled, bordering on a "moth eaten" appearance. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Young

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.

INVOICE

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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. The duodenal and jejunal walls are normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal

1:3 muscularis: mucosal ratio in most segments. A 2.74 x 1.08 cm, irregular hypoechoic mass effect is observed in the distal ileum, approximately 2 cm from the ileocecal colic junction. The wall in this region is severely thickened (up to 0.86 cm) with a loss of the normal layering pattern. The mesentery adjacent to the serosal surface is hyperechoic. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The left and right limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. Several prominent to enlarged lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 1.67 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Distal ileal mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process. Regional peritonitis is present.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

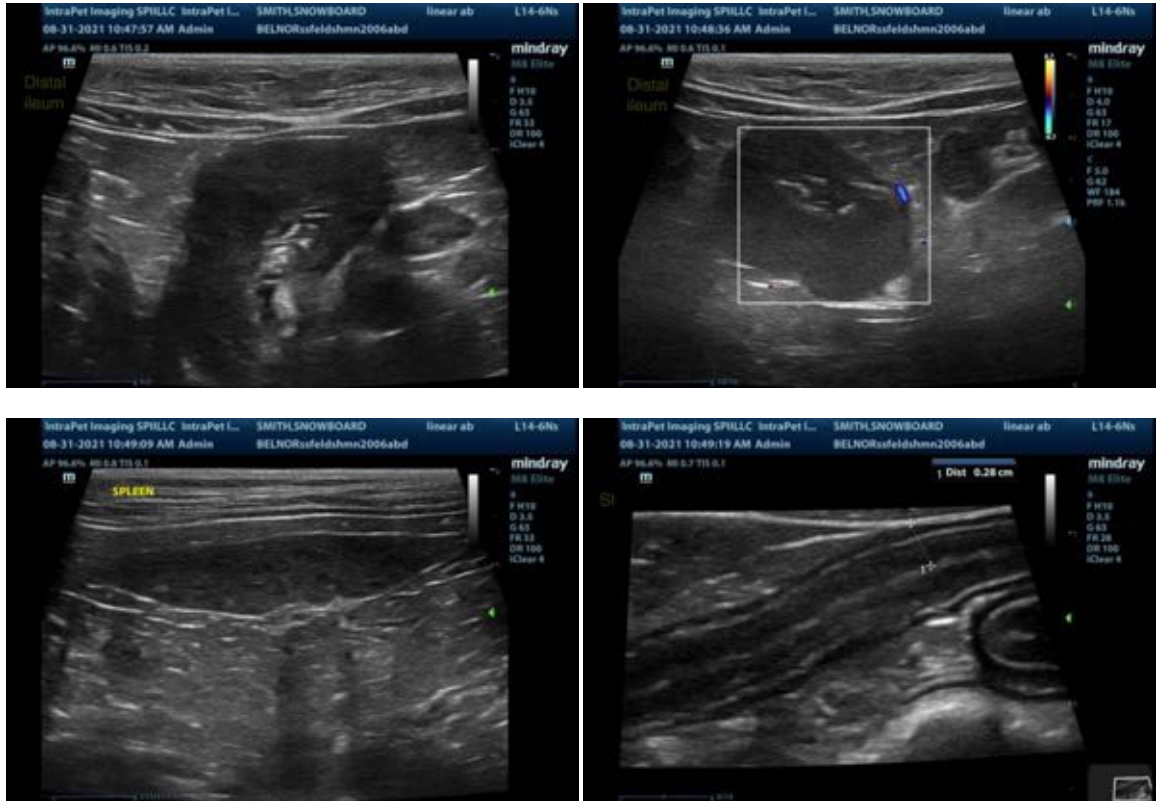
Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended (similar to previous sonogram).
- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., lymphoma), lymphoid hyperplasia or extramedullary hematopoiesis (similar to previous sonogram).
- Minor bilateral age-related renal changes with dystrophic mineralization (similar to previous sonogram).
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the distal ileal mass effect is recommended (if clotting status is normal). A 25-gauge needle should be used for aspiration. If cytology results are inconclusive, surgical biopsy may be necessary to get a definitive diagnosis.
- A malabsorption panel should also be considered.





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