



PATIENT	PRESENTING CLINICAL SIGNS
KitKat Schriver	History: Chronic history of unexplained weight loss. Normal blood work. Discussed finding of intestinal mass and owner would like second opinion
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.
BREED	
DSH	The left kidney is normal size (3.58 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. A few nonobstructive nephroliths are visualized. Mild pyelectasia is present (0.23 cm in the transverse plane). There is no evidence of infarcts or hydroureter.
SEX	
Spayed Female	The right kidney is normal size (3.55 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.
AGE	
18 years	Adrenal Glands The left adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
WEIGHT	
7.9 lbs	The region of the right adrenal gland is evaluated. No obvious pathology is observed.
INTERPRETED BY	Spleen The spleen is normal in size (0.55 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.
Andrea Nicastro, DVM, Diplomate ACVIM (<i>Small Animal Internal Medicine</i>)	Liver The visualized portion of the liver appears normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous. No distinct focal lesions are observed.
IMAGING PERFORMED BY	The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.
Tiffany Brady DVM	Gastrointestinal The gastric lumen is mildly distended with ingesta. The gastric wall in the region of the fundus is mildly thickened (up to 0.41 cm) with retention of the normal layering pattern. The small intestinal lumen is not dilated. At least 2 small intestinal masses are visualized in the mid to caudal abdomen, both measuring >2cm. The wall in these masses is severely thickened (up to 0.75 cm) with loss of the normal layering pattern. The mesentery surrounding the masses is hyperechoic. In the remaining small intestinal segments, the wall is normal to mildly thickened (up to 0.32 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.
HOSPITAL NAME	
Shiloh VH	
REFERRING VET	
Hannah Onstott DVM	
INVOICE	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.
11340	
DATE	
8.4.22	

Free Abdomen

Trace free fluid is observed. A few prominent **lymph nodes** are suspected in the mid to caudal abdomen, the largest measuring 1.35 cm in length. This node appears somewhat cystic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small intestinal masses. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected, with a lower possibility of a non-neoplastic process (i.e., pyogranulomatous inflammation). Adjacent peritonitis is present. There is suspected regional lymphadenopathy, which may be secondary to lymphoid hyperplasia, reactive lymphadenitis, or metastatic disease.

Secondary Findings

- Bilateral, chronic, age-related renal changes with left nonobstructive nephrolithiasis.
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- The mild gastric wall thickening may be secondary to inflammation, hypertrophy, or less likely, emerging neoplasia.

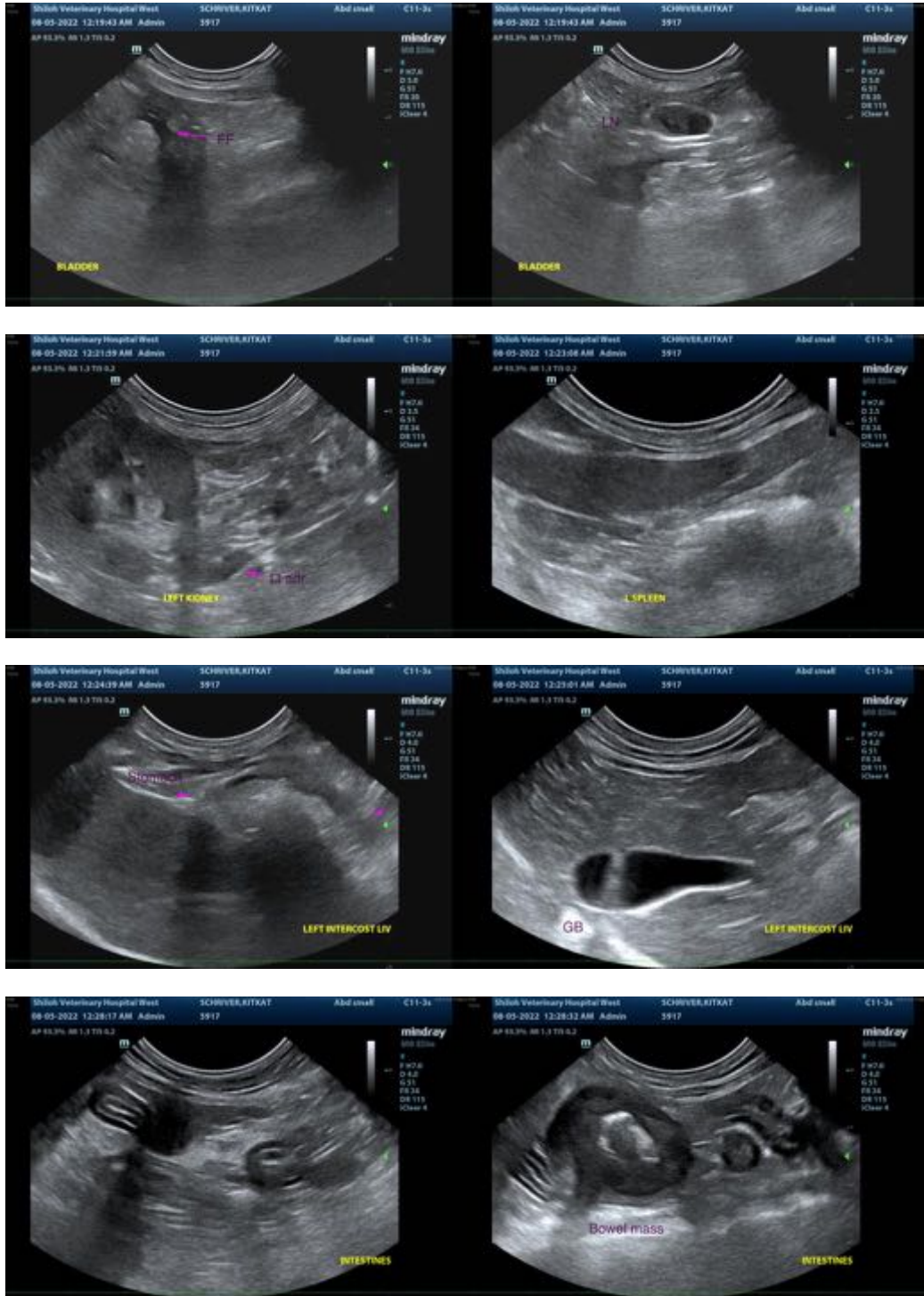
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

Consider fine-needle aspirates of the bowel masses if clotting status is appropriate. Twenty-five gauge-needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.

A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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