

**DATE**

8/9/21

**PRESENTING CLINICAL SIGNS**

History: FNA of hypoechoic structure mid-abdomen.  
Current Medications: Not provided by the veterinarian.  
Lab Results: Not provided by the veterinarian.  
Radiographs: Not provided by the veterinarian.  
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
Sedation: Dexdomitor/Butorphanol given prior to scan.  
Stat Report: STAT report not requested by the veterinarian.

**PATIENT**

Frosty Wilson

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

3/1/06

**WEIGHT**

14 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Stay Pet Veterinary

**REFERRING VET**

Dr. Klimovitz

**INVOICE**

91058

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**\*\*\*Full sedation would be necessary to perform a complete abdominal evaluation.**

**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 with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra are normal.

The left kidney is normal in size (3.5 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.

The right kidney is not definitively visualized.

**Adrenal Glands**

The adrenal glands are not definitively visualized.

**Spleen**

The spleen is contracted and measured 0.49 cm in width with normal curvilinear peripheral contours. The splenic parenchyma is homogenous. No focal lesions are observed. The splenic vasculature appears normal with no obvious evidence of thrombosis.

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogenous in appearance. No distinct focal lesions are observed. Intrahepatic biliary stones are visualized. The hepatic vasculature is of normal volume with no evidence of congestion. The gallbladder is not visualized in its entirety. In the visualized portion it appears moderately distended. The wall is normal in thickness. Choleliths are visible within the cystic and common bile ducts, which are dilated.

**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 small intestinal lumen is segmentally dilated with chyme. At least two small intestinal masses are visualized. One measured 3.03 cm in diameter with a wall thickness up to 1.13 cm. The other measures 4.96 cm in diameter with a wall thickness of 0.52 cm. In both masses there is a loss of the normal layering pattern. In the remaining

small intestinal segments there is disruption in the normal 1:3 muscularis to mucosal ratio. In some regions there is a loss of the normal layering pattern. The colonic wall is normal.

### ***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.

### ***Free Abdomen***

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized. The surrounding mesentery is hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS:**

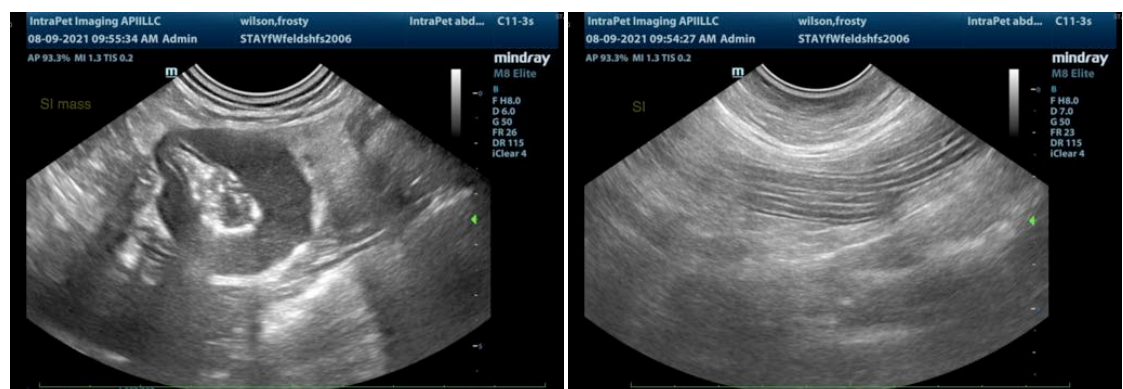
- Small intestinal masses with regional peritonitis/regional lymphadenopathy. Neoplasia (i.e., round cell tumor, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process.
- The prominent lymph nodes may be secondary to infiltrative neoplasia, lymphoid hyperplasia or reactive lymphadenitis.

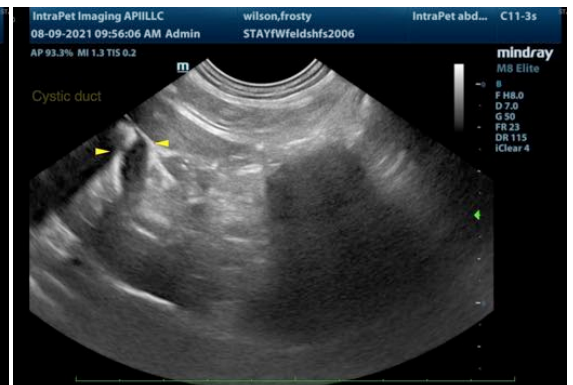
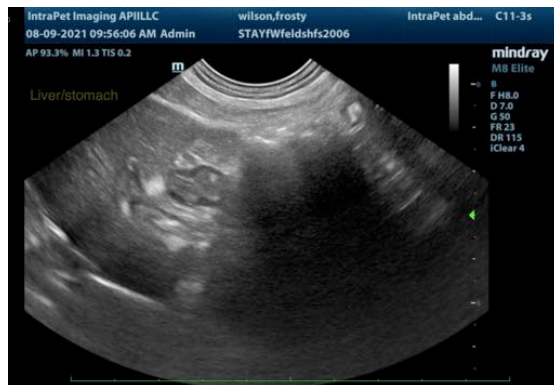
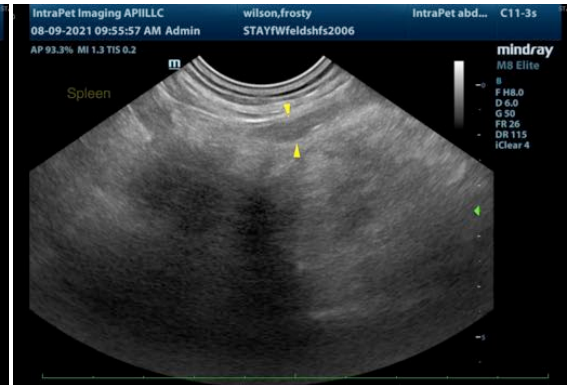
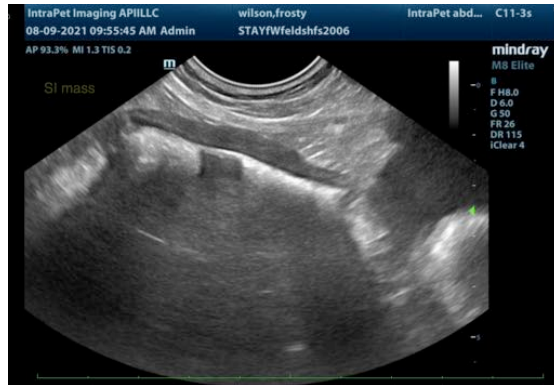
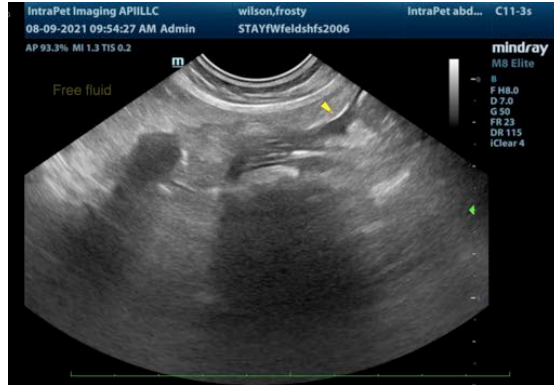
### **SECONDARY FINDINGS:**

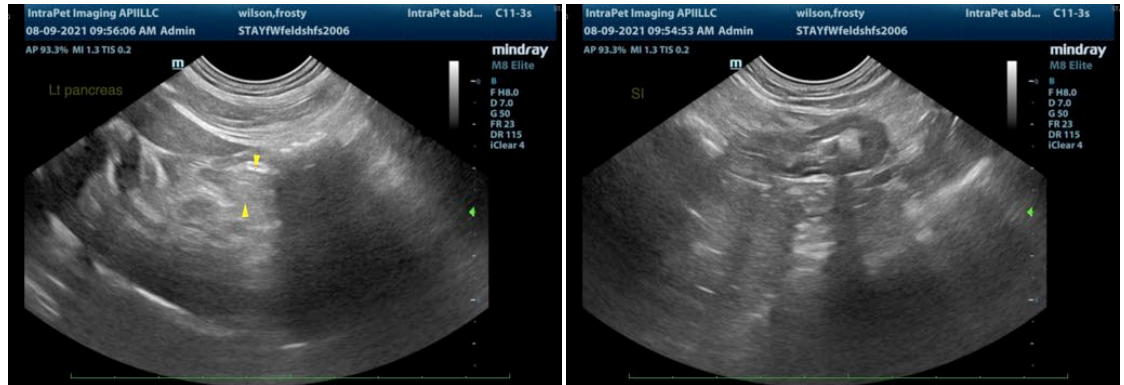
- Minor age-related left renal pathology.
- Splenic contraction, likely secondary to dehydration.
- Choleliths with partial extrahepatic bile duct obstruction (previously observed).

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

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- FNA of the bowel masses are recommended if clotting status is appropriate. 25-gauge needles should be used for aspiration. If bowel cytologies are inconclusive, surgical biopsies can 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.

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