

**DATE PRESENTING CLINICAL SIGNS**

9/13/22

Weight loss; GI mass, not eating.

PATIENT

Bijou Barrett

Current Medications: Apoquel 16mg ½ BID long term.

Lab Results: ALT low; protein in urine.

CBC Unremarkable, albumin 2.4, UPC 0.2, USG 1.050, T4 and free T4 normal

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested by DVM.

SPECIES

Feline

Imaging Performed By: Andi Parkinson, RDMS

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Female, spayed

The left kidney is normal size (3.29 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

4/7/2012

The right kidney is normal size (3.42 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.

WEIGHT

10.05 lbs.

There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

INTERPRETED BY

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

Spleen

The spleen is subjectively prominent in size with slight rounding at the caudal pole. The parenchyma is homogeneous. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas. A 4.7 cm irregular, hypoechoic mass is arising from the jejunum. The wall in this region is severely thickened (up to 1.09 cm) with a complete loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The colonic wall is normal. No obstructive disease is noted.

INVOICE

13942

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

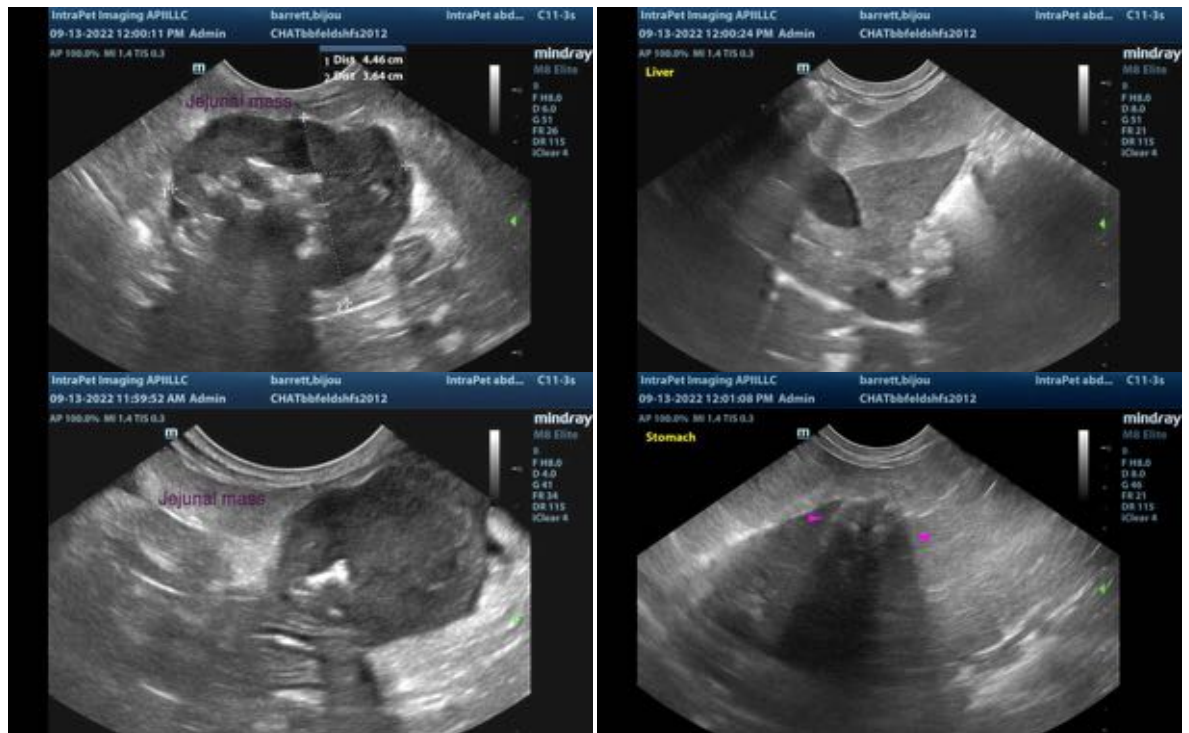
There is no obvious evidence of free fluid. A few prominent hypoechoic irregular lymph nodes are suspected adjacent to the jejunal mass. Surrounding mesentery is hyperechoic.

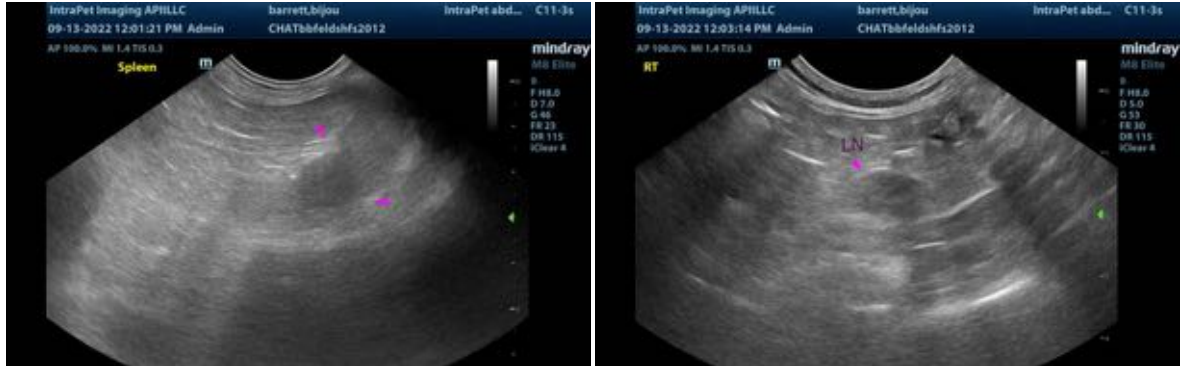
ULTRASONOGRAPHIC FINDINGS

- Large jejunal mass. Neoplasia (i.e., lymphoma, adenocarcinoma, leiomyosarcoma) is suspected with a lower possibility of a focal inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis is present. The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The regional lymphadenopathy may represent reactive change or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the jejunal mass is recommended (if clotting status is appropriate). If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.





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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