

**DATE PRESENTING CLINICAL SIGNS**

9/22/2021

History: Decreased appetite. Vomiting after eating dry food, vomiting after eating chicken; decreased interest in these foods. Currently eating "Fancy Feast" paste, only thing he is keeping down. Not lethargic. Producing little fecal material. Has lost 2 1/2# in 2 1/2 years. PE generally unremarkable.

PATIENT

Jon Snow Stevenson

Current Medications: starting Cerenia 8 mg SID PO today (9/18)

Lab Results: CBC/Chem 17/T4-generally unremarkable.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Gabapentin administered prior to scan.

Stat Report: STAT report not requested by the veterinarian.

SPECIES

Feline

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 mildly distended with anechoic urine. 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

AGE

6/23/2009

The left kidney is normal size (4.78 cm in length) with a slightly irregular shape. 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. A moderate amount of subcapsular fluid is present. Surrounding mesentery is hyperechoic.

WEIGHT

14 lbs.

The right kidney is normal size (4.63 cm in length) with a slightly irregular shape. 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. A moderate amount of subcapsular fluid is present. Surrounding mesentery is hyperechoic.

INTERPRETED BY

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

Adrenal Glands

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

Spleen

No images provided.

HOSPITAL NAME

Paradise Animal
 Hospital

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 mildly distended. The wall is normal in thickness. A large amount of aggregated echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

REFERRING VET

Dr. King

INVOICE

12242

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 small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. At the level of the urinary bladder, a several cm segment of distal colonic wall is severely and circumferentially thickened (up to 1.66 cm) and hypoechoic with a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic.

The colonic lumen in this region is suspected to be at least partially obstructive. The remaining colonic wall is normal in thickness with a normal layering pattern.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

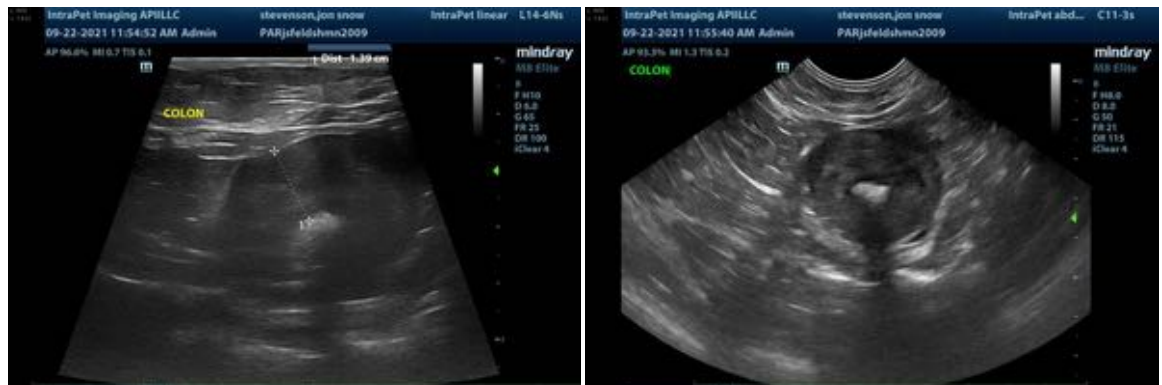
- Distal colonic wall mass. Neoplasia (i.e., round cell tumor, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.
- Bilateral age-related renal changes with bilateral accumulation of subcapsular fluid, which may be secondary to renal inflammation, early infiltrative disease or developing perinephric pseudocysts. Regional peritonitis is present.

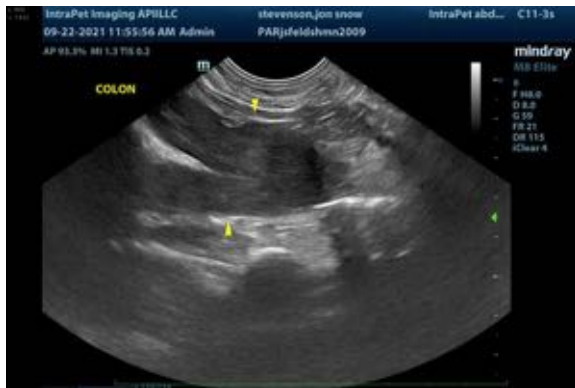
Secondary Findings:

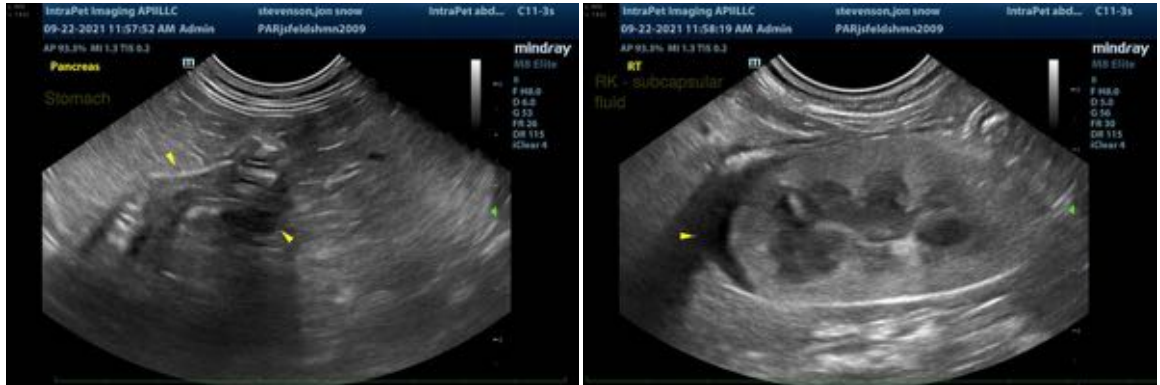
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Gallbladder sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine needle aspirate of the colonic wall mass is recommended using a 25-gauge needle. Care should be taken to avoid penetration of the colonic lumen during aspiration. Clotting status should be assessed prior to the procedure. If cytologic evaluation is inconclusive, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.







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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