

## PATIENT

Jerry Emerick

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

9 years

## WEIGHT

11.10 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
RVT LVT

## HOSPITAL NAME

North Hills VC

## REFERRING VET

Dr. David Bagget

## INVOICE

11698

## DATE

9.22.22

## PRESENTING CLINICAL SIGNS

History: No sedation-O states PT has been vomiting for a few weeks and is losing weight. PT is still eating and drinking.

Abnormal PE/Chem/CBC/UA Results: 3/6 left sided systolic murmur- LABS WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is mildly to 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 1-2 cm, are normal.

The **left 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 mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (3.35 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. is normal.

### Adrenal Glands

The **left adrenal gland** is normal size (0.21 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### Spleen

The **spleen** is normal in size (0.58 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.73 hyperechoic nodule is observed approximately mid-spleen. Splenic vasculature is normal.

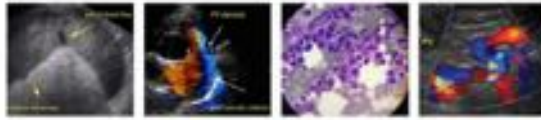
### Liver

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.

### Gastrointestinal

The **gastric lumen** is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. An approximately 2.50 to 3.00 cm segment of jejunal wall is thickened (up to 0.47 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The lumen in this region contains soft, shadowing material. In the remaining small intestinal segments, the lumen is empty. 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 several segments. The ileoceocolic junction and colonic wall are normal.



**PATIENT**

Jerry Emerick **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.

**SPECIES**

Feline **Free Abdomen**  
 Trace free fluid is observed. A few prominent mesenteric and colic **lymph nodes** are visualized, the largest measuring 0.63 cm in width. Surrounding mesentery is mildly hyperechoic.

**BREED**

DLH **Other**  
 A brief **echocardiogram** reveals no evidence of pericardial effusion.

**DLH**

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male **Primary Findings**

- Focal jejunal thickening/mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely, with a lower possibility of a focal inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis is present. The shadowing material within the lumen of the thickened segment may represent ingesta or foreign material (i.e., hair).

**AGE**

9 years

- The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

**WEIGHT**

11.10 lbs

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is a consideration.

**Secondary Findings**

- Bilateral degenerative renal changes. The hyperechoic splenic nodule likely represents a benign process (i.e., myelolipoma).

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

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 RVT LVT

If accessible, a fine-needle aspirate of the thickened jejunal segment is recommended. If the area is not accessible or if cytology results are inconclusive, consider surgical biopsies. A malabsorption panel including serum cobalamin and folate, TLI and PLI is also recommended to assess for maldigestion/malabsorption.

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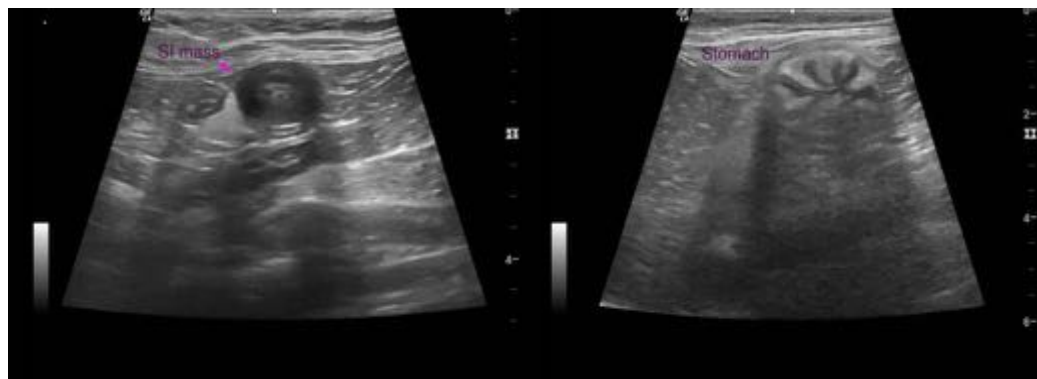
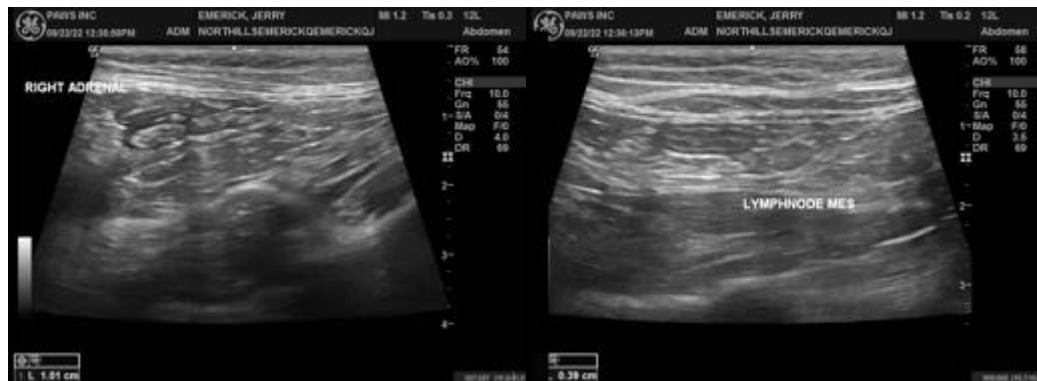
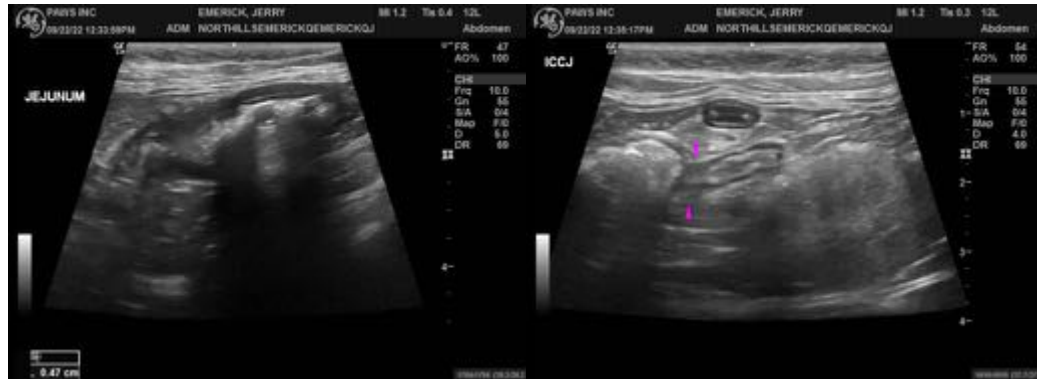
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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