

**DATE PRESENTING CLINICAL SIGNS**

9/26/22

~ 1 week history of ADR (lethargy, decreased appetite).

PATIENT

Mr. Pip Maraccio

Current Medications: None listed.

Lab Results: Microcytic, hypochromic non-regenerative anemia.

Radiographs: Large mass effect in abdomen.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Alfaxalone/Methadone IV.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

9/23/2010

WEIGHT

14 lbs.

INTERPRETED BY

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

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. 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 (4.04 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.48 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Eastern AH

Spleen

The spleen is normal in size (0.87 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.

REFERRING VET

Dr. Valero

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. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

14019

Gastrointestinal

The gastric lumen is mildly fluid 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. Just proximal to the ileocecolic junction, a >8 cm irregular, hypoechoic to heterogeneous mass is infiltrating the bowel, the wall in this region is severely thickened (up to 2.88 cm) with complete loss of the normal layering pattern. Ill-defined hyperechoic areas are observed within the mass effect. The mesentery surrounding the mass 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 of the normal 1:3 muscularis: mucosal ratio. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

A small amount of free fluid is present. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.41 cm in length. In addition, a 0.81 cm lymph node is observed in the right cranial quadrant.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

*A fine needle aspirate of the bowel mass was performed at the end of the study.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large bowel mass infiltrating the ileum. Neoplasia (i.e., adenocarcinoma, round cell tumor, leiomyosarcoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis is present.
- The abdominal lymphadenopathy may be secondary to infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.

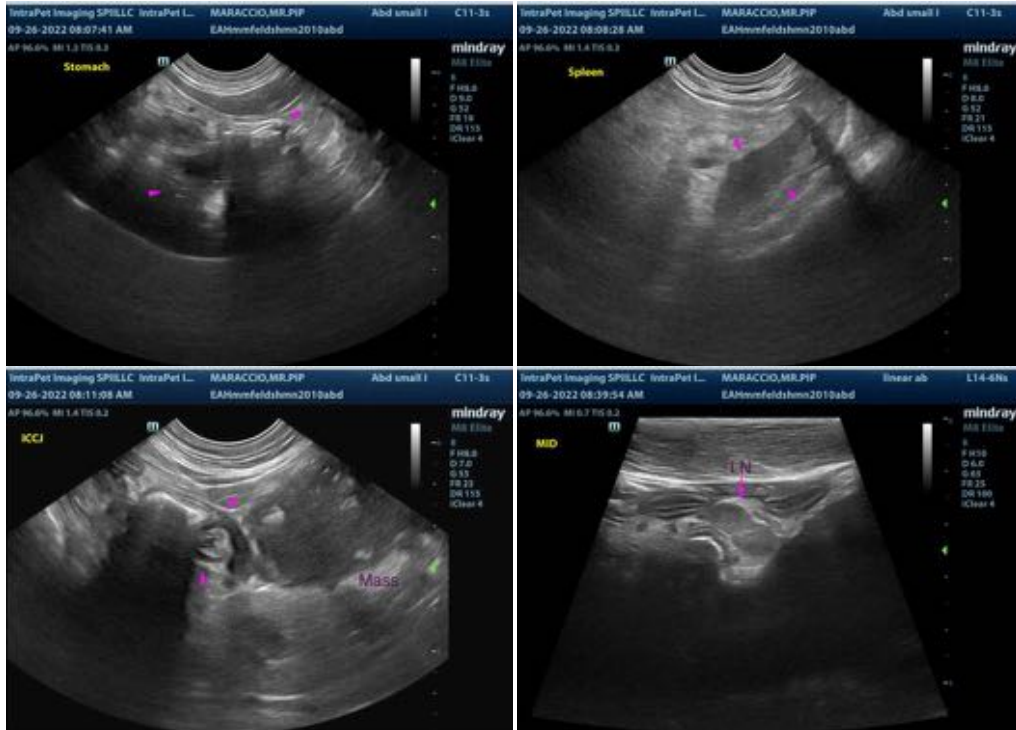
Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Minor, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If the cytology results from the bowel mass are inconclusive, 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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com