

**DATE PRESENTING CLINICAL SIGNS**

9/3/21 History: Chronic vomiting and diarrhea, improves on prednisolone

PATIENT Current Medications: Last prednisolone about 2 weeks ago, was giving 2.5mg twice weekly.

Ruby McCormally Lab Results: Not provided by the veterinarian.

Radiographs: Not provided by the veterinarian.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

BREED

Domestic Shorthair

Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Female Spayed

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, visible to a depth of 2 cm, are normal.

AGE

10/29/10

The left kidney is normal size (3.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

9 lbs.

The right kidney is normal size (3.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A 0.33 cm nephrolith is visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

INTERPRETED BY

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Adrenal Glands

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

Spleen

The spleen is normal in size (0.86 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.

HOSPITAL NAME

Timonium Animal
Hospital

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. A 1.62 x 1.07 cm multi-septated, cystic nodule/mass is observed on the left side. In addition, a 2 cm multi-septated cystic mass is observed deep in the left liver. A few smaller cystic areas are also observed throughout the organ. The remaining parenchyma exhibits minor changes consistent with age-related remodeling. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is moderately distended. The wall is normal in thickness. A small to moderate amount of aggregated, echogenic debris is suspended within the lumen. The cystic duct is visible/tortuous. The common bile duct is normal in size (0.19 cm in diameter) and can be followed to the level of the duodenal papilla. There is no obvious evidence of an intraluminal obstruction.

REFERRING VET

Dr. Stephens

INVOICE

11763kk

Gastrointestinal

The gastric lumen is moderately distended with ingesta. A 1.35 cm shadowing structure is observed within the lumen. 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 segmentally dilated with chyme. A 1.5 – 2 cm segment of jejunum is focally thickened (up to 0.89 cm). The wall in this region is hypoechoic to mildly heterogeneous with a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. A few adjacent bowel

segments are adhered to the thickened area of jejunum. The remaining small intestinal wall is normal in thickness with a normal layering pattern. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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. One to two prominent cranial abdominal lymph nodes are visualized. The largest measures 1.13 cm in length. Several, prominent mesenteric lymph nodes are also seen, the largest measures 1.89 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

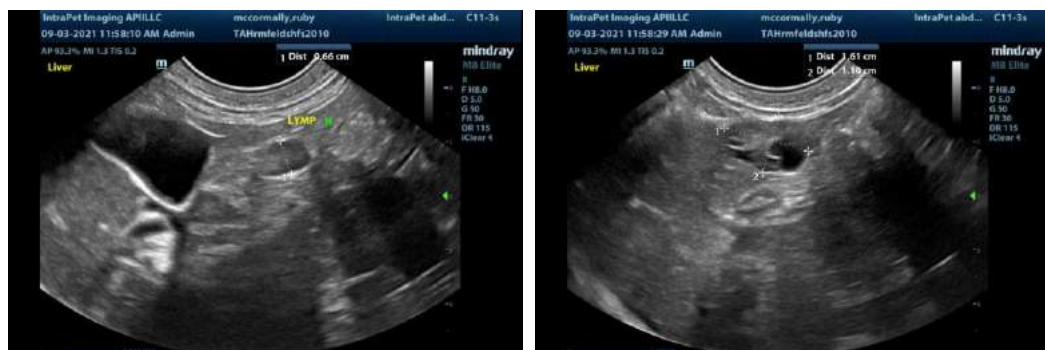
- The focal jejunal wall thickening could be consistent with infiltrative neoplasia (i.e., round cell tumor), adenocarcinoma. Alternatively, a severe inflammatory process may be present. Regional peritonitis, likely secondary to bowel pathology.
- The abdominal lymphadenopathy may represent reactive lymphadenitis, lymphoid hyperplasia, or infiltrative neoplasia.

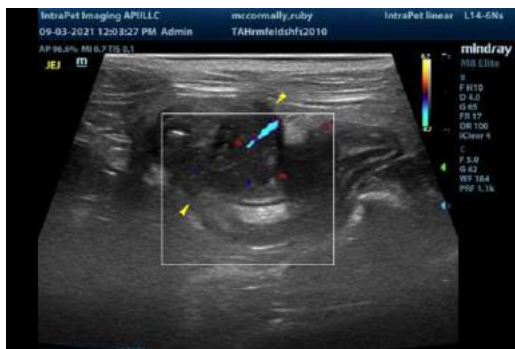
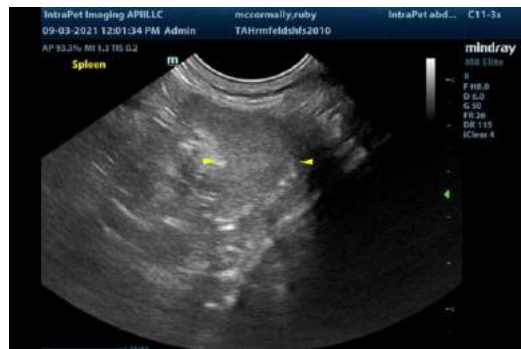
Secondary Findings:

- The cystic hepatic nodules are most consistent with biliary cystadenoma or cystadenocarcinoma.
- Right non-obstructive nephrolith.
- The shadowing structure within the gastric lumen may represent kibble or foreign material.
- The tortuous common bile duct is likely a benign, age-related incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider an abdominal exploratory with biopsy or removal of the thickened jejunal segment +/- biopsy or removal of the hepatic masses. The prominent abdominal lymph nodes should also be biopsied at the time of surgery. Since a resection and anastomosis may be necessary, consider referral to a board-certified veterinary surgeon due to the potential for perioperative complications.







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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