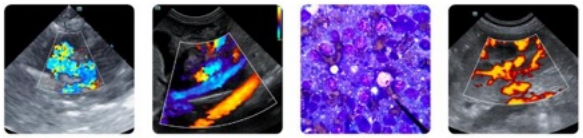

PATIENT

Isabella Adams

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11/18/2012

WEIGHT

7.77 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Cats Meow

REFERRING VET

Dr. Levy

INVOICE

13503

DATE

2/25/26

PRESENTING CLINICAL SIGNS

Presents for low appetite, dull coat. O states p could not have been eating much for 3-4 weeks. O mentioned that feces is black in color but normal in shape
ABDOMEN: TUBULAR MASS (SOFT) CAUDAL ABDOMEN- FECES? No discomfort or pain observed, normal gas pattern
CBC: REGENERATIVE ANEMIA, NEUTROPHILIC LEUKOCYTOSIS (LYMPHOCYTOSIS RESOLVED FROM NOVEMBER 2025)
CC: SUSPECT HEMORRHAGIC GI MASS, REC SCHEDULING AUS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Patient discomfort limited evaluation of some regions of the abdomen.

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.09 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.16 cm in length) with a normal shape, architecture and smooth peripheral margins. 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is contracted (0.49 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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

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segmentally dilated with gas and chyme. The small intestinal wall is normal in thickness. There is slight disruption of the normal 1:3 muscularis: mucosal ratio in some segments. A 5 x 4 cm irregular mass is observed in the wall of the proximal descending colon. The wall in this region is severely thickened (up to 1.7 cm) with loss of the normal layering pattern. Surrounding mesentery is hyperechoic. The remaining colonic wall Is normal.

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.

Lymph nodes
A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 2.04 x 0.74 cm.

Free Abdomen
Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large mass infiltrating the wall of the proximal descending colon. Neoplasia (i.e., lymphoma, adenocarcinoma) is strongly suspected with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present.
- The regional lymphadenopathy could be consistent with metastatic disease or reactive change.

Secondary Findings:

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- Mild bilateral nonspecific, age-related renal changes
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- Splenic contraction likely secondary to dehydration

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the colonic wall mass assuming normal clotting status. A 25-gauge needle should be used. Depending on cytology results, consultation with a board-certified oncologist and/or surgeon may be indicated.

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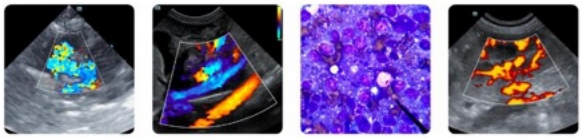

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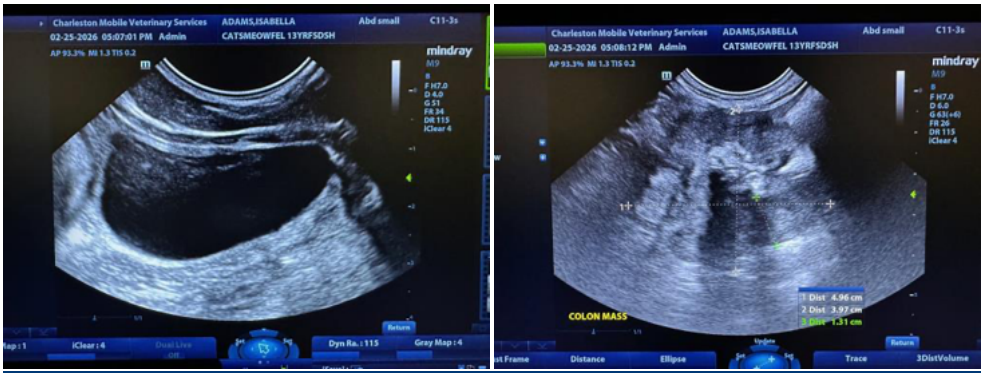

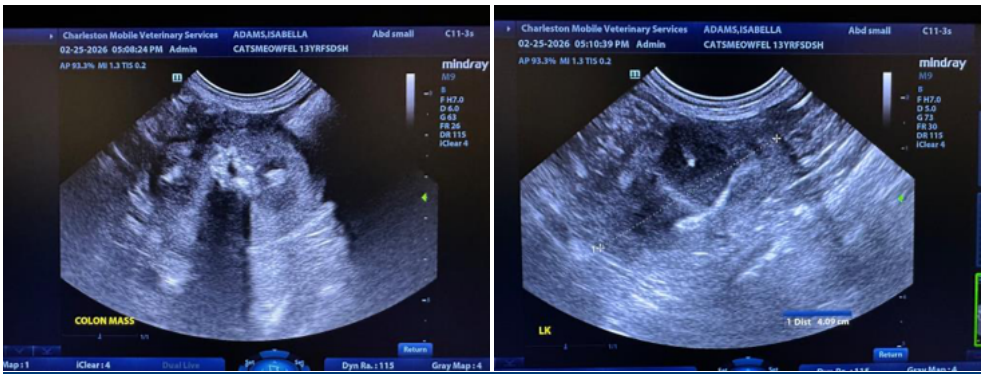

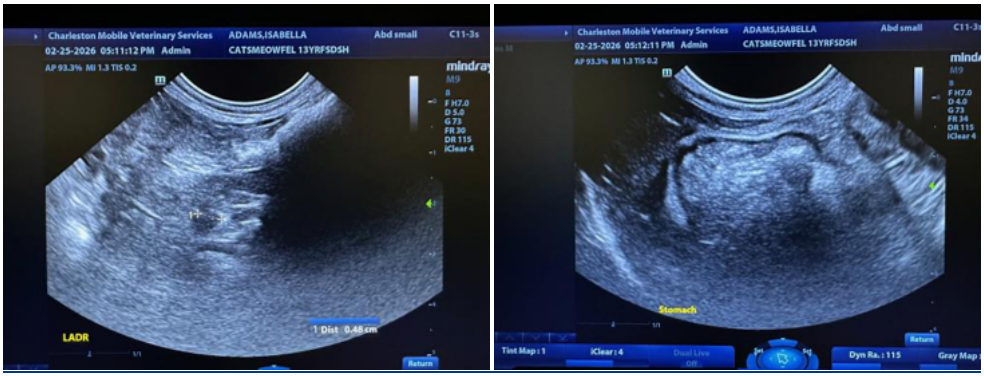

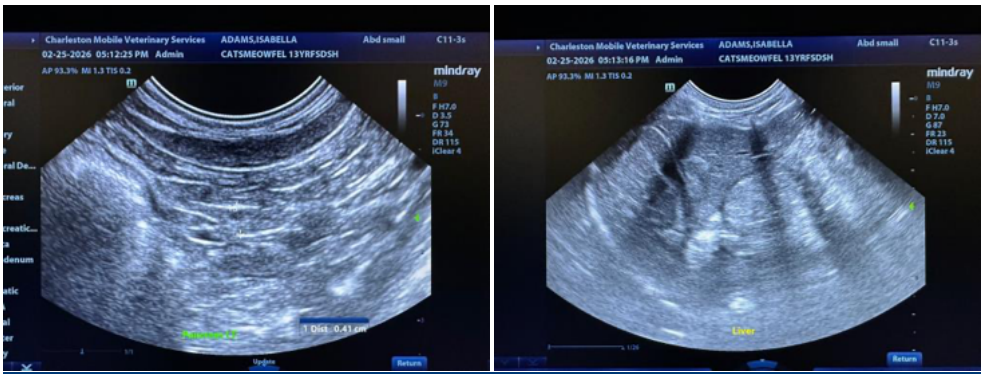

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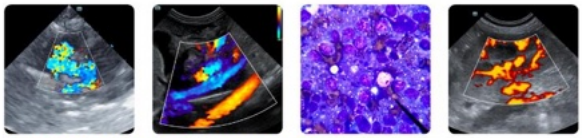

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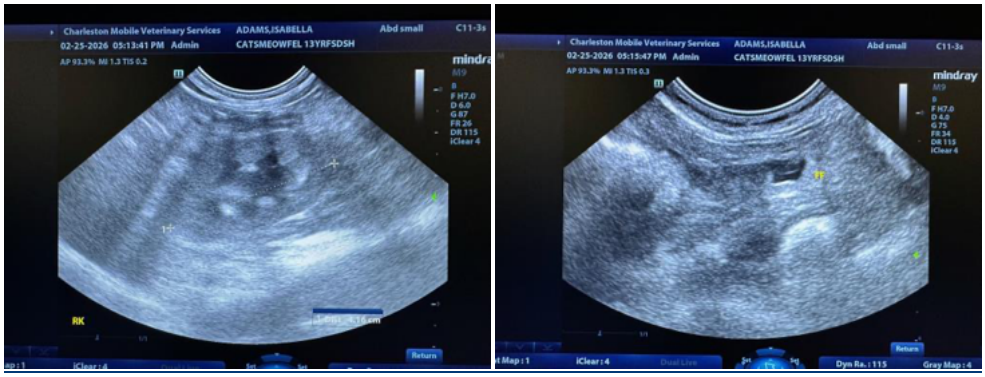

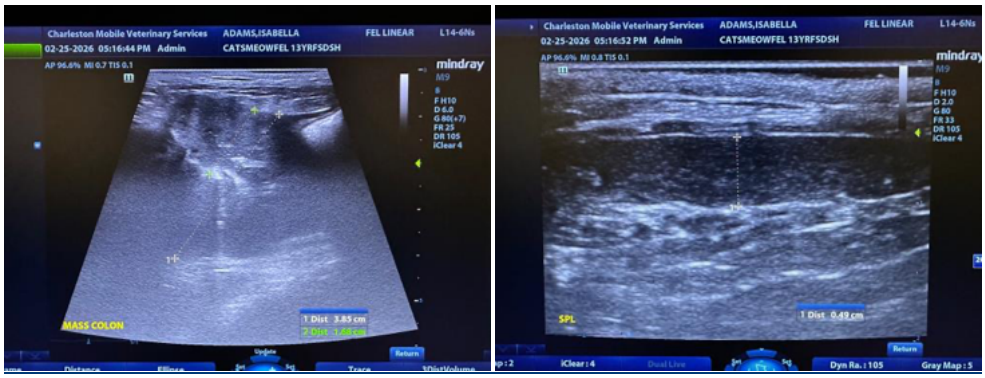

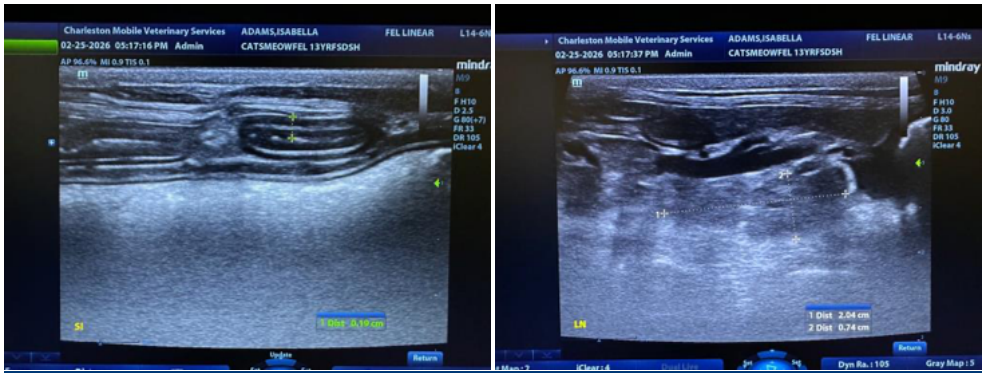

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com