

**DATE PRESENTING CLINICAL SIGNS**

1/16/23

History: Patient presented for 2-month history of vomiting. Patient had thickened intestines on abdominal palpation.

PATIENT

Peanut Bencivenni

Current Medications: None listed.

Radiographs: Thickened intestine vs mid-abdominal mass.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Feline

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Neutered Male

AGE

6/1/09

Left kidney is normal is size (3.78 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

7.92 Pounds

Right kidney is normal is size (3.74 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM

DACVIM

Adrenal Glands

Left adrenal gland is normal in size (0.47 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.45 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Eastern AH

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Wu

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. Multifocal nodules/masses of mixed echogenicity are noted, primarily hyperechoic in echogenicity but containing multiple cysts of varying sizes. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

20606

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The colon is diffusely mildly thick, measuring 0.35 cm thick with loss of mural detail.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

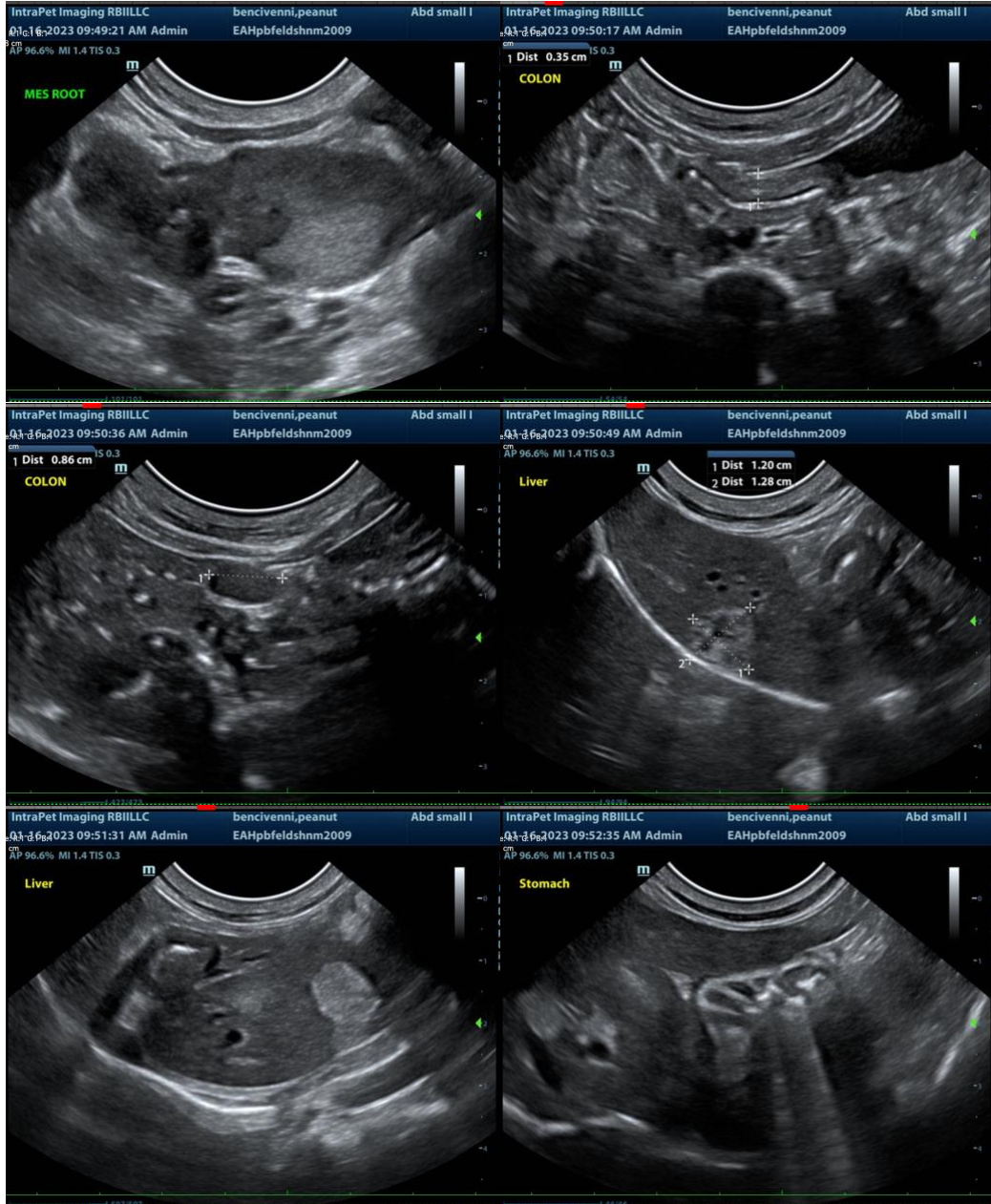
There is no evidence of peritoneal effusion. There mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail. Concurrent mild lymphadenopathy is noted.

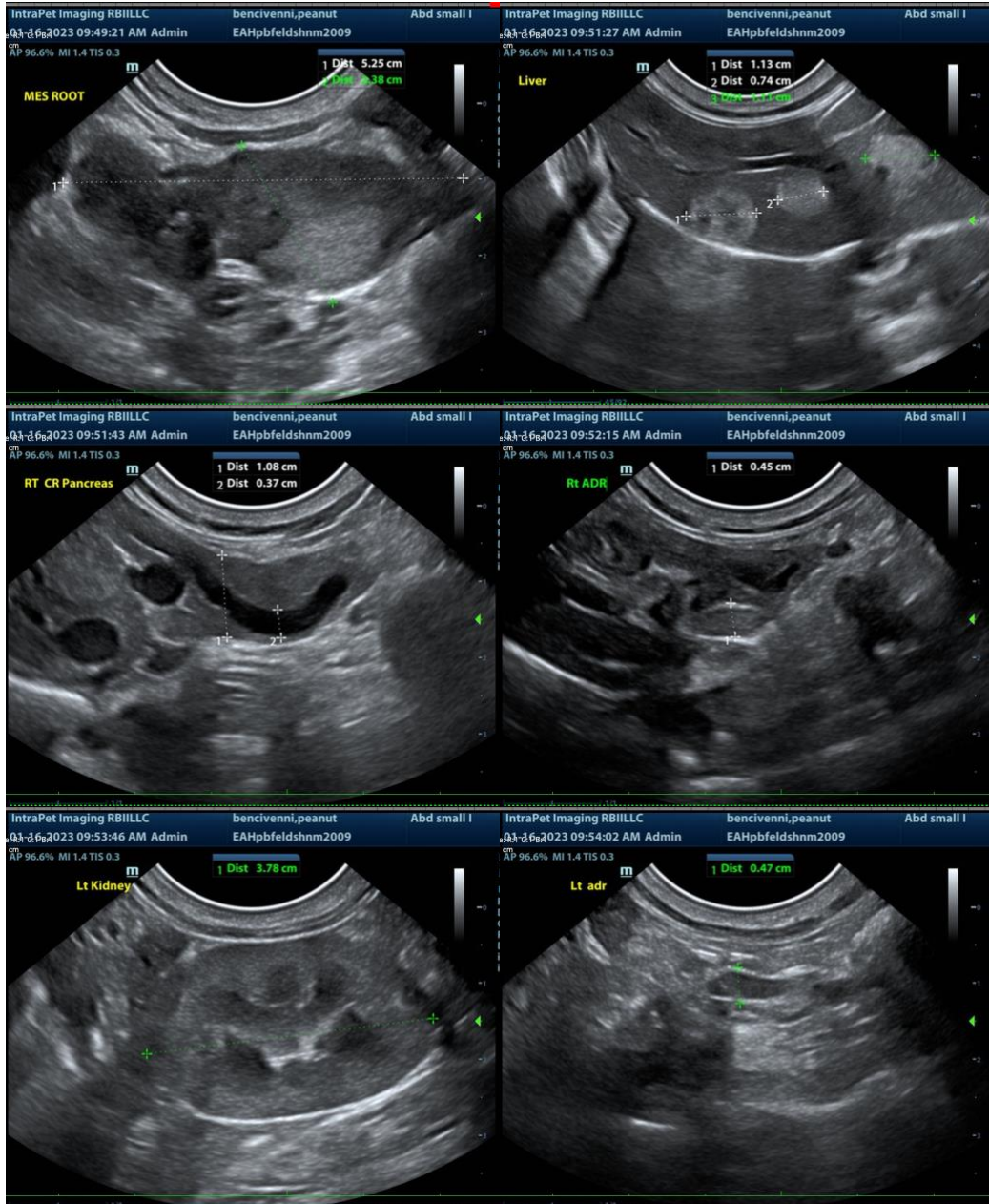
ULTRASONOGRAPHIC FINDINGS

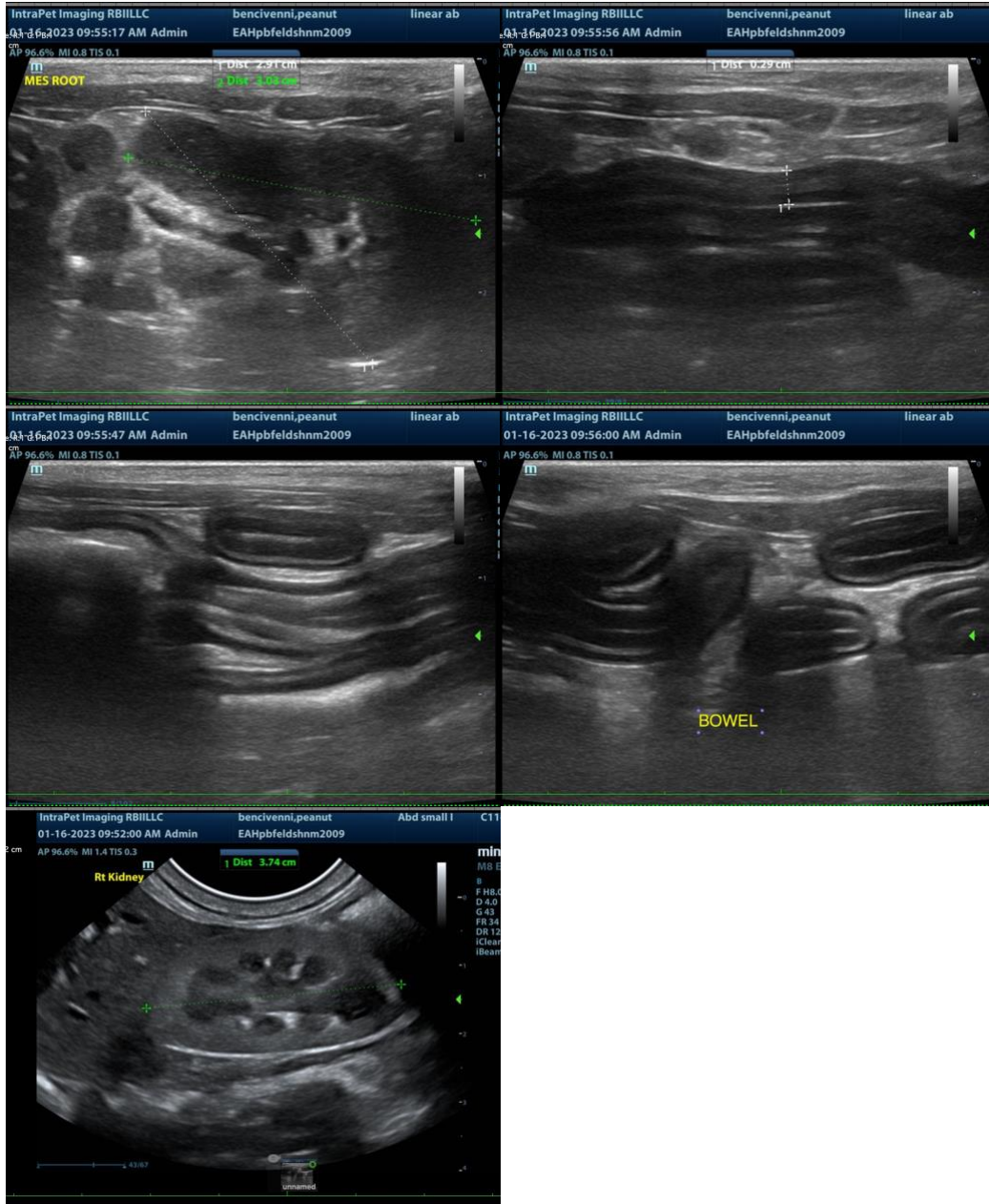
- Gastrointestinal lymphoma (suspect) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. Given the concurrent pathology noted, infiltrative neoplasia is considered more likely, but benign IBD cannot be ruled out without tissue sampling.
- The colon appears to be similarly affected.
- Aggressive mesenteric lymph nodes – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture. Less aggressive appearing colonic lymphadenopathy is also appreciated.
- Chronic active pancreatitis
- Feline biliary cystadenomas– In a senior cat, this liver lesions are most consistent with multiple benign biliary cystadenomas. Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of the mesenteric lymph node mass, infiltrative neoplasia, likely lymphoma is the top differential. A benign inflammatory disease cannot be ruled out but is considered much less likely. Therefore, recommendations include a fine needle aspirate of the lymph nodes if patients coagulation status is appropriate. Additionally, A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. If a cytologic diagnosis is not obtained, upper and lower GI endoscopy/colonoscopy for further evaluation and biopsies of the small and large bowel, being sure to include ileum is possible, may ultimately be necessary to definitively diagnose, and therefore manage the suspected infiltrative bowel disease.







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.

Beth Johnson, DVM DACVIM

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