



**PATIENT**

Orangina Agresti

**PRESENTING CLINICAL SIGNS**

Vomiting blood, abdominal mass palpated on exam. No current meds.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: WNL from 1/2/23. CBC normal today chem pending.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately 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.

**SEX**

Female

The right kidney is normal in size (3.48 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.

**AGE**

12 Years

The left kidney is normal in size (3.15 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**

5.6 Pounds

**Adrenal Glands**

The right adrenal gland is normal in size (0.52 cm at the cranial pole and 0.43 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

The left adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

**IMAGING PERFORMED BY**

Shari Reffi, CVT

The 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.

**HOSPITAL NAME**

VCA Blairstown AH

**Liver**

The 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**REFERRING VET**

Dr. Zeliff

The 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.

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**Gastrointestinal**

**DATE**

1/19/23

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Diffusely, 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. In the cranial abdomen, there is a focal discrete bowel mass characterized by a



<b>PATIENT</b>	1.2 cm thick hypoechoic concentric loss of mural detail that encompasses approximately 3.5 cm of bowel length.
Orangina Agresti	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Feline	<b>Pancreas</b>
<b>BREED</b>	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.
DSH	
<b>SEX</b>	<b>Free Abdomen</b>
Female	There is a scant amount of anechoic free fluid noted.
<b>AGE</b>	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.
12 Years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
5.6 Pounds	<ul style="list-style-type: none"> <li>• <b>Focal small bowel mass</b> – most concerning for infiltrative neoplasia such as lymphoma, given the concurrently diffusely thick muscularis and the lymphadenopathy. A benign inflammatory process is possible but considered much less likely.</li> </ul>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• <b>Aggressive mesenteric lymph nodes</b> – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.</li> <li>• Chronic active pancreatitis</li> <li>• <b>Scant amount of anechoic free fluid noted around the bowel</b> – This may represent a paraneoplastic effusion versus other.</li> </ul>
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Shari Reffi, CVT	As is reportedly already obtained and submitted, fine needle aspirate and cytology of the bowel mass is recommended. If a diagnosis is not obtained from that sample, a fine needle aspirate of the enlarged lymph nodes could be considered, if patient's coagulation status is appropriate.
<b>HOSPITAL NAME</b>	Ultimately, if medical management/chemotherapy (i.e., for lymphoma) is not possible, an exploratory laparotomy for bowel removal, resection and anastomosis may be warranted, given this patient's reported hematemesis, to remove a suspected ulcerated mass, given that clinical sign, if the hematemesis cannot be stopped.
VCA Blairstown AH	
<b>REFERRING VET</b>	
Dr. Zeliff	
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44373	
<b>DATE</b>	
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**PATIENT**

Orangina Agresti

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

12 Years

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DACVIM

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

VCA Blairstown AH

**REFERRING VET**

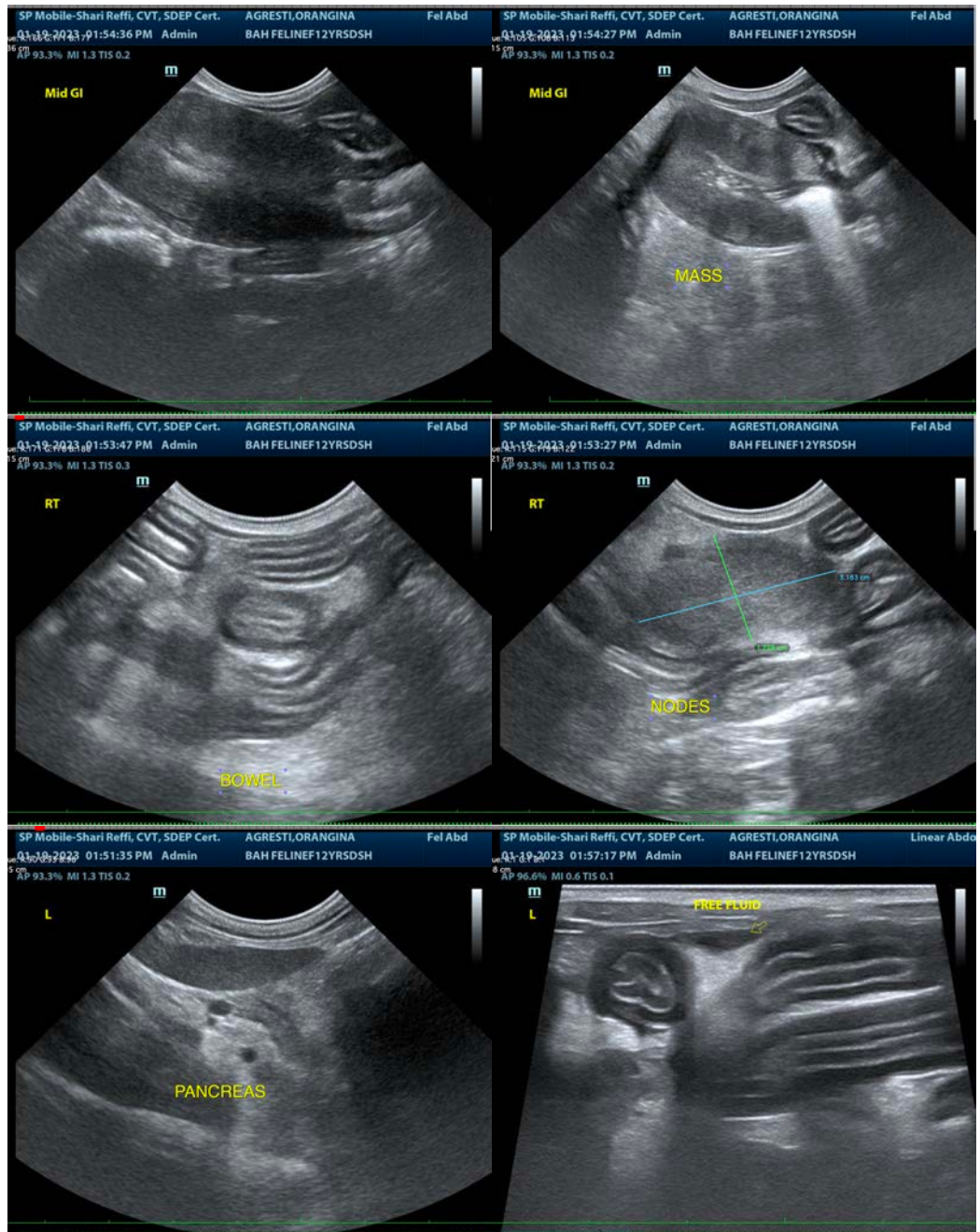
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com