

**DATE PRESENTING CLINICAL SIGNS**

2/14/23

History: Has been gradually losing weight. T4 is borderline for hyperthyroidism. Suspect she has primary intestinal disease as well. Over the weekend she stopped eating and has not eaten with having cerenia, ondansetron, cypro and gabapentin on board. Concerned about pancreatitis/IBD flare/neoplasia.

**PATIENT**

Sophie Grossman

Current Medications: Cerenia 24mg- 1/4 tablet SID in AM, Cypro 4mg- 1/4 tablet BID, Ondansetron 1.2mg bid, 50ml LRS sq bid

**SPECIES**

Lab Results: T4=3.3, FT4=4.8, cTSH=0.3

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dexdomitor/Midazolam/Torbugesic.

**BREED**

Stat Report: Requested/Approved.

Imaging Performed By: Stephanie Warga RDCS, RVT.

DMH

**SEX****ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Spayed Female

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**AGE**

1/1/08

**WEIGHT**

12.5 Pounds

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.14 cm. The right kidney measures 3.01 cm.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (0.41cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**Cat Sense Feline  
Hospital

Right adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Sinclair

**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.

**INVOICE**

21111

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

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 intestines are diffusely normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty, but focally, in the mid abdomen, there is a small bowel mass, characterized by heterogenous hypoechoic complete loss of mural detail, measuring 4.2 cm long x 2.5 cm thick.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

### ***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. The 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.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- A small bowel mass. This finding is most concerning for infiltrative neoplasia, such as round cell neoplasia, i.e., lymphoma vs adenocarcinoma vs other.
- 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.
- Chronic active pancreatitis

### **Secondary Findings**

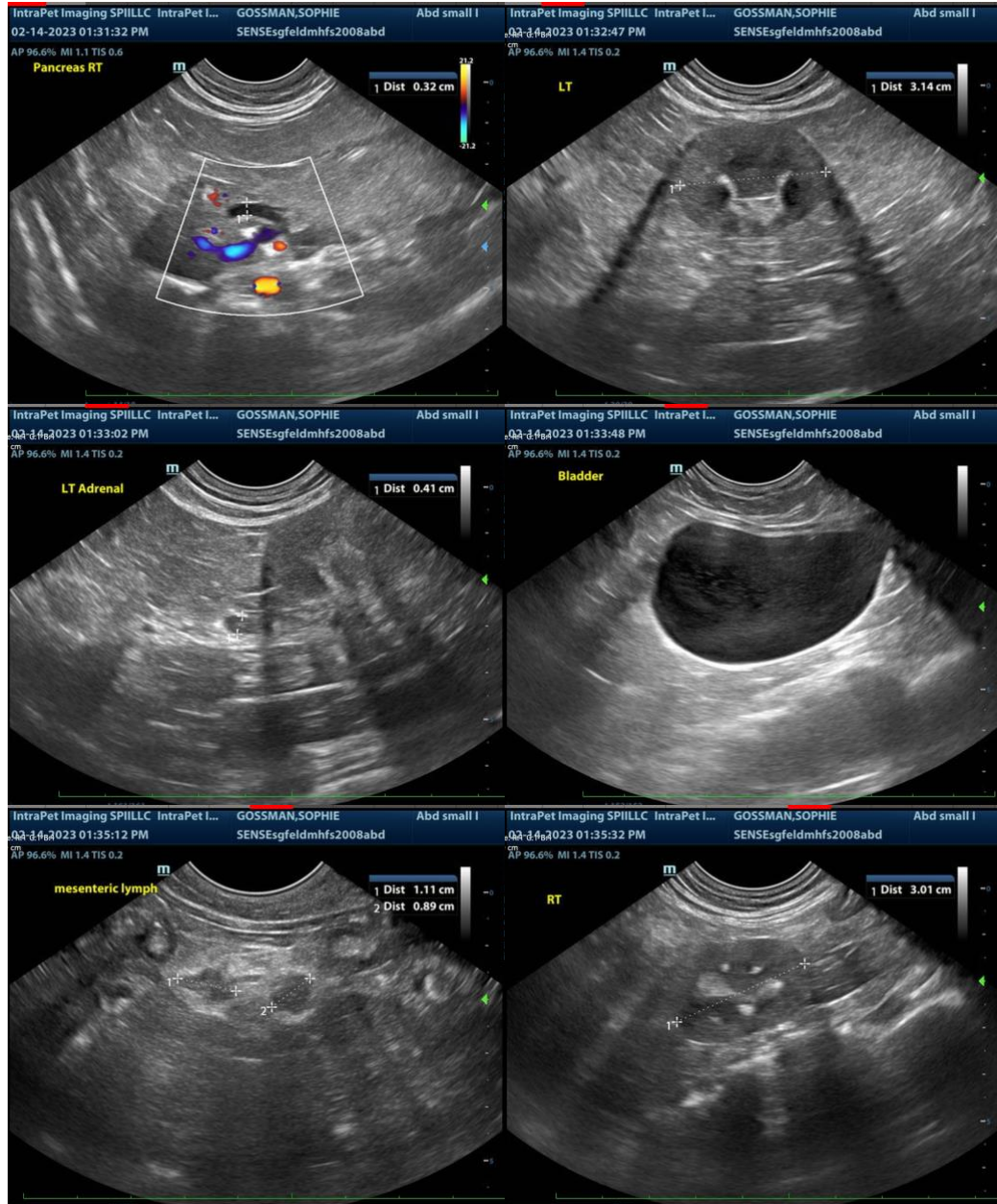
- Urinary bladder debris
- Age-related kidney changes

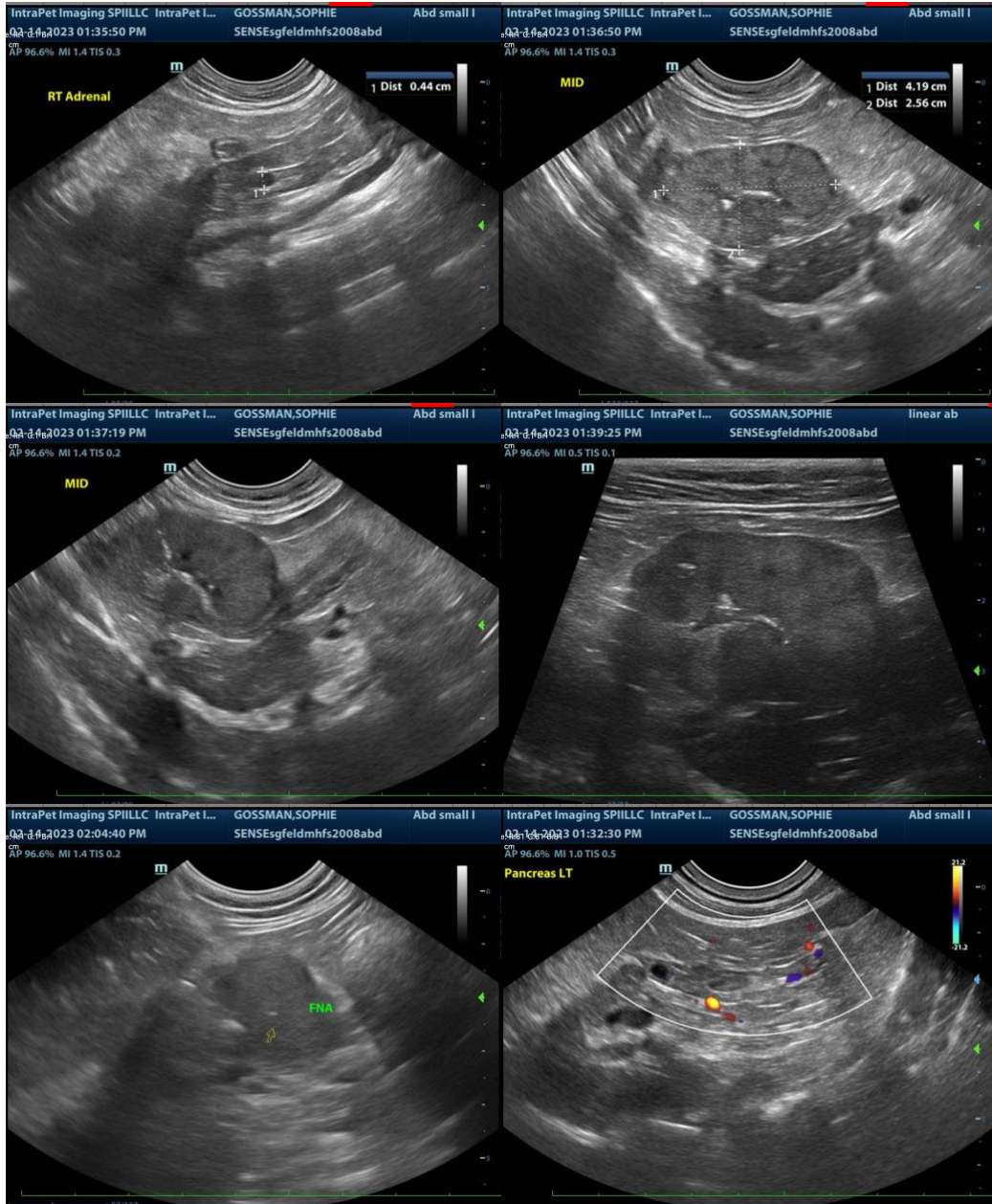
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

As was reportedly already pending, with no post aspirate complications visible in these images at this time, a fine needle aspirate of the bowel mass is recommended. Additionally, fine needle aspirates of the mesenteric lymph nodes could be considered pending results of the bowel mass.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.







**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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