

**DATE PRESENTING CLINICAL SIGNS**

2/2/22 History: Presented on 1/31 for chronic intermittent vomiting and weight loss; 6 cm firm mid-abdominal mass palpable.

**PATIENT**

Alpheia Zylstra Lab Results: Attached separately.  
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7/25/09

**WEIGHT**

9.44 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Frederick Road VH

**REFERRING VET**

Dr. Cannon

**INVOICE**

35388

**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.

The right kidney is normal in size (4.28 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.

The left kidney is normal in size (3.7 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.

**Adrenal Glands**

The right adrenal gland is normal in size (0.33 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is not well visualized due to the large mesenteric root mass and the inflamed mesentery in the area. However, the area is examined without evidence of adrenal pathology.

**Spleen**

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.

**Liver**

The liver is subjectively enlarged. Margins are plump and round. It has a normal homogeneous echotexture. However, parenchyma is diffusely hypoechoic, characterized by more prominent than normal portal vein walls. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distention or congestion.

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.

**Gastrointestinal**

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.

The visible small intestines are diffusely mildly thick, measuring up to 0.45 cm. Most bowel maintains normal layering. However, loss of layering is present in the duodenum. Small intestinal motility appears adequate.

The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Other***

There is a large 7.5 cm irregular mass that is heterogeneous but primarily hypoechoic with some cavitations, located at the root of the mesentery, presumably an enlarged, cavitated lymph node.

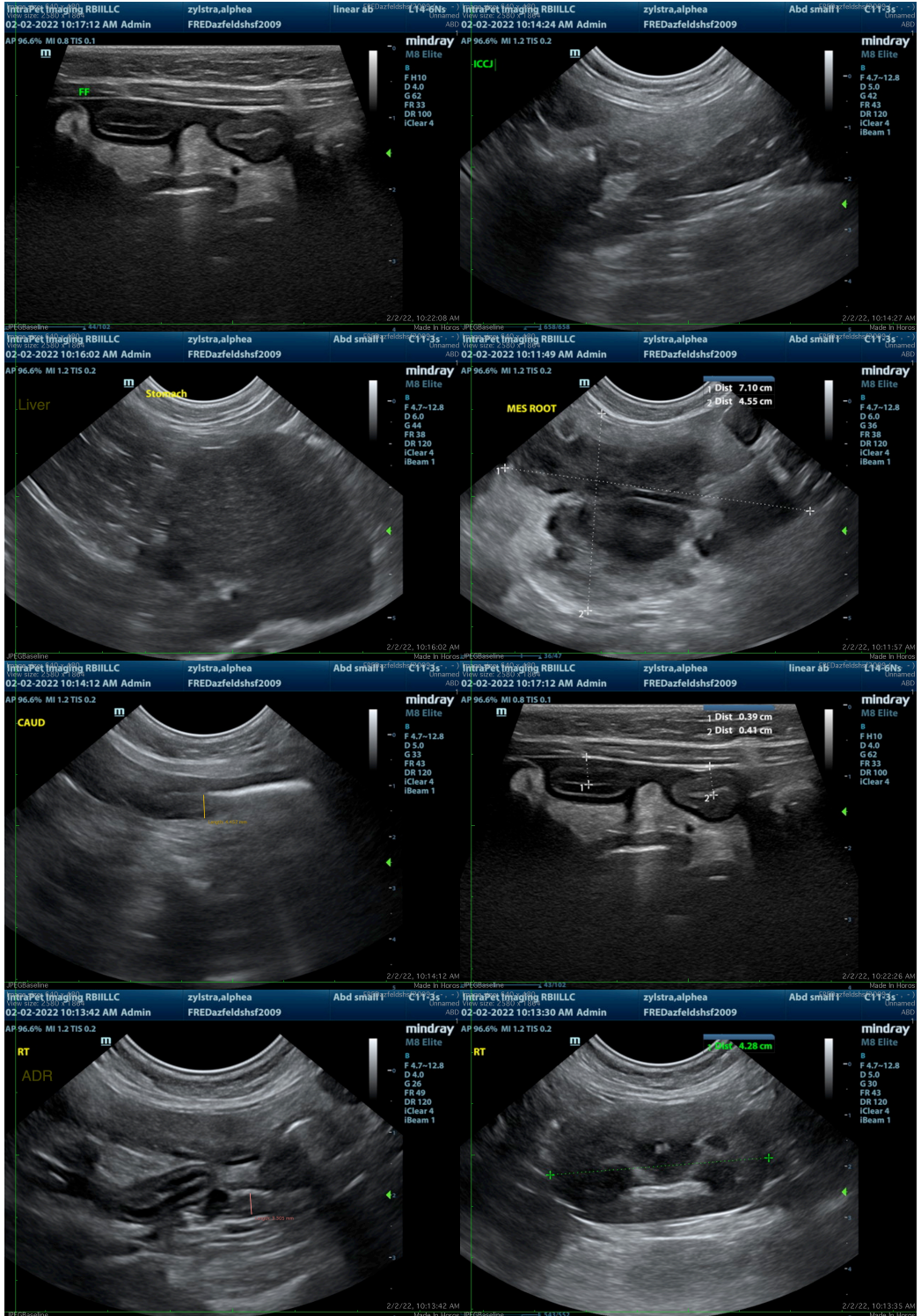
Scant anechoic free fluid is present, and clumped hyperreactive mesentery is noted, primarily around the enlargement mesenteric lymph node and ileocecolic junction.

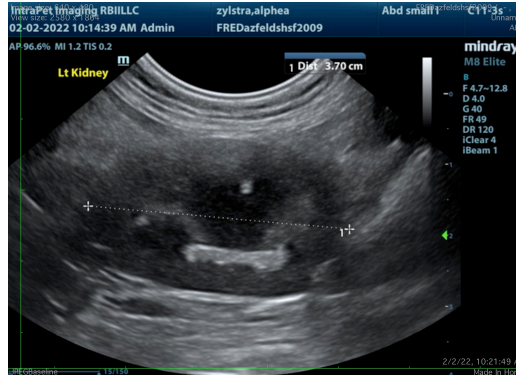
## **ULTRASONOGRAPHIC FINDINGS**

- Markedly enlarged, irregular, hypoechoic mesenteric mass, presumed to be mesenteric lymph node enlarged due to infiltrative neoplasia such as lymphoma.
- Diffusely thick bowel with primarily thick muscularis and early loss of layering in the duodenum – also concerning for neoplasia such as lymphoma. Thick muscularis has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Hypoechoic hepatomegaly – Concerning for infiltrative disease such as lymphoma. Benign hepatomegaly cannot be ruled out, but is considered less likely.
- Scant free fluid and hyperreactive mesentery around the mass

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

Recommendations include a fine needle aspirate of the enlarged mesenteric mass/lymph node if the patient's coagulation status is appropriate +/- concurrent fine needle aspirate of the liver. 3-view thoracic radiographs to further assess cardiopulmonary status as well as to look for evidence of metastatic disease are also recommended if not already performed. If round cell neoplasia such as lymphoma is not diagnosed via cytology, then exploratory laparotomy for excisional biopsy of the mass as well as full thickness bowel biopsies may be necessary to determine a definitive diagnosis.





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.

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