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Clinical Sonography & Telecytology
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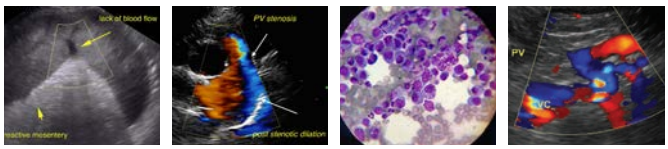

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1-800-838-4268 info@sonopath.com

PATIENT
Zulu Amick

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
9

WEIGHT
3.5

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Haley Harosimowicz

HOSPITAL NAME
Waterbury Vet Hospital

REFERRING VET
Dr. Emily Crawford

INVOICE
45579

DATE
2/28/23

PRESENTING CLINICAL SIGNS

Cat presented for sick pet exam 2/27/23, complaint of decreased appetite, lethargy. No vomiting or diarrhea, decreased fecal production, small dry stools being produced. PE revealed very large mid-abdominal mass: smooth surface and not painful (baseball-sized on palpation). Abd rads reveal suspect SI mass. Thorax rads nsf--no evidence of metastatic disease. Multiple FNA of mass obtained today, cytology to Idexx is pending.

Abnormal PE/Chem/CBC/UA Results: Chem panel wnl CBC mild anemia HCT 29%

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.

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 measured 3.5 cm. The right kidney measured 3.9 cm.

Adrenal Glands

The area of the right adrenal gland is examined without evident pathology.

The left adrenal gland is normal in size (0.29 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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

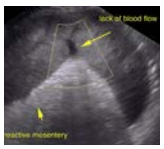
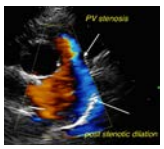
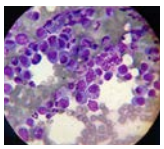
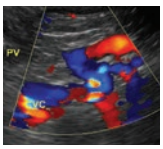
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.

In the mid abdomen, in what appears to be jejunum, there is an approximately 8.0 cm long bowel mass characterized by concentric heterogeneous hypoechoic wall thickening measuring up to 2.0 cm thick with complete loss of layering. The remainder of the small bowel is normal in wall thickness and layering

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(canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty.

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.

Free Abdomen

There is a scant amount of anechoic free fluid noted in these images adjacent to the bowel mass.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Small bowel mass** – appears to be jejunal. Also, definitive location cannot be guaranteed, and given the large size, Ileocecocolic junction may or may not be closely associated. Top differential is infiltrative neoplasia such as lymphoma versus carcinoma versus other. A benign inflammatory lesion is much less likely.

SECONDARY FINDINGS

- Age related kidney changes
- **Mild gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As was reportedly already obtained with results pending, 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, as well as a fine needle aspirate of the bowel mass.

If results are unable to be obtained cytologically, then an exploratory laparotomy for bowel mass removal, resection and anastomosis, etc. may be warranted.

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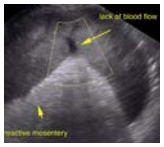
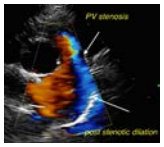
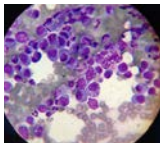
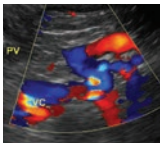

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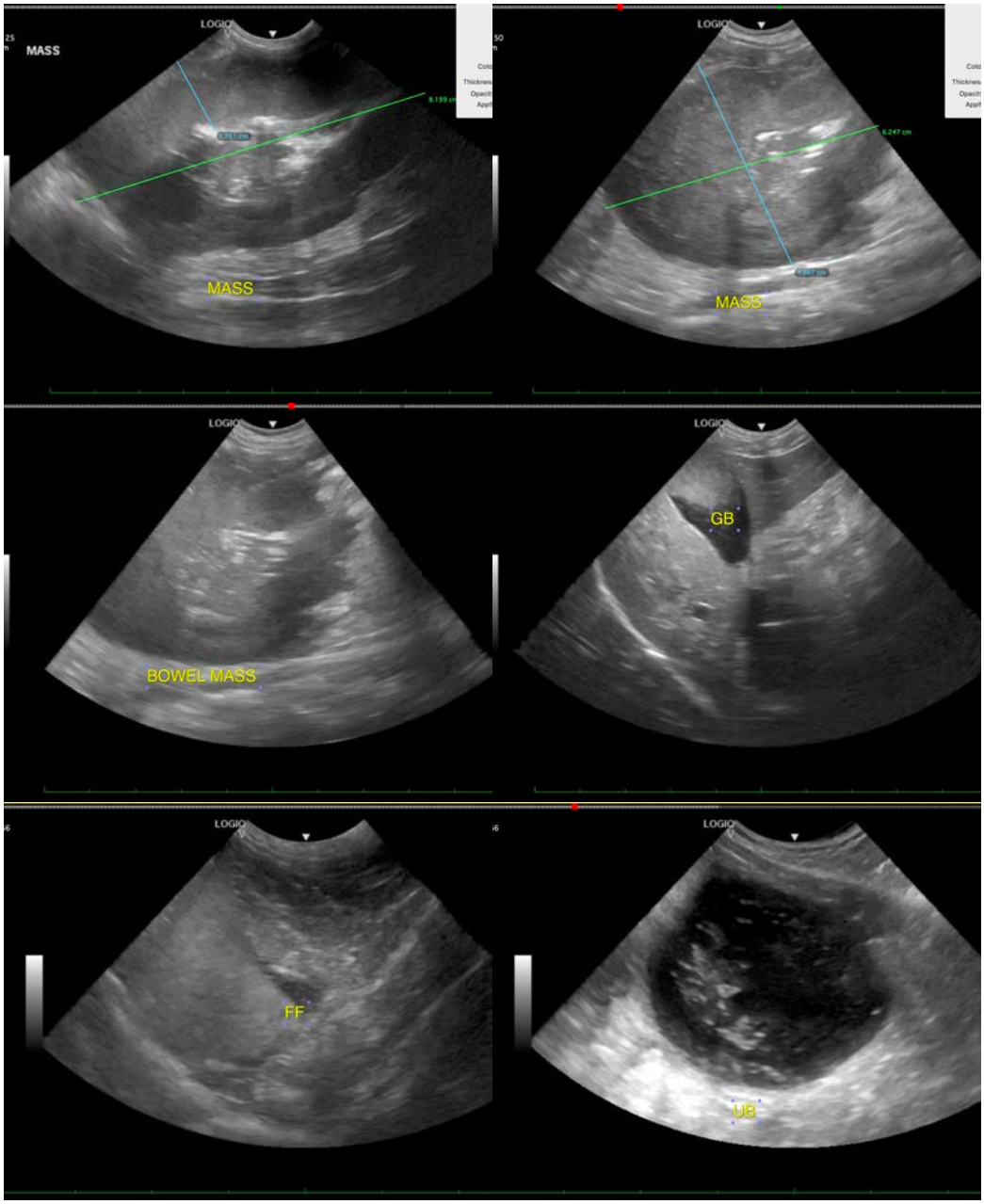

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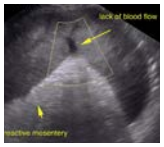
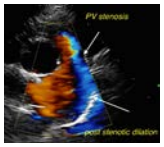
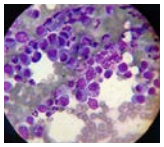
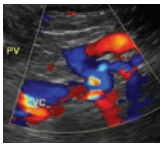

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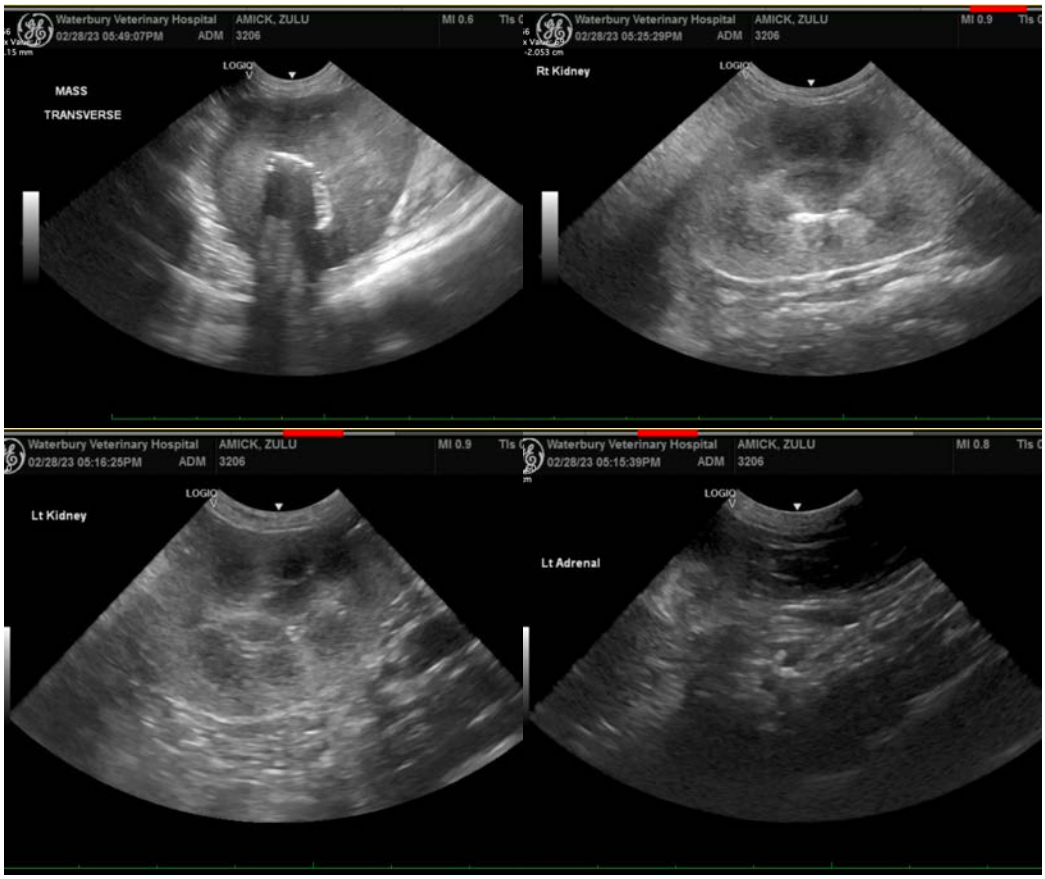

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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