

**DATE**

6/13/22

**PRESENTING CLINICAL SIGNS**

History: Chronic vomiting 1yr+, daily for approx 1 mo Diarrhea 2-3 days, normal appetite  
 Soft and doughy on abdominal palpation.

**PATIENT**

Sweetie Alves

Current Medications: Cerenia started 6/9 Diigel.  
 Lab Results: BW mostly wnl, mild elevation SDMA, mild elevation ALT.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.  
 Imaging Performed By: Andi Parkinson, BS, RDMS.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5/12/10

**WEIGHT**

10 Pounds

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

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.

Left kidney is normal is size (3.44 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.

Right kidney is normal is size (3.69 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 (0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. 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. Sole

**Liver**

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**INVOICE**

16075

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. Note, a hyperechoic curvilinear interface with a strong acoustic shadow was noted, consistent with gastric foreign body, with hair ball being the top differential.

The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa in the one focal area where there appears to be some blurred early loss of layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

### ***Pancreas***

The pancreas is prominent in size with a diffusely coarse appearance and mildly dilated pancreatic duct, measuring 0.35 cm. No evidence of enhanced hyperechoic peripancreatic fat.

### ***Free Abdomen***

Hypoechoic mild gastric lymphadenopathy is noted. The mesenteric lymph nodes are also enlarged, heterogeneous and hypoechoic in appearance, measuring approximately 1.0 cm thick maximally.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Thick muscularis. This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. Note, one focal area of bowel is concerning for possible early neoplasia, such as round cell neoplasia, given the blurred appearance of normal layering.
- Lymphadenopathy, differentials for which include both reactive lymphadenopathy, as well as infiltrative neoplasia cannot be ruled out.
- Hyperechoic hepatomegaly, consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible

### **Secondary Findings**

- Gastric foreign body, most consistent with a hairball
- Chronic pancreatitis

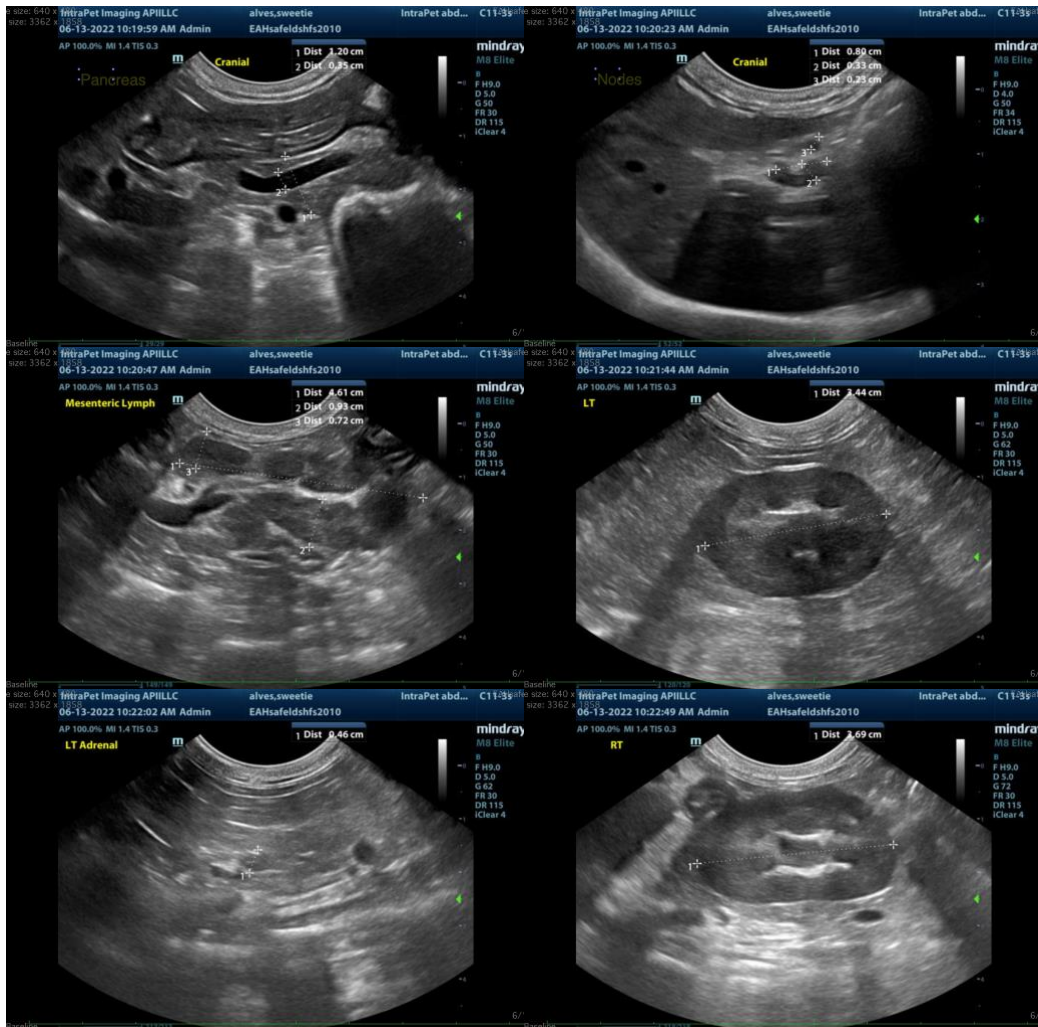
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

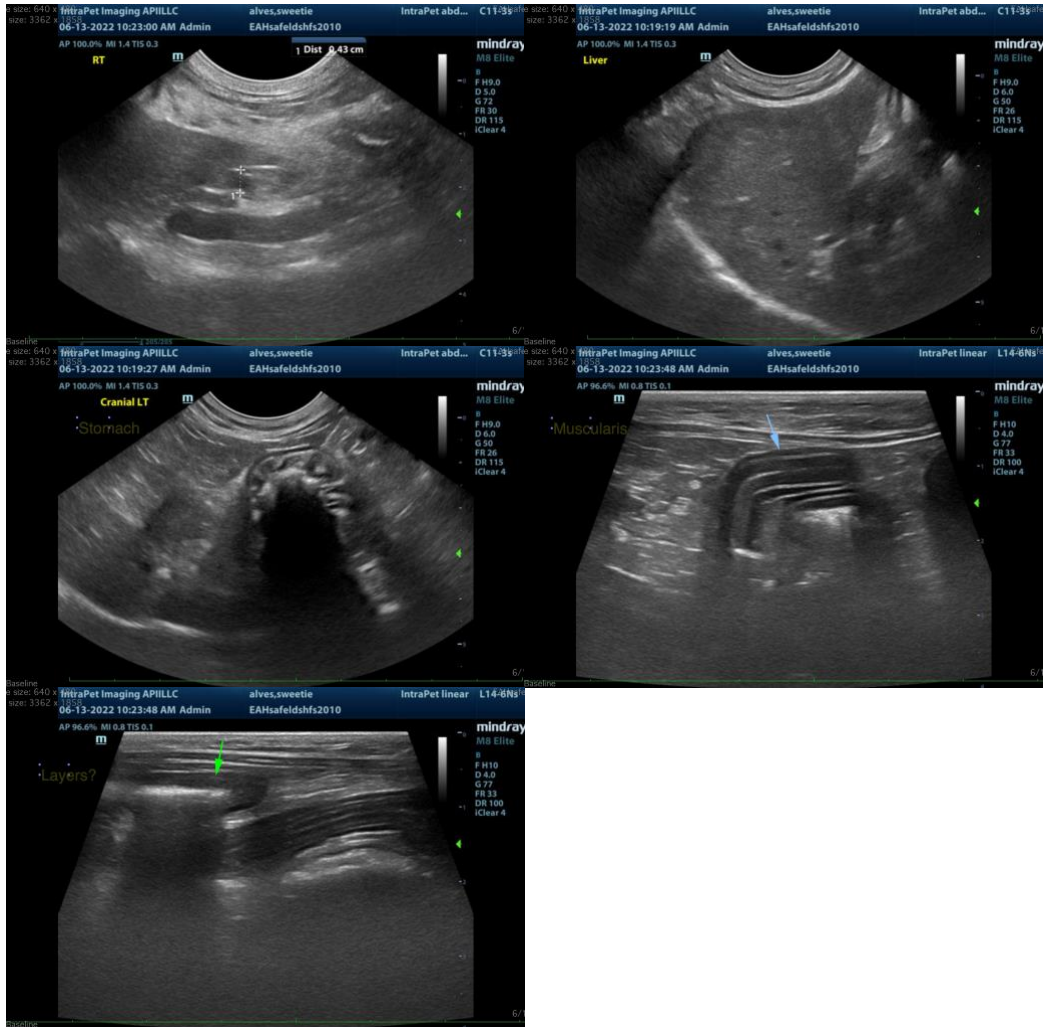
Recommendations for this patient include:

1. A gastrointestinal malabsorption panel, including TLI, PLI, folate and cobalamin (to Texas A & M GI laboratory) for further assessment of gastrointestinal and pancreatic function.

2. A fine needle aspirate of the mesenteric lymph nodes is recommended if patients coagulation status is appropriate.

Ultimately, if a diagnosis is not obtained via cytology, biopsies of the small bowel with, ideally, intraoperative ultrasound to identify the focal early loss of layering would be recommended. If intraoperative ultrasound is not an option, upper and lower endoscopy/colonoscopy for multifocal biopsies, being sure to include the ileum, if possible, could be considered.





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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