

**DATE PRESENTING CLINICAL SIGNS**

6/22/22

Mr. Pumpkin initially presented on 6/17/22 for pruritis of the ears. At the time of the exam, the owner reported two episodes of vomiting. Aside from mild excoriations, his exam was otherwise unremarkable. He presented again on 6/22 for continued vomiting, at which time a possible abdominal mass was palpated in the abdomen. He has a history of eating plastic, as well as of food allergies, for which he is on a novel protein diet.

**PATIENT**

Mr. Pumpkin Sirk

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7/29/14

**WEIGHT**

14.4 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Paradise AH

**REFERRING VET**

Dr. Twardzik

**INVOICE**

38931

Current Medications: Animax started 6/17/22 for periauricular dermatitis.

Lab Results: CBC: Elevated WBC 31.4 k/uL, Elevated Neuts 27.32 k/uL

Elevated monos 1.2 k/uL, Bands suspected. Chem: Decreased BUN 13 mg/dL, Increased globs 5.5 mg/dL, Elevated GGT 7 U/L

Radiographs: Possible mass effect in mid abdomen on left lateral view

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT Requested by DVM.

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

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.86 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 (4.77 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 (0.43 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.47 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. 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.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

At the area of ileocecolic junction, there is a concentric hypoechoic complete loss of normal layering, consistent with a bowel mass surrounded by markedly enhanced hyperechoic clumped mesentery as well as a lymph node that is enlarged (2.5 cm in diameter) 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.

### ***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***

See large bowel.

## **PRIMARY FINDINGS**

- Mass at the ileocecolic junction surrounded by marked lymphadenopathy and focal peritonitis, most concerning for infiltrative neoplasia such as adenocarcinoma or round cell neoplasia such as lymphoma.
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Inflammatory bowel disease (IBD) pattern - This finding has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No concurrent lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probably, but lymphoma cannot be definitively ruled out without tissue sampling.

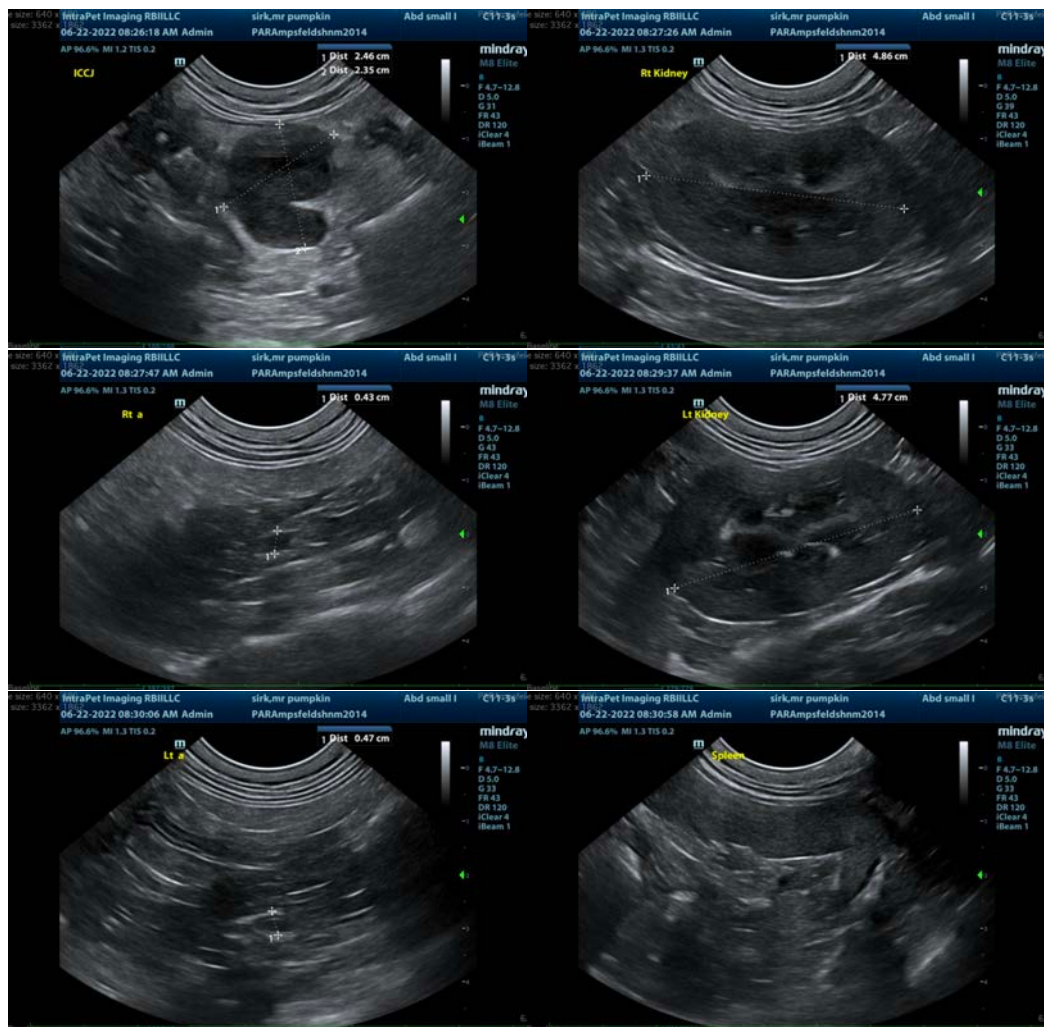
## **SECONDARY FINDINGS**

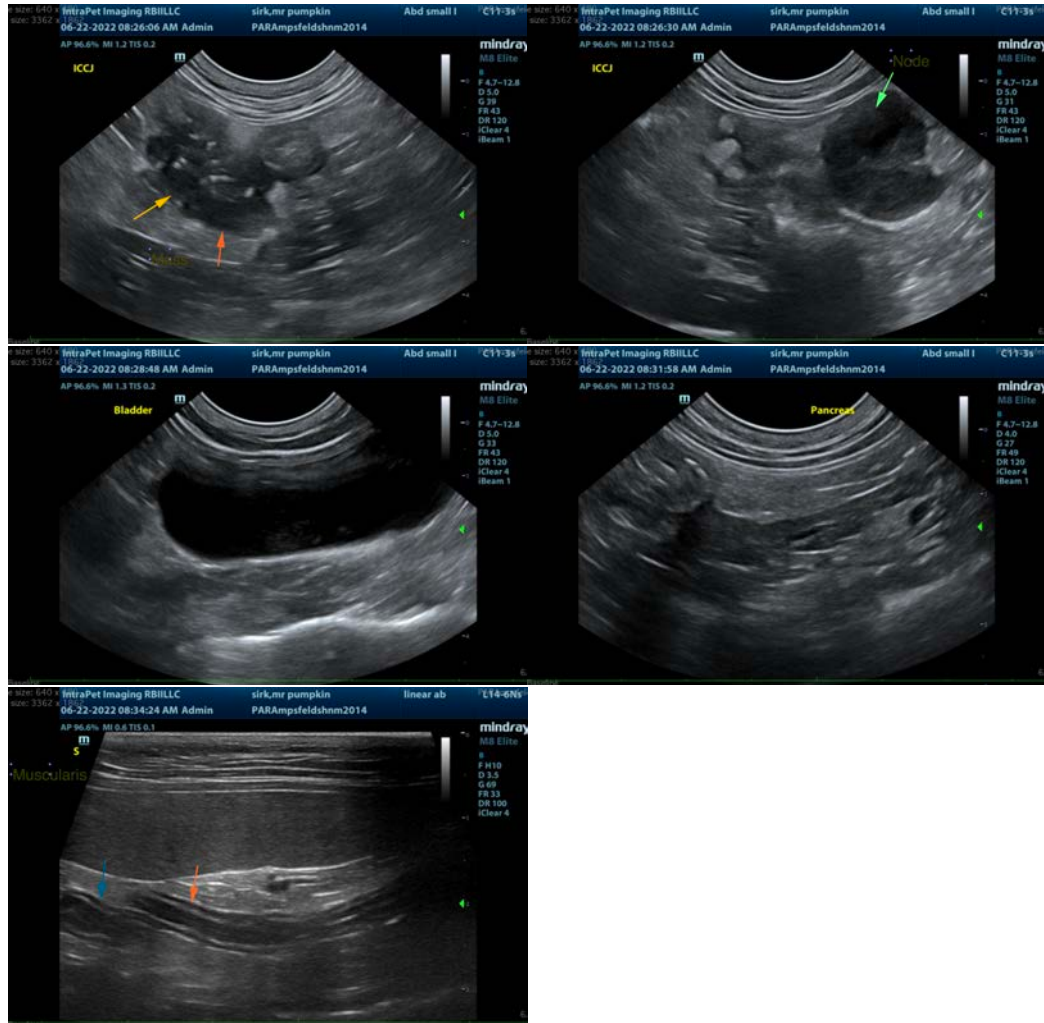
- Chronic pancreatitis
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

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

- 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.

- An exploratory laparotomy is recommended for mass removal, if possible, given the degree of suspected inflammation/peritonitis surrounding the mass. Biopsies of the small bowel including ileum are also recommended, given the diffusely thick muscularis.
- If a more conservative approach is elected, however, and the patient is stable, a fine needle aspirate of the mass as well as the enlarged lymph node +/- spleen could be considered, if patient's coagulation status is appropriate, to rule in/out round cell neoplasia, which may be able to be managed medically.
- Urinalysis and, if indicated based on urinalysis results, urine culture are 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/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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