

**DATE**

6/24/22

**PRESENTING CLINICAL SIGNS**

History: Decreased appetite for "awhile". Some competition for food with other more assertive cat. Littermate died of lymphoma earlier this year. Kidney stones noted on radiograph. Also, possible colon dilated with stool.

**PATIENT**

Ella Adams

Current Medications: Miralax -a pinch to 1/4 tsp daily to produce daily bowel movement.

Lab Results: See attached.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

DSH

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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. However, mineral/sand debris is also noted along the dependent wall. 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**

6/13/2007

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. Non-obstructive areas of mineralization/nephroliths are noted. The left kidney measures 3.36 cm. The right kidney measures 3.4 cm.

**WEIGHT**

9.8 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

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

**HOSPITAL NAME**

Timonium AH

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

**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. Kauder

**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.

**INVOICE**

16338

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 normal in wall thickness and 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.

Just past the ileocecolic junction, the colon contains a concentric hypoechoic loss of layering consistent with an infiltrative colonic mass.

### ***Pancreas***

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

The colonic mass is surrounded by enhanced hyperechoic fat and mesentery. Lymphadenopathy near the mass is also present.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

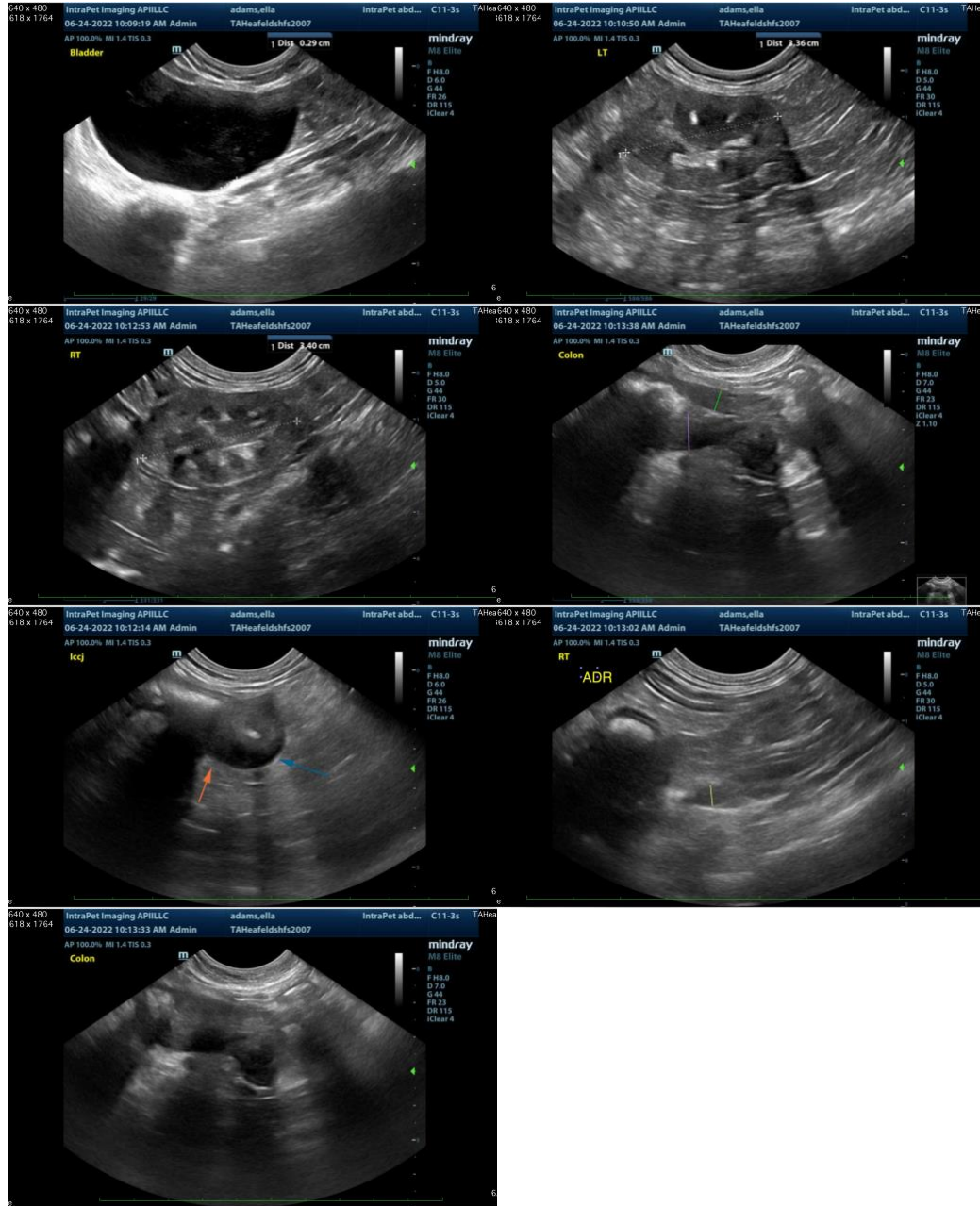
- Colonic mass with evidence of focal inflammation/peritonitis, most concerning for infiltrative neoplasia, such as adenocarcinoma versus round cell neoplasia, such as lymphoma.

### **Secondary Findings**

- Bilateral nonobstructive nephrolithiasis
- Urinary bladder debris/sand

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

1. 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.
2. A fine needle aspirate of the bowel mass could be considered to rule out round cell neoplasia, however, if cytology is not diagnostic, then an exploratory laparotomy for bowel mass removal may be necessary.
3. 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. 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**

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