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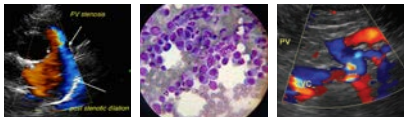

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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**DATE**

6/8/22

**PATIENT**

Harley Davidson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5/1/14

**WEIGHT**

9.13 Pounds

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Eldersburg VH

**REFERRING VET**

Dr. Easter

**INVOICE**

38532

## PRESENTING CLINICAL SIGNS

Lethargic, vomiting x 1 wk, diarrhea, weight loss and decreased appetite. Indoor only pet. 4 lb weight loss since last here in 2017. PE: dehydrated, thickened bowel loops.

Current Medications: Cerenia 0.4mL SQ, yesterday 6/7 @7pm
Lab Results: cbc/chem17/lytes- IH= severe neutrophilia w/ suspected bands, elevated BUN, phos, sdma, tbili and electrolytes low
Radiographs: nsf in thorax, bowel loops thickened w/ possible mass effect or overlapping GI in caudal abdomen
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

## 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 (4.45 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 (4.56 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 (0.49 cm ), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.59 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 enlarged in size with smooth but rounded margins. Normal homogeneous echotexture. Parenchyma is diffusely hypoechoic, characterized by more prominent than normal portal vein walls. No nodules or masses are evidence. Visible vasculature appears normal.

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 normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material. In the mid caudal abdomen, there is a focal small bowel mass with complete loss of normal wall layering with a diffusely hypoechoic 1.5 cm thick circumferential thickening to the loop.

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 diffusely prominent in size with a coarse heterogeneous echotexture and hypoechoic echogenicity. No enhanced peripancreatic tissue is noted, and no overt duct dilation is present.

### *Free Abdomen*

There is a scant amount of anechoic free fluid between liver lobes. Large, hypoechoic, irregular, approximately 2.0 cm diameter mesenteric lymph nodes noted.

## ULTRASONOGRAPHIC FINDINGS

- Small bowel mass – suspect jejunal with infiltrative neoplasia such as round cell neoplasia being the top differential. Carcinoma cannot be ruled out, but is considered less likely, given the concurrent lymph node and liver changes. Benign, infectious or inflammatory disease such as FIP versus other also cannot be ruled out, but are considered less likely.

- 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.

- Mesenteric lymphadenopathy – most concerning for infiltrative round cell neoplasia.

- Hypoechoic hepatomegaly – differentials include infiltrative neoplasia such as lymphoma versus acute hepatitis/cholangiohepatitis, hepatitis being considered less likely, given concurrent changes.

- Chronic pancreatitis with the potential for acute on chronic smoldering pancreatitis not able to be ruled out.

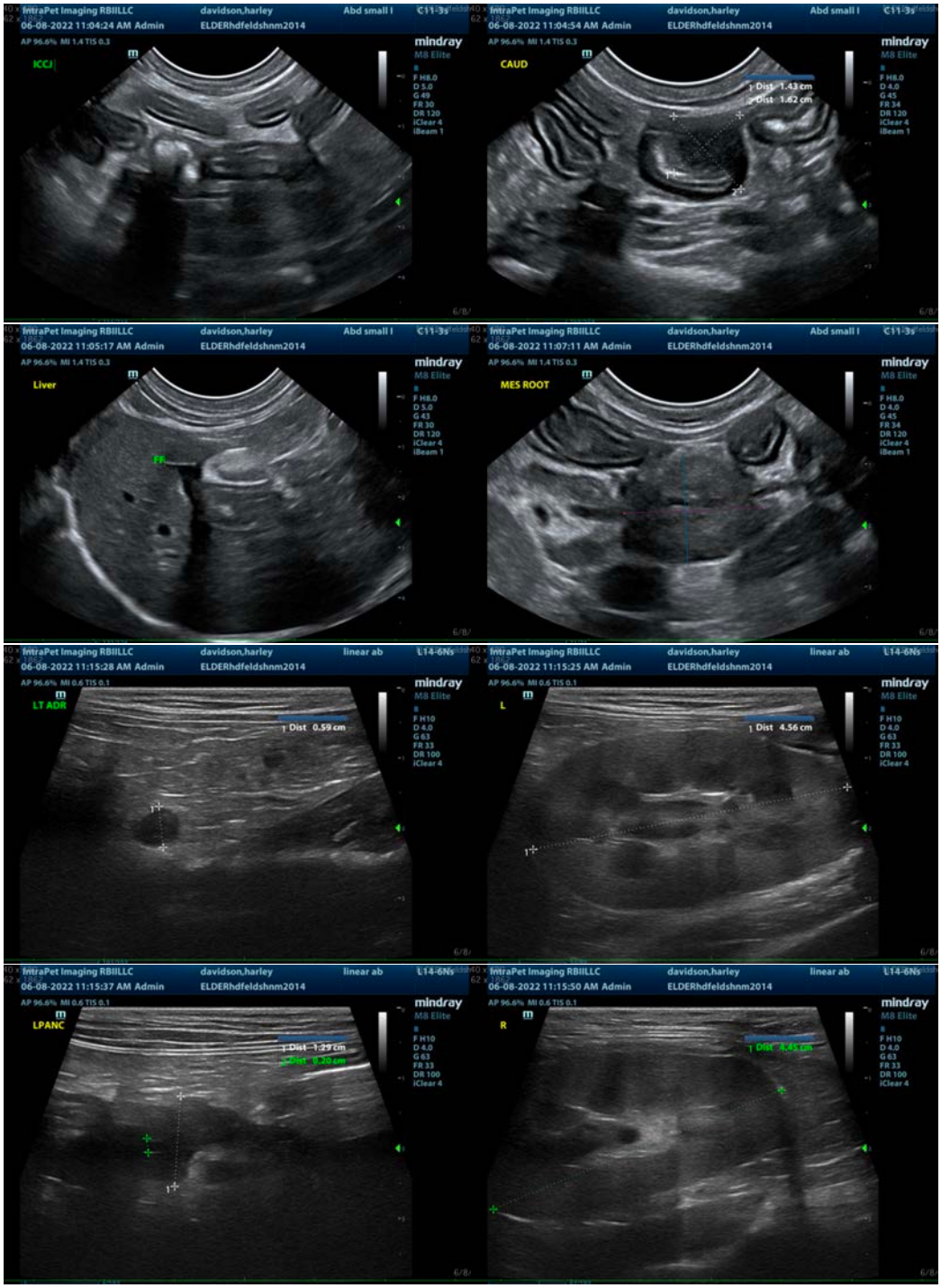
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

1. 3-view thoracic radiographs recommended to look for further evidence of metastatic disease (if not recently evaluated).

2. Ideally, surgical excisional biopsy with resection and anastomosis of the bowel mass would be considered with concurrent biopsies of the remaining bowel, given the diffusely thick muscularis layer.

3. If a less aggressive approach is elected prior to surgery, fine needle aspirate of the liver, the enlarged lymph nodes, +/- the bowel mass (if patient's coagulation status is appropriate) could be considered to look for infiltrative neoplasia such as lymphoma.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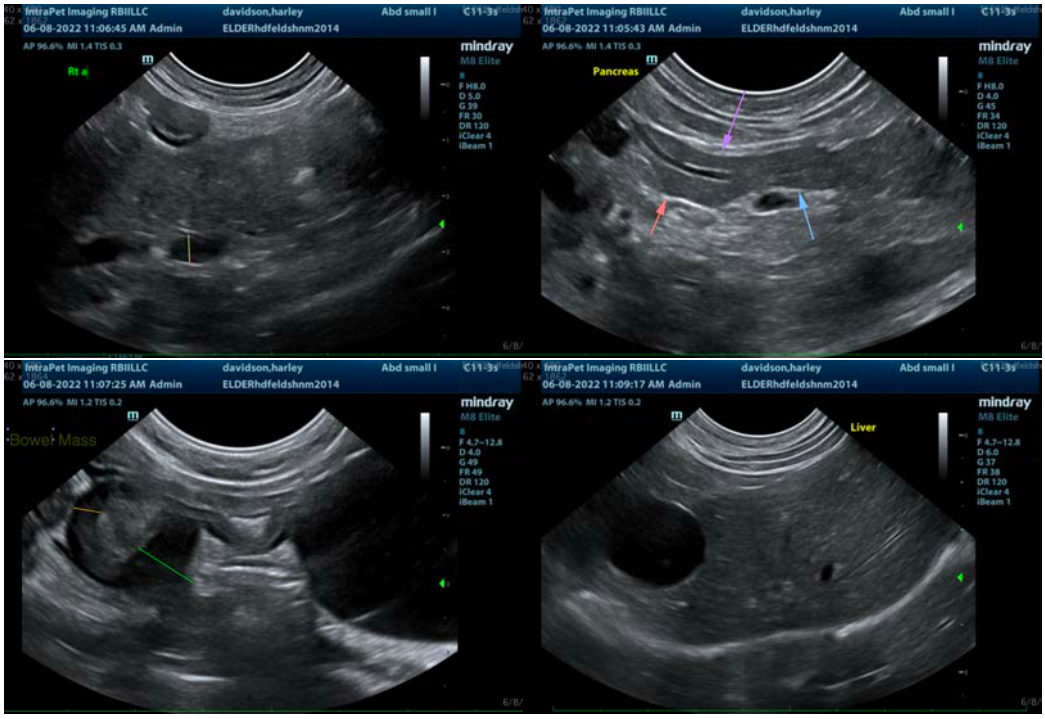


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
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