



**PATIENT**

Shasta Nelson

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea for 1 month. On Hill's I/D food and probiotic with no improvement, has done metronidazole trial with no improvement. Fecal parasite PCR from Antech negative. Abnormal PE/Chem/CBC/UA Results: Cobalamin is <150 and Folate is 16.7, Feline TLI pending

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Bengal

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.

**SEX**

Spayed Female

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 3.2 cm. The right kidney measured 3.9 cm.

**AGE**

10 Years

**Adrenal Glands**

The adrenal glands are unable to be visualized in these images.

**WEIGHT**

5.72 Pounds

**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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**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.

**IMAGING PERFORMED BY**

Dr. Taylor Parker

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.

**HOSPITAL NAME**

Lone Mountain AH

**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.

**REFERRING VET**

Dr. Taylor Parker

Most of the visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). However, in the mid abdomen there is a concentric, hypoechoic loss of layering measuring 0.60 cm thick, representing a small bowel mass. 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.

**INVOICE**

40010

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

**DATE**

8/1/22



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**Pancreas**

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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.

**SPECIES**

Feline

**Free Abdomen**

A scant amount of anechoic free fluid is noted in the caudal abdomen, around the urinary bladder.

**BREED**

Bengal

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

**PRIMARY FINDINGS**

**SEX**

Spayed Female

- **Small bowel mass** – most concerning for infiltrative neoplasia such as lymphoma or adenocarcinoma versus other. Marked benign inflammatory change can't be ruled out, but is considered less likely.

**AGE**

10 Years

- **Mesenteric lymphadenopathy** – Both reactive as well as infiltrative neoplasia are differentials.

**SECONDARY FINDINGS**

- Age related kidney change

**WEIGHT**

5.72 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations for this patient include tissue sampling of the bowel mass. A fine needle aspirate could be considered if possible and if patient's coagulation status is appropriate. If the mass cannot be reached safely and/or cytologic diagnosis is not obtained, surgical laparotomy with mass removal, resection and anastomosis, etc. may be necessary.

**INTERPRETED BY**

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DACVIM

Given the reportedly low cobalamin, diffuse malabsorption is present in addition to the bowel mass. Therefore, biopsies of the diffusely "normal" bowel are also recommended.

**IMAGING PERFORMED BY**

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In the meantime, cobalamin supplementation is recommended.

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**BREED**

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**SEX**

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**AGE**

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**WEIGHT**

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**REFERRING VET**

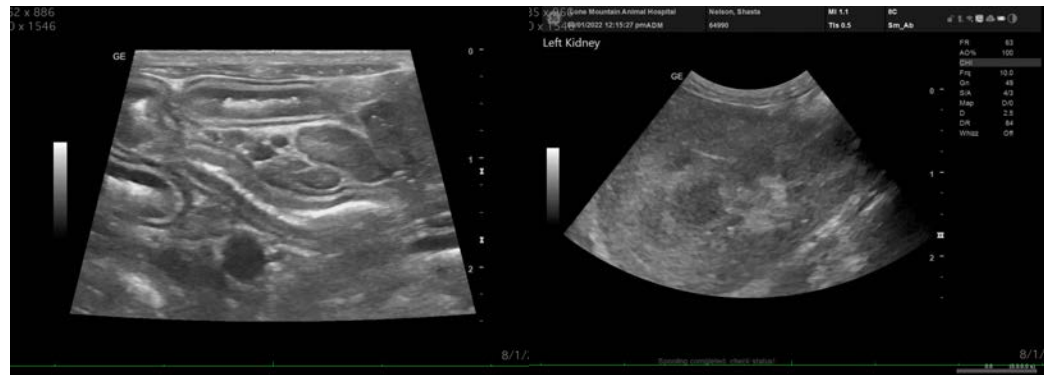
Dr. Taylor Parker

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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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