

**DATE**

9/12/22

**PRESENTING CLINICAL SIGNS**

History: Pt diagnosed with thickened ileum with loss of layering and lymphadenopathy most concerning for emerging neoplasia. Pt started on Pred and leukan and doing well. Owner now curious about improvement versus progression.

**PATIENT**

Black Jack Grasso

Current Medications: Prednisolone-2.5mg SID, Leukan-8mg/ml-0.25ml PO q.4d.

Date of Previous IntraPet Ultrasound: 3/24/22. See attached.

**SPECIES**

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Feline

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

DSH

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

Urinary bladder is moderately distended. Is has a normal uniform wall thickness of <0.2 cm. Contents include primarily anechoic fluid combined with suspended echogenic nonshadowing debris within the fluid, as well as some echogenic debris that appears to be adhered to the nondependent wall. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. The suspected debris adhered to the wall measures 0.33 cm thick.

**SEX**

Neutered Male

**AGE**

10/13/10

Left kidney is normal is size (4.19 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.

**WEIGHT**

13 Pounds

Right kidney is normal is size (4.27 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 (0.38 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Alexander AH

Right adrenal gland is normal in size (0.43 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**REFERRING VET**

Dr. Alexander

**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**

17278

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. A mildly tortuous nonpathologically distended common bile duct was noted, which can be a normal non-pathologic finding in a cat.

### ***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.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

### ***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***

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

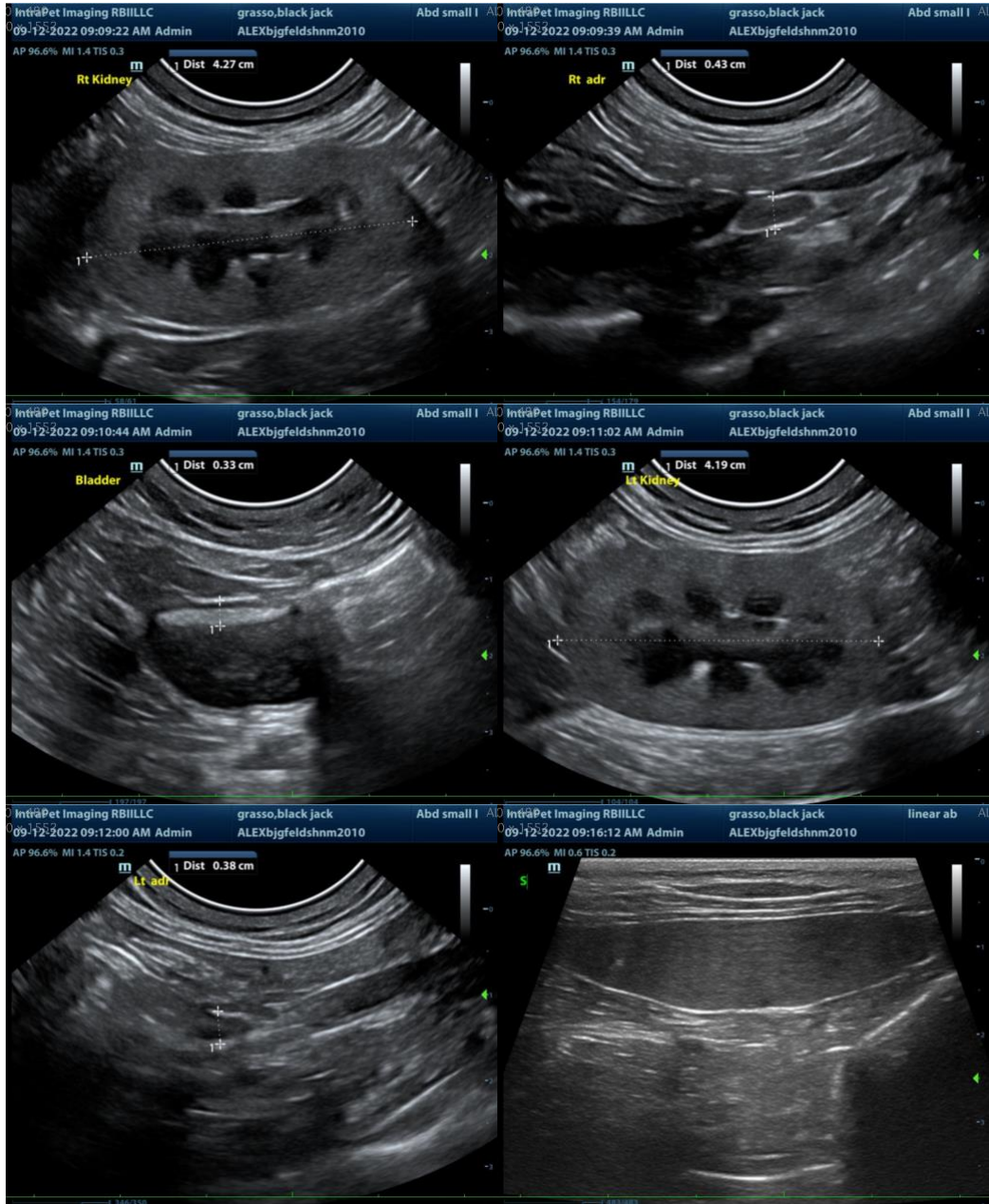
## **ULTRASONOGRAPHIC FINDINGS**

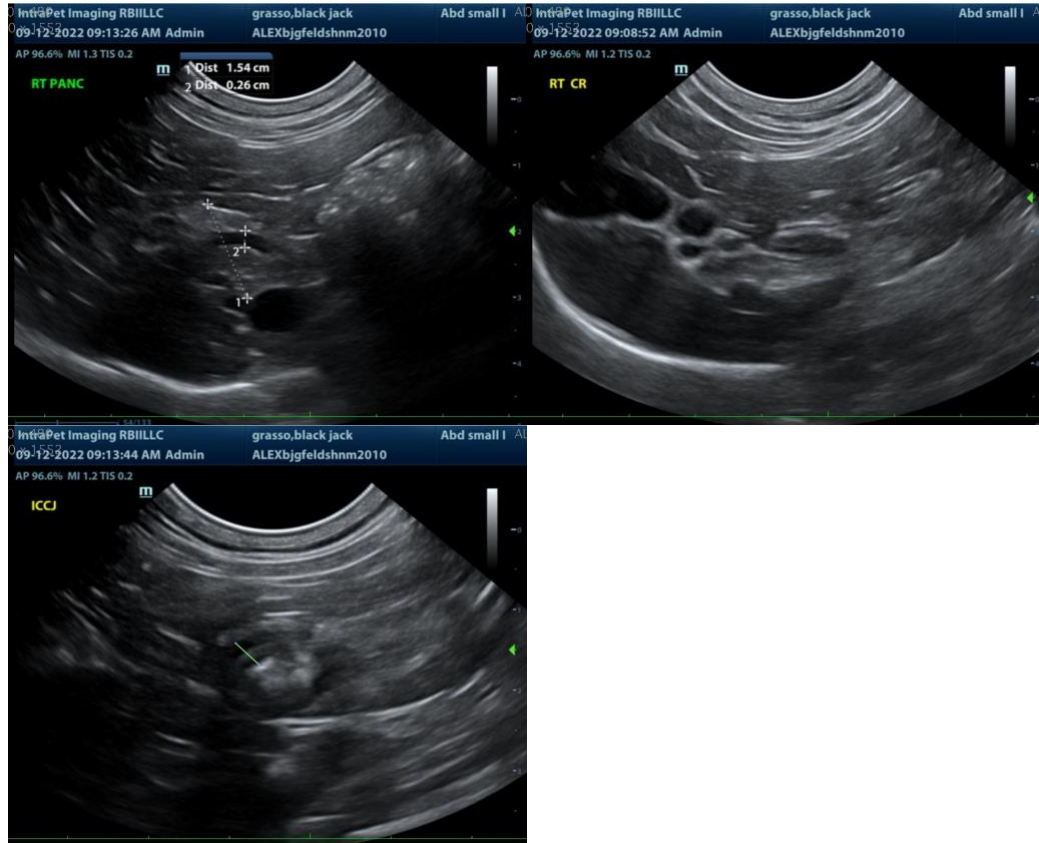
- The previously reported bowel mass at the level of the ileocecal colic junction appears to have resolved with a much more normal appearance to the bowel wall layering noted in this study.
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered. \* This is a static finding.
- Chronic active pancreatitis, appears static and of minimal clinical concern with the patient reportedly doing well.
- Urinary bladder debris, appears static

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

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Given this patients marked improvement, combined with improved clinical status, no additional recommendations are warranted at this time.





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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