



## PATIENT

Emily Barley

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

15 Years

## WEIGHT

4.1 kg

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

13168

## DATE

01/15/26

## PRESENTING CLINICAL SIGNS

P presented for today for abdominal ultrasound. Concern for a mass was seen on a radiograph at rDVM last week and was recommended to have an abdominal ultrasound to better identify at that time. P is not eating much with a decreased appetite and losing weight. Dehydration: 6-8% EENT/oral: pale pink dry mm, crt 3-4s H/L: Gallop rhythm noted Abd: Significant pain on palpation of firm, lobulated, freely mobile 3-4 cm mass in cranial abdomen - concern for intestinal mass? Musc: Generalized cachexia Integ: moderately prolonged skin tent

EPOC: BE -8.5, otherwise WNL PCV/TP: 33/7.8 USG >1.050

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. The bilateral kidneys were hypoechoic. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The right kidney measured 3.3 cm in length. The left kidney measured 3.5 cm in length.

### Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.34 cm in thickness. The right adrenal gland measured 0.37 cm in thickness.

### Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

### Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

### Gastrointestinal

There's some portion of visible stomach which is of normal thickness with normal wall layering. Towards the pylorus and extending into the proximal duodenum, encompassing the PDJ, there is a large complex mass that completely obliterates normal intestinal structure and wall layering measuring



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at least 3.1 cm x 3.0 cm. Distal to the mass, small intestine has a normal curvilinear appearance but is diffusely thickened with a somewhat prominent muscularis layer. There is distinct wall layering visible in the remainder of small intestine.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

## *Pancreas*

The left limb of the pancreas is enlarged and hypoechoic with surrounding hyperechoic mesentery. No fluid accumulations visualized. No mass effect consistent with pancreatic neoplasia visualized.

## *Lymph Nodes*

No clinically significant lymphadenopathy or abnormalities noted.

## ULTRASONOGRAPHIC FINDINGS

- Large mass encompassing PDJ and proximal duodenum.
- Diffusely thickened small intestines with prominent muscularis layer.
- Aging renal changes.
- Pancreatitis.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the small intestine is most concerning for neoplasia. GI lymphoma, carcinoma, and mast cell tumor are the most common intestinal tumors in cats. Other tumors both malignant and benign as well as non-neoplastic lesions such as a mural granuloma or abscess are possibilities though considered less likely based on appearance. Fine needle aspirate is recommended to further characterize as this may help guide surgical decisions.

While the remainder of small intestines are consistent with IBD or small cell lymphoma, the PDJ/duodenal mass may not be related. Even if surgical resection is indicated by FNA, this is a very challenging area for surgical resection and consultation with a veterinary surgeon is strongly recommended prior to considering surgery. Patient may have superimposed pancreatitis given pancreatic changes. Treatment is supportive.



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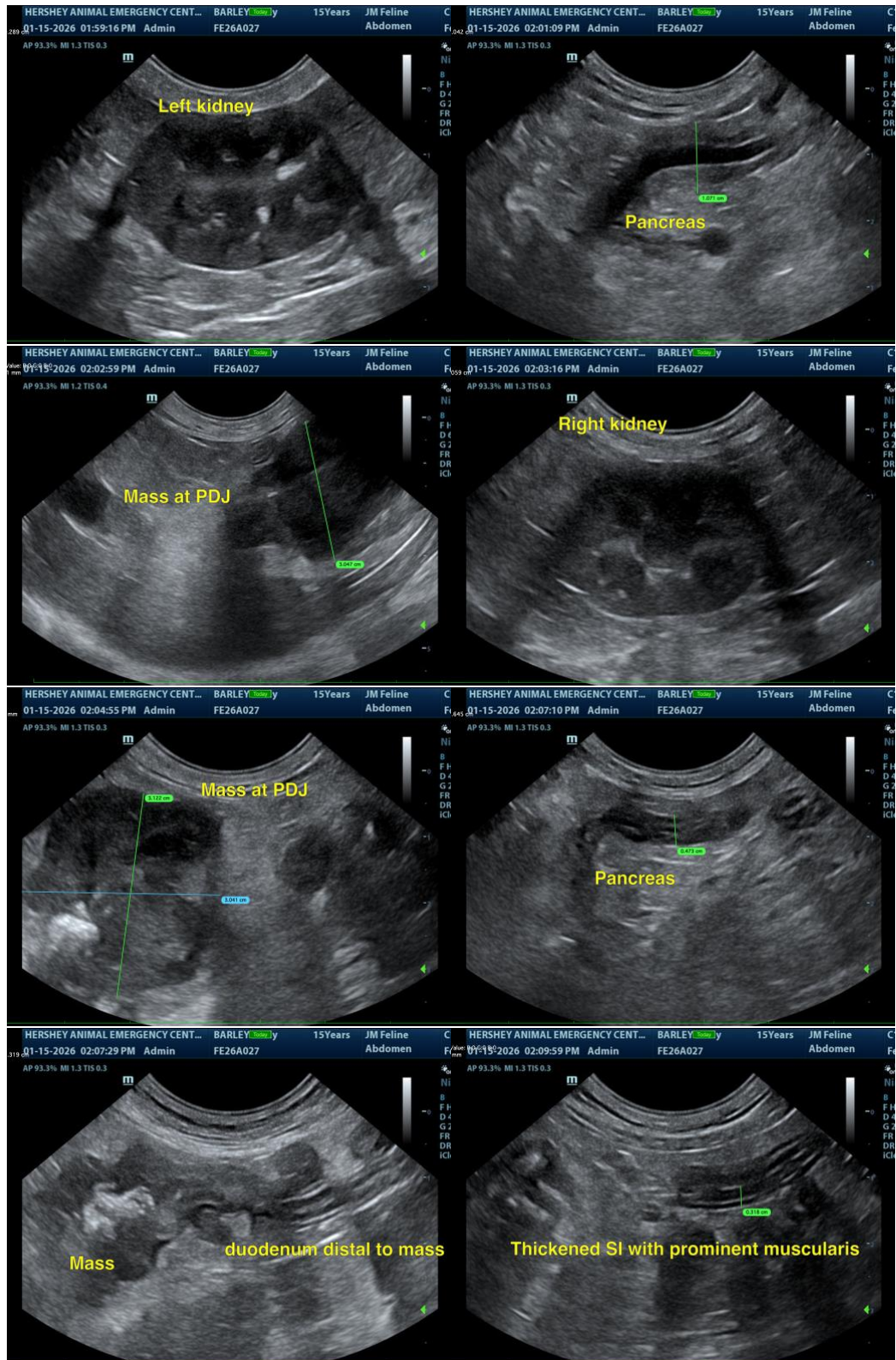
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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