



PATIENT PRESENTING CLINICAL SIGNS

Midge Katz History: Polyphagia, vomiting, weight/muscle loss since around August. Thickened intestines & rounded mesenteric LNs seen on ultrasound. Aspirated mesenteric LN

SPECIES Abnormal PE/Chem/CBC/UA Results: Elevated K & monocytes; decreased NA/K ratio, ALT, ALP, CHOL.

Feline ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

DSH

SEX The left kidney is normal in size (3.61 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Female Spayed

AGE The right kidney is normal in size (3.70 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

11 years, 5 mos

Adrenal Glands

WEIGHT The left adrenal gland is normal in size (0.35 cm) with a normal shape and is normal in appearance and echogenicity.

5.46 lbs The right adrenal gland is normal in size (0.34 cm) with a normal shape and is normal in appearance and echogenicity.

INTERPRETED BY Spleen

Jessica Midence, DVM, DACVIM (SAIM) The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

IMAGING PERFORMED BY Liver

Melissa DaSilva The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

HOSPITAL NAME The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Pocono Peak VC

REFERRING VET Gastrointestinal Tract

Nicole Norris-Carney The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

INVOICE Most visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal (0.22 cm) with distinct wall layering. Much of the small intestines also measure normal, though within the small intestines a focal section of bowel becomes severely circumferentially thickened (up to 0.49 cm). There is also complete loss of layering within this section, which is hypoechoic. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

12938

DATE

5.4.23

The sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct is dilated (0.17 cm), which can be normal in aging cats.

Peritoneum

The mesentery is diffusely hyperechoic surrounding all the loops of bowel. The mesenteric lymph nodes are also enlarged, hypoechoic and rounded (up to 0.84 cm x 0.54 cm). There is a mild amount of anechoic effusion cranial to the bladder, and a scant amount around the spleen and left kidney.

ULTRASONOGRAPHIC FINDINGS

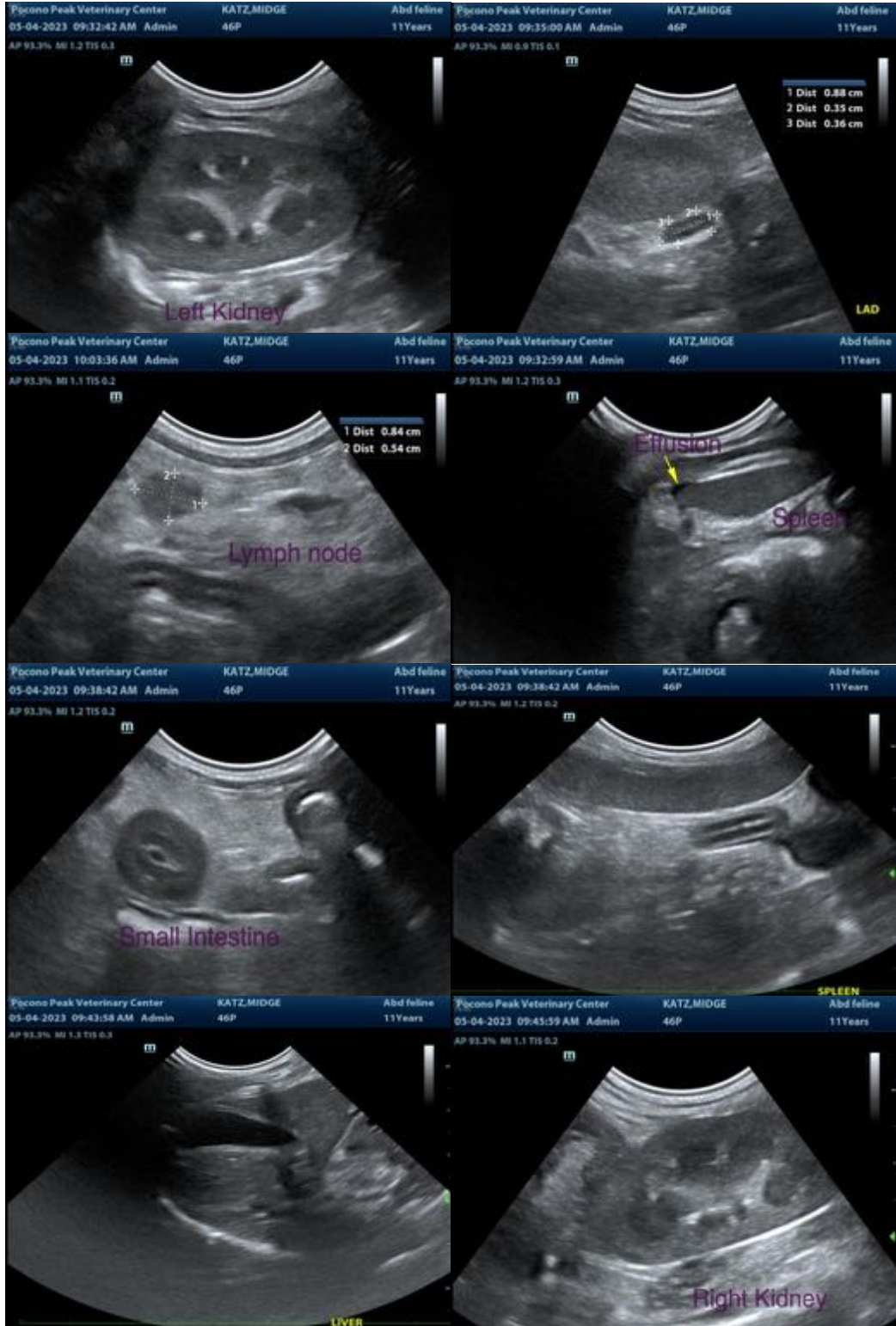
Findings

- Focal small intestinal thickening with loss of layering, with surrounding mesentery inflammation, effusion, and lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal section of the bowel that is significantly thickened, with almost complete loss of layering. The surrounding mesentery is diffusely inflamed with enlarged lymph nodes, that are taking on a more rounded appearance, which raises concern for neoplasia. Differentials include neoplasia (small cell lymphoma, enlarged/intermediate cell lymphoma, mast cell tumor, emerging carcinoma, gist, etc.) or a severe inflammatory process. Biopsy, likely surgical given the location within the mid-intestines, will likely be necessary for further characterization given that the cytology showed lymphoid hyperplasia, which does not exclude the potential for neoplasia in this case given the appearance of the loop of bowel.





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.

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