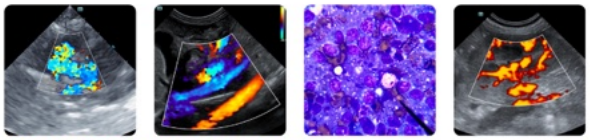

PATIENT

Skittles Fischer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

7 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Dr. Pamela Bay

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

- Not eating and weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 3.29 cm and the right kidney was 3.24 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 acceptable. The left adrenal gland was 0.94 cm by 0.32 cm and the right adrenal gland was 0.65 cm by 0.31 cm in size.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a moderate amount of hyperechoic food within the lumen of the stomach. Evaluation of the intestinal tract revealed a normal appearing

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duodenum and jejunum with normal wall layering. In the distal ileum there was a large, hypoechoic, intestinal mass present extending through the ileocecocolic junction into the proximal colon. This mass measured 2.34 x 2.18 cm in size. The proximal aspect of the colon wall had increased thickness measuring 0.97 cm. There were also enlarged, hypoechoic and rounded ileocecocolic junction lymph nodes noted with the largest measuring 1.1 x 0.59 cm in size. There was no evidence of free abdominal effusion present.

Pancreas

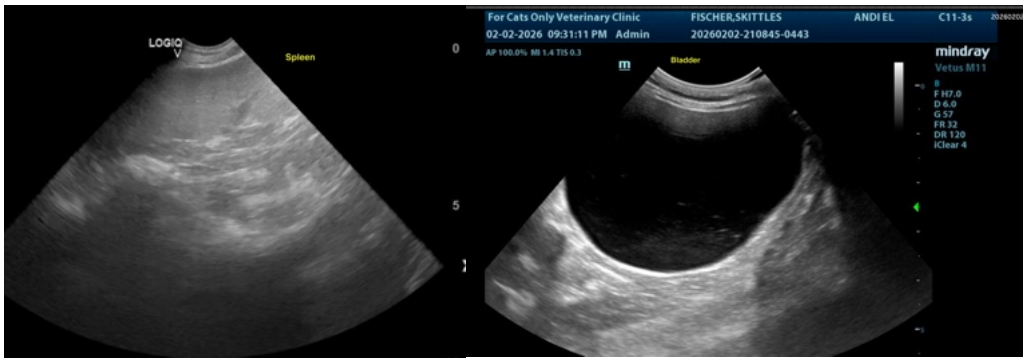
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Large, hypoechoic mass in the region of the ileocecocolic junction.
Enlarged, hypoechoic and rounded ileocecocolic junction lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have a very large, mass extending from the distal ileum through the ileocecocolic junction into the proximal colon. A FNA of this mass should be performed in order to obtain a cytologic diagnosis. This can help to direct the appropriate next steps which can include excision with resection with resection and anastomosis although there are risks of chronic diarrhea with loss of the ileocecocolic junction region. Chemotherapy could potentially be an option if lymphoma is found as the diagnosis on cytology. If sampling is declined, then supportive care until euthanasia is elected should be provided.



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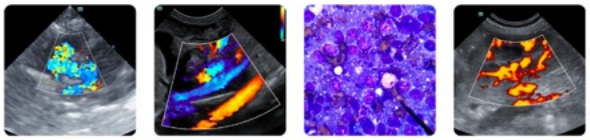

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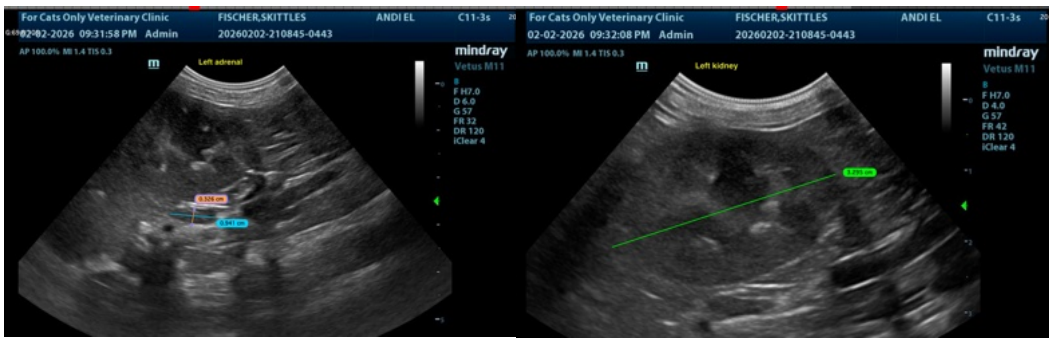

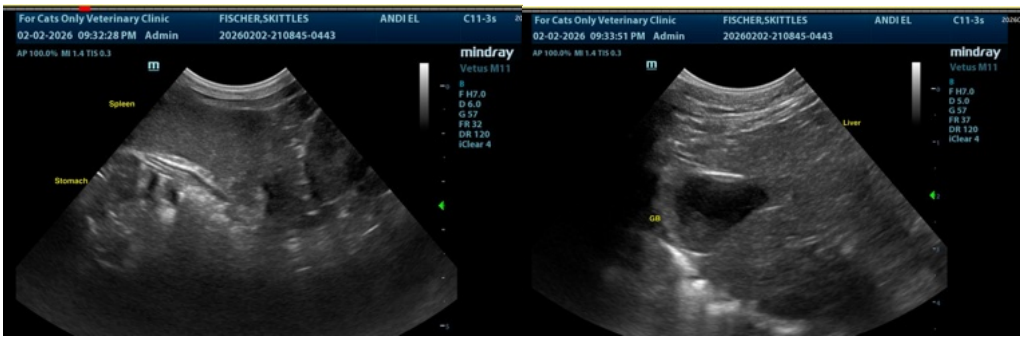

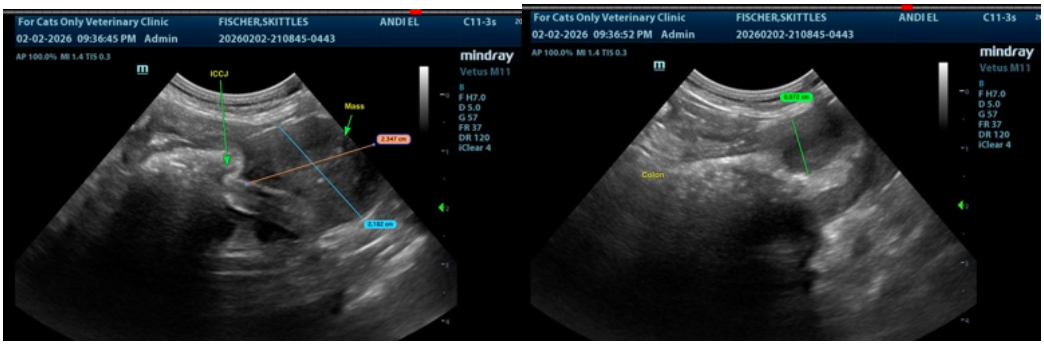

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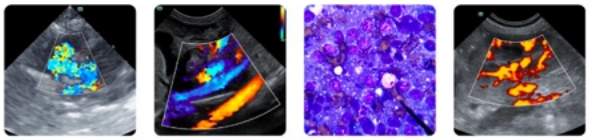

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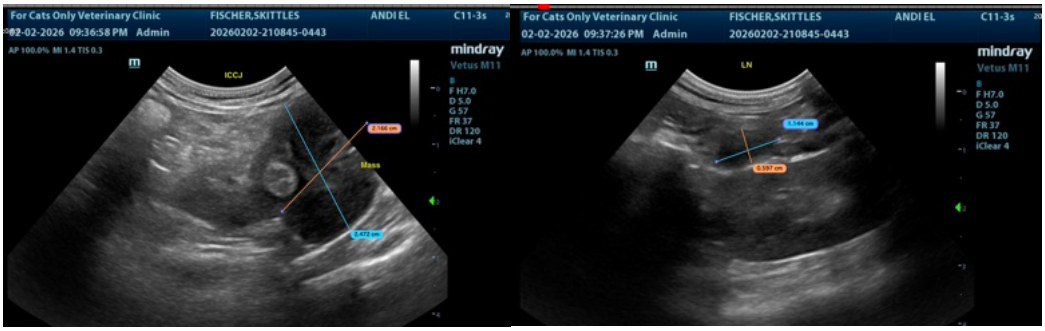

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com