

**DATE**

2/16/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting on and off for a little while.

Current Medications: Cerenia 16mg 1/2 tab every 24 hours.

Lab Results: SDMA normalized, BUN 39-otherwise blood work unremarkable. Attached separately.

**PATIENT**

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Daisy Allen

Sedation: Declined.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Siamese

\*\*\* Lack of adequate patient sedation (offered, but declined) can hinder ultrasound imaging. If additional imaging is required sedation will be necessary.

**SEX**

Spayed Female

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**AGE**

1/5/05

The left kidney has a normal shape and size (3.12 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

11.5 lbs

The right kidney has a normal shape and size (3.35 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**Kathleen Sennello  
DVM, MS, Diplomate  
ACVIM (Small Animal  
Internal Medicine)**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

**HOSPITAL NAME**

Eldersburg Veterinary

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**REFERRING VET**

Dr. Alper

**Spleen**

The spleen is normal/borderline large in size measuring 1.0 cm at the level of the hilus. The echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**INVOICE**

96103

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is an irregular, subtle, hyperechoic nodule visualized within the parenchyma measuring 0.6 x 0.57 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There is a focal area of small bowel that appears thickened with a hypoechoic wall and loss of layering. In this area the bowel wall measured 0.44 cm. The omentum is hyperechoic around this section of abnormal bowel.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 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.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional, prominent/enlarged mesenteric lymph nodes measuring 0.6 cm and 0.54 cm. The omentum is of increased echogenicity around the large lymph nodes and hypoechoic area of bowel.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS:**

- Hyperechoic nodule in the hepatic parenchyma. The significance of this is unclear. It could represent a benign or neoplastic nodule.
- Focal area of thickened small intestine with significant loss of layering. The findings are concerning for infiltrative disease either severe inflammation or neoplastic infiltration.
- Moderately enlarged mesenteric lymph nodes. The moderate/severe mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc.. A fine needle aspirate with cytology is recommended for further evaluation.

### **SECONDARY FINDINGS:**

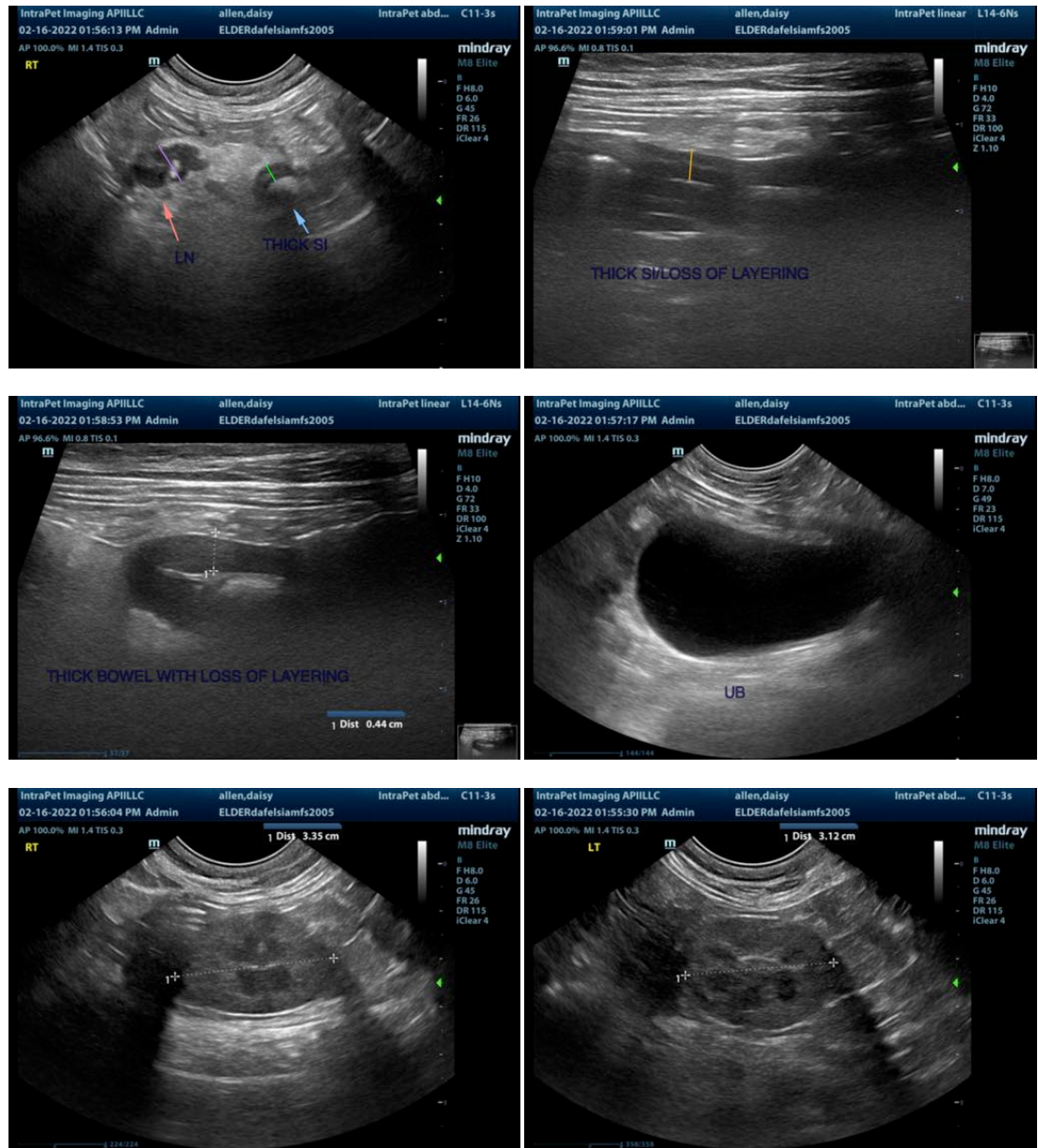
- Borderline enlarged spleen. The spleen appears fairly normal and this is a large cat so this could be within normal limits. However, if round cell neoplasia is of a concern (which I believe it is) then consider a FNA.

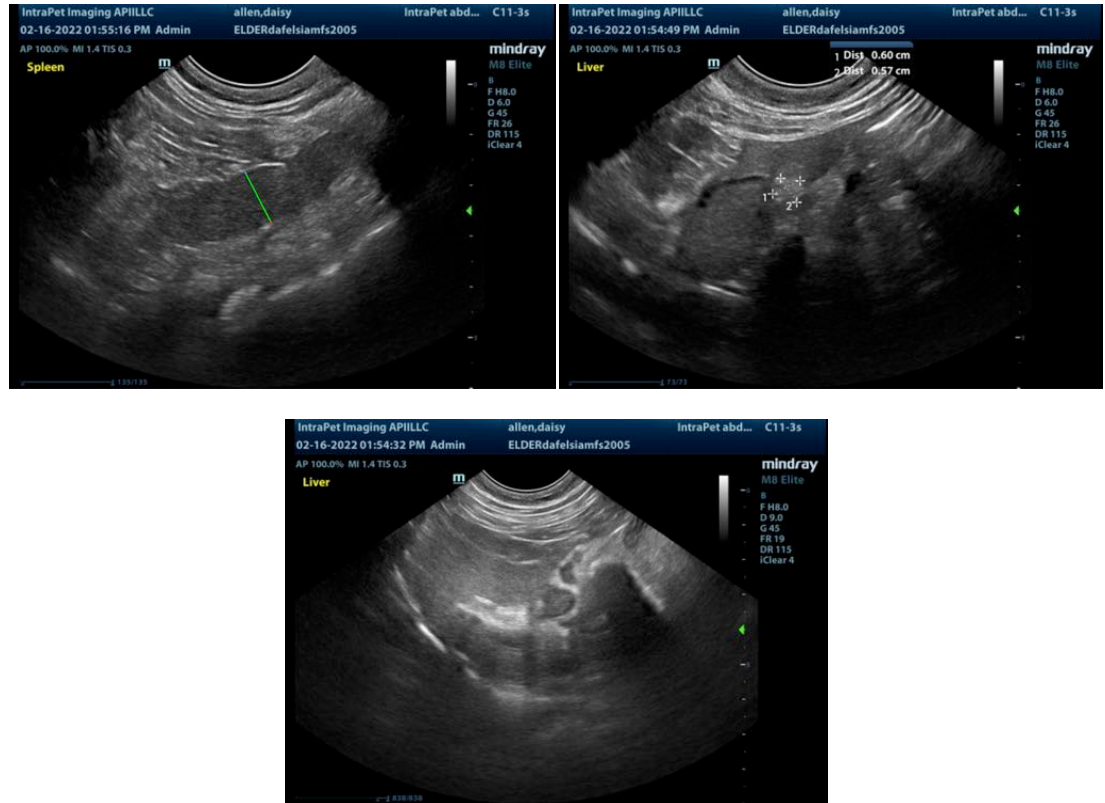
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most significant finding on today's scan is a section of bowel with complete loss of layering and thickened, hypoechoic wall. This area is very concerning for an infiltrative disease. Additionally there are clusters of enlarged lymph nodes with inflamed mesentery and an enlarged spleen.

Consider FNA of the spleen and a mesenteric lymph node (if able). Otherwise, I suspect diagnosis will depend on surgical biopsies of the GI tract.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
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