

**DATE**

2/24/22

**PRESENTING CLINICAL SIGNS**

Owner reports vomiting and 4lbs weight loss the past 6 months with normal bloodwork and x-rays at previous DVM. PE reveals what feels to be firm, thickened loops of bowel throughout length of GI tract. Current Medications: None.

**PATIENT**

Nico Witham

Lab Results: WNL.

Radiographs: WNL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Telazol IV.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

1/15/10

**WEIGHT**

7 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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.

The left kidney has a normal shape and size (4.15 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.

The right kidney has a normal shape and size (3.48 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 left adrenal gland is normal in size measuring 0.35 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**HOSPITAL NAME**

Alexander AH

**Spleen****REFERRING VET**

Dr. Alexander

The spleen is subjectively normal in size, 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**

96300

**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. No focal nodules or cystic lesions are observed. 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 appear somewhat thickened with a very prominent muscularis layer. In these areas the jejunum measures 0.43 cm, 0.38 cm. The duodenum is visualized and measures 0.41 cm. Bowel loops follow a typical curvilinear path. There is a large section of small bowel with a very irregular and prominent muscularis layer. In these areas the muscularis layer measure at approximately 0.89 cm in thickness and the diameter of the bowel is 1.6 cm. These areas appear most consistent with possible bowel mass effect, but the lesion is slightly more diffuse. It appears to primarily involve the muscularis layer.

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 is a significant mesenteric lymphadenopathy present with clusters of mesenteric lymph nodes around the ileocecal lymph nodes around the ileocecal junction and at the root of the mesentery. The nodes at the ileocecal junction are visualized and measured 0.7 cm, 0.63 cm and 0.56 cm. Additionally there is a large clustered lymph node that measured 2.7 x 1.9 cm. The omentum is of increased echogenicity around the abnormal lymph nodes.

## **ULTRASONOGRAPHIC FINDINGS**

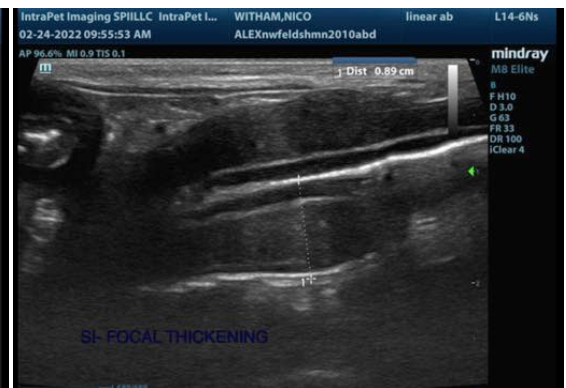
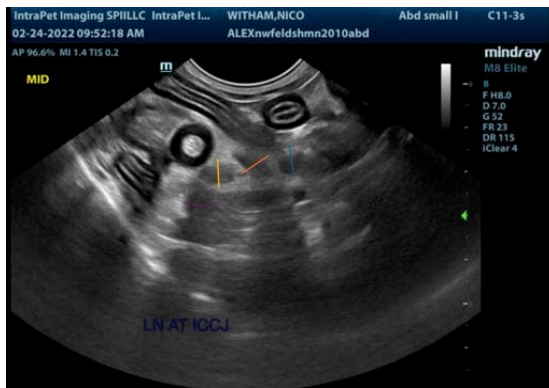
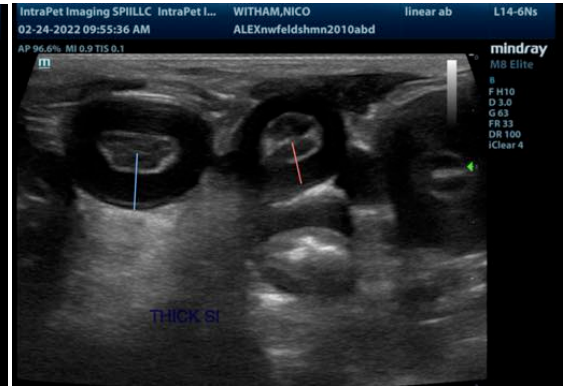
### **PRIMARY FINDINGS:**

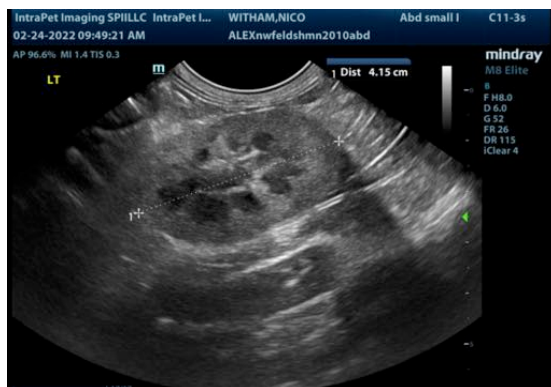
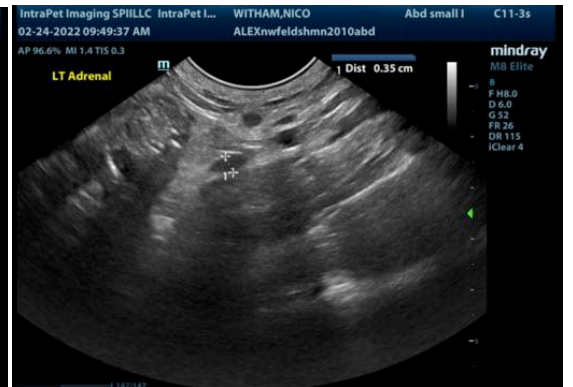
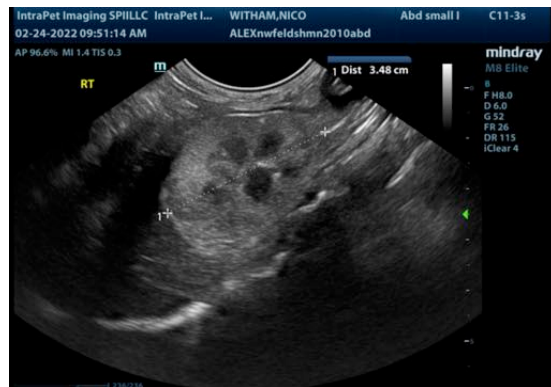
- Diffusely thickened small intestine with prominent muscularis layer as well as focal areas of bowel with a severely thickened, irregular muscularis layer. This is consistent with a mass like lesion. Possible differentials include inflammation, infection or neoplasia. A neoplastic lesion would be the primary differential.
- Enlarged mesenteric lymph nodes. This is concerning for a possible neoplastic process although you can see significant lymphadenopathy with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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

The bowel is diffusely thickened and irregular with very prominent muscularis layer. Additionally there is a focal area of small intestine with irregular, severely thickened muscularis layer creating a mass effect. This is concerning for a neoplastic process arising from the muscularis layer although other benign differentials exist. Additionally there are enlarged mesenteric lymph nodes visualized.

- Consider a FNA of the thickened intestinal wall and mesenteric lymph node.
- Recommend three view thoracic radiographs.
- If cytology is not diagnostic consider obtaining surgical biopsies of the GI tract and lymph nodes.





**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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