

**DATE PRESENTING CLINICAL SIGNS**

4/4/23 Decreased appetite over the last month. Mild, moderately regenerative anemia on blood panel.

**PATIENT**

Current Medications: None listed.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Declined.  
Stat Report: Not requested.  
Imaging Performed By: Andi Parkinson, BS, RDMS.

Beans Doyle

**SPECIES**

Feline

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

DSH

**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.

**SEX**

Spayed Female

The left kidney has a normal shape and size (3.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

3/18/07

The right kidney has a normal shape and size (2.86 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

8.75 Pounds

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.39 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 0.39 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**

Timonium AH

**Spleen**

The spleen is subjectively normal in size (0.95 cm), 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.

**REFERRING VET**

Dr. Stephens

**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.

**INVOICE**

46369

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and 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. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and appears large, irregular, and hypoechoic with surrounding inflammation and lymph nodes, creating a mass effect. This region measures approximately 1.8 cm x 2.7 cm and involves significantly thickened colon with a complete loss of wall layering. In this region, the colon measures 0.78 cm in thickness. The abnormal bowel extends for approximately 3.0 cm.

### ***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.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a focal lymphadenopathy around the ileocecal junction, with hypoechoic lymph nodes measuring 0.70, 0.65, and 0.33 cm. The omentum is hyperechoic around the ileocecal junction.

## **ULTRASONOGRAPHIC FINDINGS**

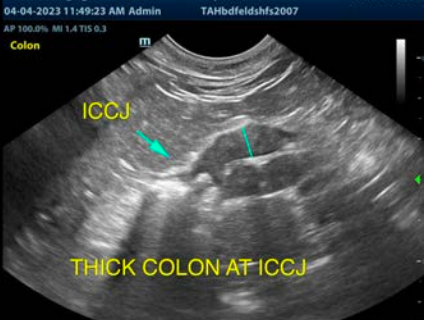
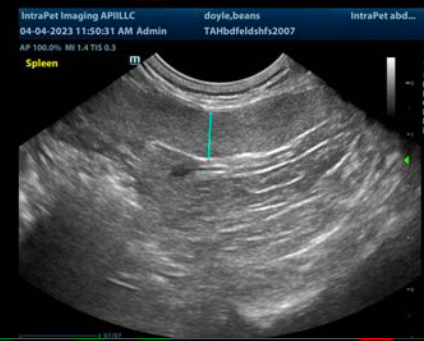
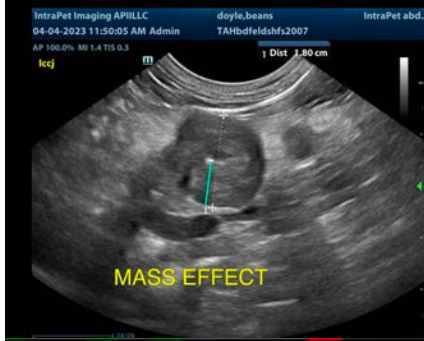
- Large, hypoechoic, irregular ileocecal junction with a thickened colon and loss of layering in this region – Findings are concerning for a mass effect. Primary differentials would be round cell neoplasia, carcinoma, other. Recommend a fine needle aspirate.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Focal lymphadenopathy in the region of the ileocecal junction – Findings could represent reactive lymph nodes or early metastasis.

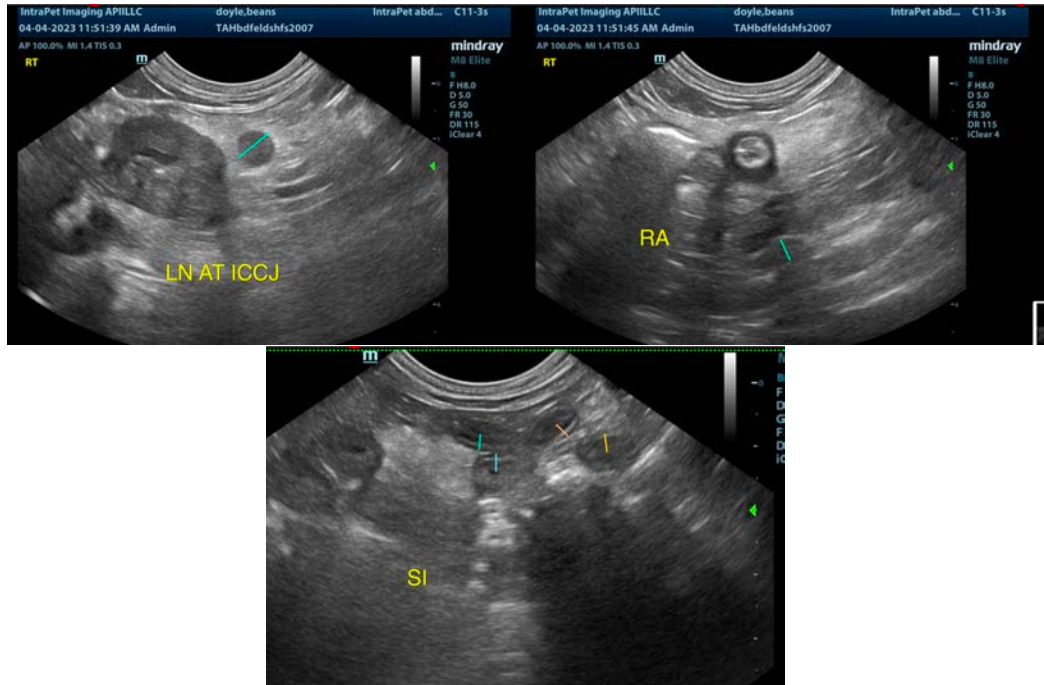
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ileocecal junction appears large, irregular, and hypoechoic with significant wall thickening and loss of layering. This extends into the colon for approximately 3.0 cm. These findings are very concerning for a neoplastic process, and this is a predilection site for lymphoma. Recommend a fine needle aspirate of the bowel wall in this region. If a cytologic diagnosis cannot be obtained, then consider surgical biopsies.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

Additionally, there are mild diffuse changes visualized associated with the small intestine. A GI panel may be beneficial to further evaluate for signs of more diffuse gastrointestinal disease.





**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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