

**DATE**

9/23/21

PRESENTING CLINICAL SIGNS

History: Weight loss, chronic vomiting, currently diarrhea & anorexia.

Current Medications: Metronidazole, Mirtazapine, Drontal.

Lab Results: Attached separately within requisition.

PATIENT

Winston Weir

Radiographs: thickened bowel loops, possible area of mineralization in the small bowel, semi-round shaped area of the cranial abdomen (near pylorus of stomach/liver/ventral spleen) that could be a mass-like silhouette.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5/7/08

WEIGHT

11.2 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 (3.99 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia was noted and measured 0.12 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.09 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia was noted at 0.2 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BYKathleen 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.

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.

HOSPITAL NAMEBayside Animal
Medical Center**Spleen**

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. The spleen measures 0.64 cm at the level of the hilus.

REFERRING VET

Dr. DeLozier

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 gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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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 increased with jejunum measuring up to 0.45 cm. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering/complete loss of layering (+/- enter with mucosal speckling). Visualized peristalsis appears appropriate. Bowel wall thickening in some areas could be consistent with a bowel mass.

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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild lymphadenomegaly present. There are clusters of mesenteric lymph nodes particularly around the ileocecal junction measuring 0.42 cm, 0.52 cm. The gastric lymph node is also prominent. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around clusters of prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

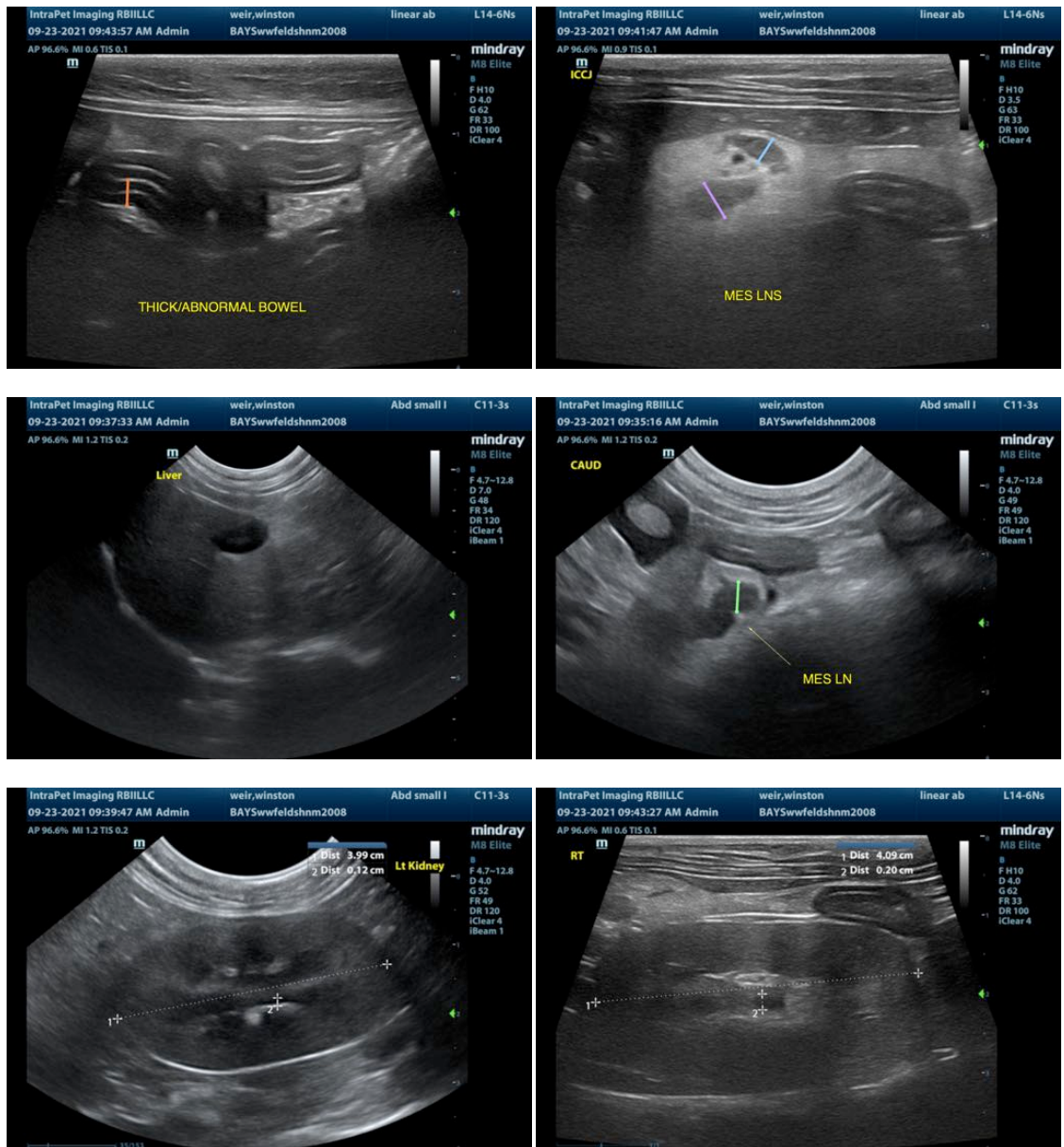
- Diffusely thickened small intestine with prominent muscularis layer and areas of small intestine with complete loss of layering. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Prominent hypoechoic pancreas with elevated pancreatic duct. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

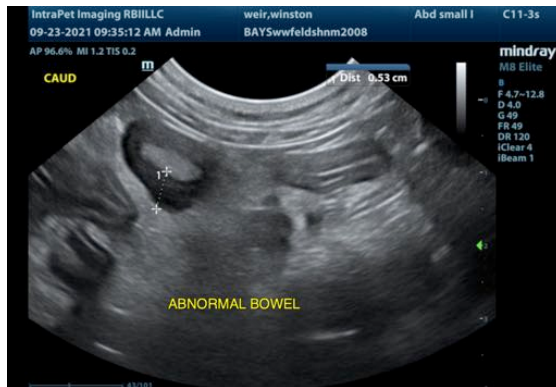
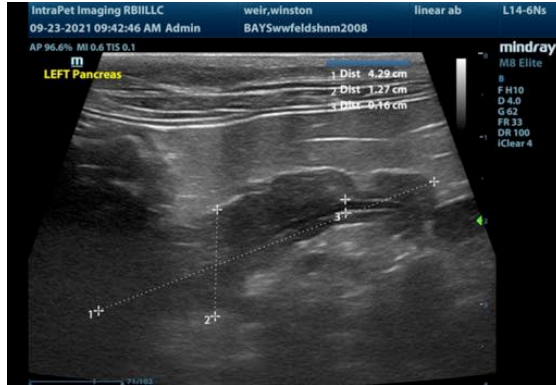
SECONDARY FINDINGS:

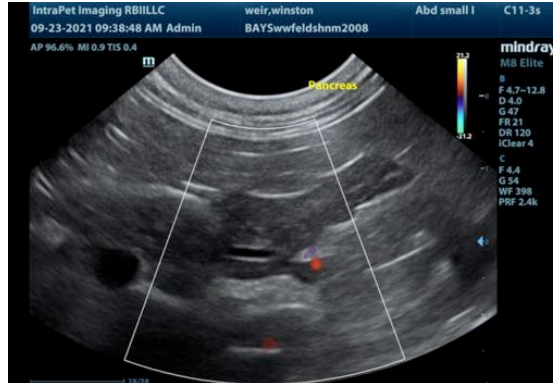
- Decreased corticomedullary distinction in both kidneys with mild pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bowel appears very thickened and some areas had complete loss of layering. This is most consistent with infiltrative disease. The concern is high for round cell neoplasia. Mild mesenteric lymphadenopathy is also present. I recommend three view thoracic radiographs and a GI panel to evaluate further for pancreatitis and B12 deficiency. I recommend GI biopsies (likely surgical) to obtain full thickness biopsies and samples of mesenteric lymph nodes for histopathology.







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)
kathleen.sennello@sonopath.com