



**PATIENT PRESENTING CLINICAL SIGNS**

Ellie Smith Vomiting, weight loss, felv +, concern for lymphoma.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor particulate sediment was present, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

DSH

**SEX**

FS

**AGE**

2013

**WEIGHT**

8.8

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.22 cm width.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

New Britain VC

**REFERRING VET**

Dr. Bandekar

**INVOICE**

16408

**DATE**

3/21/23

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.



**PATIENT**

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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.22 cm width. No overt pathology was noted at the level of the ileocolic junction. Minor segmental nonobstructive jejunal ileus was noted.

**SPECIES**

Feline

Normal visible colon wall layers were present with apparent formed fecal matter in lumen.

***Pancreas***

**BREED**

DSH

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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***Free Abdomen***

Intermittent midabdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 1.2 cm x 0.52 cm. No omental masses were noted. No evidence of peritoneal effusion was present.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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- Intact gastrointestinal walls with minor nonobstructive segmental jejunal ileus
- Intermittent mild nonspecific yet subjective benign / reactive mesenteric lymphadenopathy
- Sonographically unremarkable pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of definitive intraabdominal neoplastic criteria or significant gastrointestinal mural pathology was noted.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

At times, the gastrointestinal presentation may not correlate with history of gastrointestinal signs or weight loss. Chronic inflammatory or possible neoplastic infiltrative gastrointestinal disease cannot be definitively excluded.

Assuming no evidence of pathology on three view chest radiographs, a GI panel to include PLI/TLI/Cobalamin/Folate, given the patient's weight loss, is suggested. Gastrointestinal biopsies are likely required for a definitive diagnosis.

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Empirically, a hydrolyzed diet trial, gastroprotectants, empirical deworming if clinically applicable and as-needed gastrointestinal support with an assessment of gastrointestinal response and monitoring of weight loss going forward +/- recheck sonogram if clinically indicated, is suggested.

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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.

**SPECIES**

Feline

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.

**BREED**

DSH

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