



**PATIENT**

Holly Slater

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

11 years

**WEIGHT**

7.3 lbs.

**PRESENTING CLINICAL SIGNS**

weight loss  
Abnormal PE/Chem/CBC/UA Results: HCT 26%

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.38 width and the right adrenal gland measured 0.32 width.

**IMAGING PERFORMED BY**

Diane McFadden

**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.

**HOSPITAL NAME**

Blairstown AH

**Liver/ Gallbladder**

The liver exhibited possible to borderline mild enlargement with symmetrical capsule contour and normal parenchyma echogenicity exhibiting moderate coarse echotexture. Normal vascular volume was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction, which may indicate age-related common bile duct changes, patient variant, or possible low-grade cholangitis.

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**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 small intestine presented primarily intact maintained, normal wall layer ratio to the level of the ileum. A moderately sized, mildly irregular, nonhomogeneously hypoechoic mass was noted at the level



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of the ileocecolic junction measuring approximately 5.0-6.0 cm in diameter. The mass potentially extended into the proximal colon.

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## Pancreas

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, variably sized, uniform hypoechoic mesenteric lymph nodes were present with an example measuring 1.4 cm x 1.4 cm, exhibiting borderline to abnormal width: length ratio (~ or >0.5). Possible scant pockets of peritoneal effusion were noted. Mild hyperechoic omentum was noted surrounding the mass at the level of the ileocecolic junction.

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## ULTRASONOGRAPHIC FINDINGS

- Ileocecolic mass - neoplasia i.e., lymphoma, carcinoma, FIP, fibroplasia, or other possible
- Intermittent primarily mild to variably swollen hypoechoic mesenteric lymphadenopathy
- Mild chronic renal changes
- Possible borderline to mild hepatomegaly
- Minor gallbladder debris with mild nonobstructive proximal common bile duct dilation

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the ileocecolic mass with pending cytology and potential oncology consult is recommended. Neoplastic criteria is favored with potential mesenteric lymph node involvement.

## IMAGING PERFORMED BY

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Assuming normal clotting status, screening hepatic FNA cytology could be considered for further staging, if neoplastic criteria is confirmed. Three-view chest radiographs are suggested.

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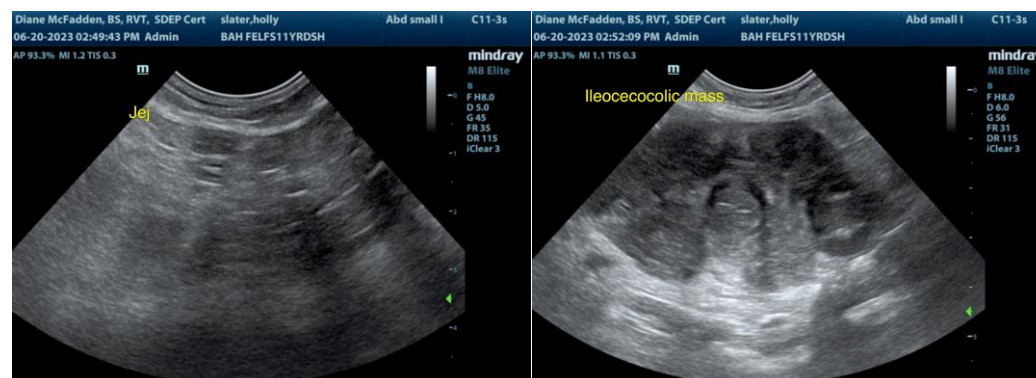
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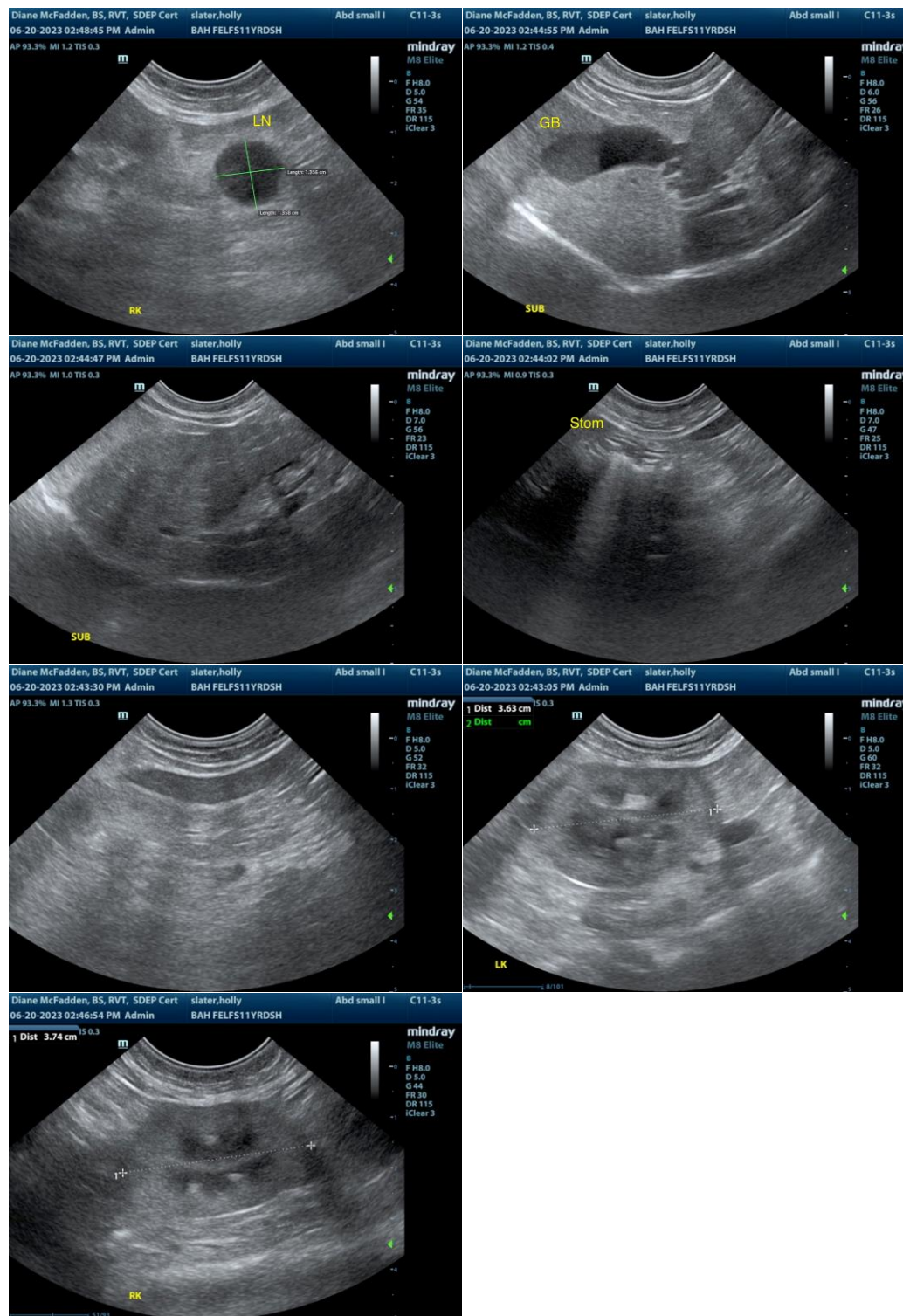
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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