

Radiology Report (1497819-15/Sonograms Only)**Patient Name:** Snuggles White**Requesting Doctor:** Dr. John Read**Species:** Cat**Age:** 15Yr 5Mo**Gender:** Female, Spayed**Breed:** DSH**Weight:** 7.00 Lb**HISTORY:** The areas of concern and clinical signs include the following:

Abdominal ultrasound study

Presented for weight loss. Great appetite and no decline in energy. No vomiting or diarrhea. No gross abnormalities on exam except for thin BCS. Anemia 20%. WBC 12k. Normal chemistry and t4. Mass effect mid abdomen on VD radiograph.

ABDOMINAL ULTRASOUND (April 2, 2014) : 35 static images are provided.

FINDINGS: There are paired hypoechoic ovoid structures in the mid-abdomen, likely reflecting enlarged mesenteric lymph nodes. These measure up to 1.16 cm in height. The stomach is empty, with normal wall layering and thickness. There is mild muscularis layer thickening of some intestinal segments, and there is decreased definition of the wall layers. The thickness of these intestinal segments remains normal. Within some small intestinal segments, there is better definition of wall layering, with mild subjective thickening of the muscularis layer. The colon is visible medial to the spleen. It is gas filled, and no mural abnormalities are observed.

The left kidney is smoothly marginated but small, measuring up to 3.27 centimeters in length. There is decreased corticomedullary definition. The right kidney is at the lower limits of normal size, measuring up to 3.58 centimeters in length. There is better corticomedullary definition than on the left, although it remains slightly decreased.

The liver is normal in size and overall echogenicity, although it is mildly heterogeneous in echotexture. The visible hepatic vessels are normal. The spleen is at the upper limits of normal size, measuring approximately 1 centimeter in thickness. It is subjectively hypoechoic but normal in architecture.

CONCLUSIONS: Alterations of the small intestinal wall layers are suggestive of cellular infiltration. Inflammatory bowel disease and lymphoma are the primary differential diagnoses; mast cell neoplasia is considered less likely. Enlarged mesenteric lymph nodes could be supportive of inflammation or neoplasia. Mild bilateral renal degenerative changes are present. The spleen is likely normal, but mild hypoechoic could reflect extra medullary hematopoiesis or, less likely, neoplastic infiltration.

RECOMMENDATIONS: Urinalysis is recommended to assess for renal insufficiency or proteinuria, despite the lack of azotemia. If possible, fine-needle aspirates of the mesenteric lymph nodes are recommended. Full-thickness intestinal biopsy is typically necessary to differentiate inflammatory bowel disease from round cell neoplasia.

If you have any questions, please feel free to contact me directly at erica-fields@idexx.com (preferred) or 1-888-RADVETS (1-888-723-8387) to discuss the case. This contact information is for veterinarian use only please. Thank you!

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