

## Radiology Vet Consulting

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### Final Report for Exam: 780067

<b>Patient ID:</b>	XXXXXXX	<b>Patient Name:</b>	XXXXXXXXXX	
<b>Sex:</b>	M ALTERED	<b>Birthdate:</b>	20000613	<b>Wt:</b> 5kg
<b>Hospital Name:</b>			CVUES 306 - 608 Fairway Ave. Victoria, BC V9B2R5 250-889-6813	
<b>Doctor Name:</b>	xxxxxxxxxx	<b>Date of Exam:</b>	20120613	
<b>Reader:</b>	Laura Crews DVM, MS, DACVR	<b>Confirmation Date:</b>	6/13/2012 7:12:24 PM PT	

## HISTORY

Consult Type: US, SIG: DOB: 20000613, Age: 12 Y, Sex: M ALTERED, Wt: 5kg, Breed: DSH, Species: FELINE, Images: 65, Case Details: Abdominal mass located on screening rads for pain in hips. Not jumping up. No anorexia, V/D, nor wt. loss. Is the mass surgical? Tech impressions: Large mass appears to arise from muscularis layer of sm intestine (?jejunum). Mass has 2 different areas: one cavitated and hyperechoic, closer to ileocolic junction; the other relatively homogenous, hypoechoic, with slightly more echogenic center, vessel seen coursing straight through. Asps done of both areas. Ingesta seen in lumen proximal and distal to mass.

## Findings

An abdominal ultrasound study with static images and video loops is reviewed. ABDOMEN US: There is a very large (9.5 cm long x 4.8 cm deep) mass that is continuous with the muscularis of the distal small intestine, probably the jejunum because the ileum and ileocolic junction appear normal. The affected loop of bowel is not distended or obstructed. The mass is very large but it does appear to be one mass with two different regions rather than two different masses. One area of the mass is hypoechoic with a hyperechoic central region and a large vessel passing through it; this most resembles the average feline primary bowel neoplastic appearance. The second portion of the mass is very unusual, and is mostly hyperechoic with anechoic cyst-like or cavitated areas. Only one small round hypoechoic lymph node is identified and it is a peri-portal node; because the portal vein drains the intestines this could be enlarged because of the mass. There is not diffuse intra-abdominal lymphadenomegaly. The stomach and duodenum appear normal. The spleen is diffusely thick (1.6 cm) with a uniform and normal echo texture. The liver, gallbladder, bile duct (0.17 cm), portal vein, spleen, left kidney (4.47 cm), right kidney (4.20 cm), urinary bladder and the colon appear normal.

## Conclusion

1. Very large distal small intestinal mass without enteric obstruction, mild portal lymph node changes and diffuse splenomegaly. The ultrasound appearance is consistent with primary

intestinal neoplasia (adenocarcinoma vs. lymphoma) and the portal lymph node is concerning for metastasis but could be reactive. The diffusely enlarged spleen may represent extra-medullary hematopoiesis, immune-stimulation or early lymphoma infiltrate (not adenocarcinoma infiltrate).

### **Recommendations**

Ultrasound-guided FNAs is reasonable, and may help differentiate round cell neoplasia vs. adenocarcinoma. If a definitive diagnosis is not achieved then surgical biopsy of the mass and portal lymph node are suggested. From the ultrasound study the intestinal mass appears to be surgically removable, however it is the portal lymph node that is questionable for metastasis. If this is lymphoma then it is probably large cell lymphoma and chemotherapy would be the recommended treatment protocol; if this is adenocarcinoma then surgical removal including the draining node is recommended.

**Read By:** Laura Crews DVM, MS, DACVR

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Thank you very much for this referral. Please let me know if I can be of further assistance.