

**DATE PRESENTING CLINICAL SIGNS**

1/6/2021 History: Checking in on intestines/inflammation for monitoring / rechecking, had 1 bout of illness in October 2021 but rebounded well with supportive care & steroids.
Lab Results: Attached separately within request.

PATIENT

Lucy Marie Tessieri

Date of Previous IntraPet Ultrasound: 5-6-2021.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/11/2005

WEIGHT

8.77 Lbs

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Dr. DeLozier

INVOICE

10117

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is subjectively normal in size (0.94 cm in width at the level of the hilus) with normal curvilinear peripheral contours. Using the high-frequency probe, the parenchyma is diffusely mottled, bordering on a "moth-eaten" appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small

intestinal wall is diffusely thickened (up to 0.38 cm). In one to two segments, there is a suspected loss of the normal layering pattern. In other segments, there is thickening of the submucosal layer. Discreet masses are not identified. The ileocecal colic junction and colonic wall is normal. There is no evidence of an obstructive pattern..

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The mesentery in the midabdominal region is mildly hyperechoic. Trace free fluid is observed. A few prominent to enlarged irregular hypoechoic mesenteric lymph nodes are visualized. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

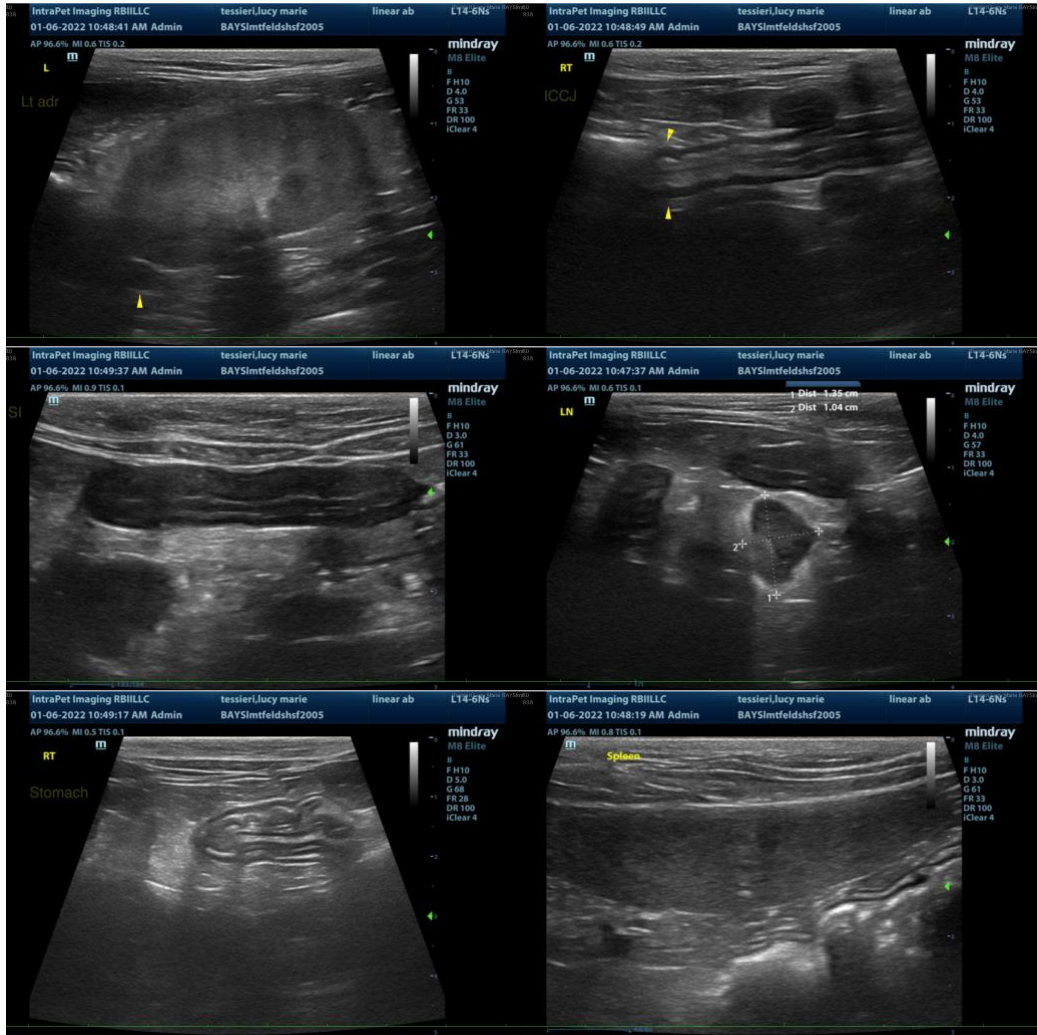
- Bowel pattern suggestive of infiltrative neoplasia (i.e., lymphoma). However severe inflammatory bowel disease cannot be completely excluded. Sonographic changes today have progressed since the previous scan.
- The enlarged abdominal lymph nodes could be consistent with infiltrative neoplasia, reactive lymphadenitis, or lymphoid hyperplasia.
- The mid-abdominal peritonitis is likely secondary to bowel pathology.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., lymphoma) lymphoid hyperplasia or extramedullary hematopoiesis.

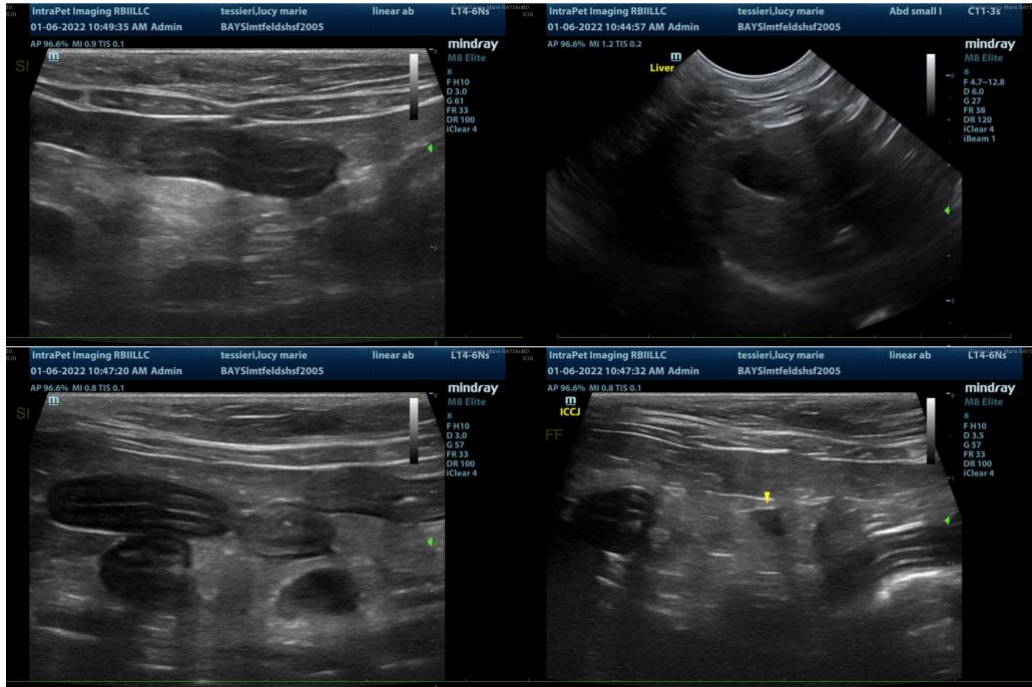
Secondary Findings

- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine-needle aspirates of the enlarged abdominal lymph nodes can be considered if accessible and if clotting status is appropriate. Otherwise, surgical gastrointestinal and abdominal lymph node biopsies may be necessary to get a definitive diagnosis.
- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- A malabsorption panel including serum cobalamin and folate TLI and PLI is also recommended.





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.

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