**DATE PRESENTING CLINICAL SIGNS**

1/26/2022 History: History of lymphocytosis, diarrhea, blood in stool, vomiting. Suspected lymphosarcoma.

PATIENT

Rascal Jackson

Current Medications: Prednisolone 5mg 1 tab PO EOD.
Lab Results: lymphocytosis, Monocytosis.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

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.

SEX

Male Neutered

The left kidney is normal in size (4.21 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

1-15-2007

The right kidney is normal size (4.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

11.2 Lbs.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.53 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.

HOSPITAL NAME

Paradise Animal
Hospital

Spleen

The spleen is subjectively enlarged (1.35 cm in width at the level of the hilus) with a swollen peripheral contours and scalloping of the medial margin. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

REFERRING VET

Dr. Pearson

Liver

The liver is subjectively prominent to enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. There is an increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

10207

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

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The submucosal layer is disproportionately thickened near the pyloric antrum. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The duodenal and jejunal walls are normal to mildly thickened (up to 0.29 cm). In at least one segment of jejunum there is a

questionable retention of the normal layering pattern. There is also evidence of mild mucosal fogging and thickening of the submucosal layer in some regions. The ileum is thickened (up to 0.49 cm with suspected loss of the normal layering pattern). The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. The pancreatic duct is borderline dilated (0.22 cm in diameter). Surrounding mesentery is hyperechoic.

Free Abdomen

Trace free fluid is observed. The mesentery throughout the midabdominal region is hyperechoic. Several prominent slightly irregular hypoechoic mesenteric lymph nodes visualized, the largest measuring 2.68 cm in length. Surrounding mesentery is hyperechoic. In addition, 1-2 prominent cranial abdominal lymph nodes are seen, the largest measuring 0.69 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are most concerning for emerging lymphoma. However, a severe inflammatory process cannot be completely excluded.
- The pancreatic changes are consistent with moderate to severe pancreatitis, which may be acute or acute-on-chronic in nature. Regional peritonitis is present.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The splenic parenchymal changes are concerning for lymphoma, with a lower possibility of a benign process such as lymphoid hyperplasia or extramedullary hematopoiesis.

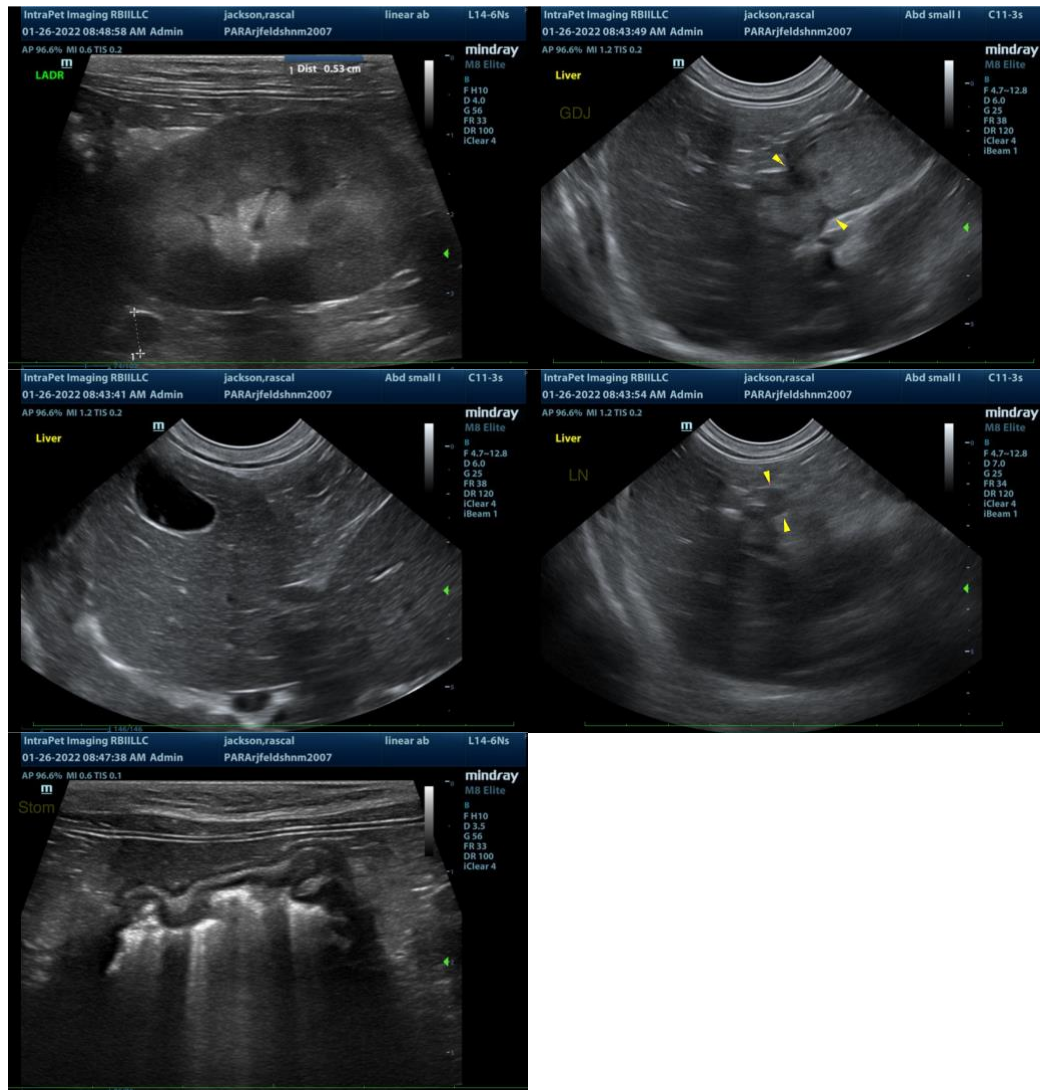
Secondary Findings

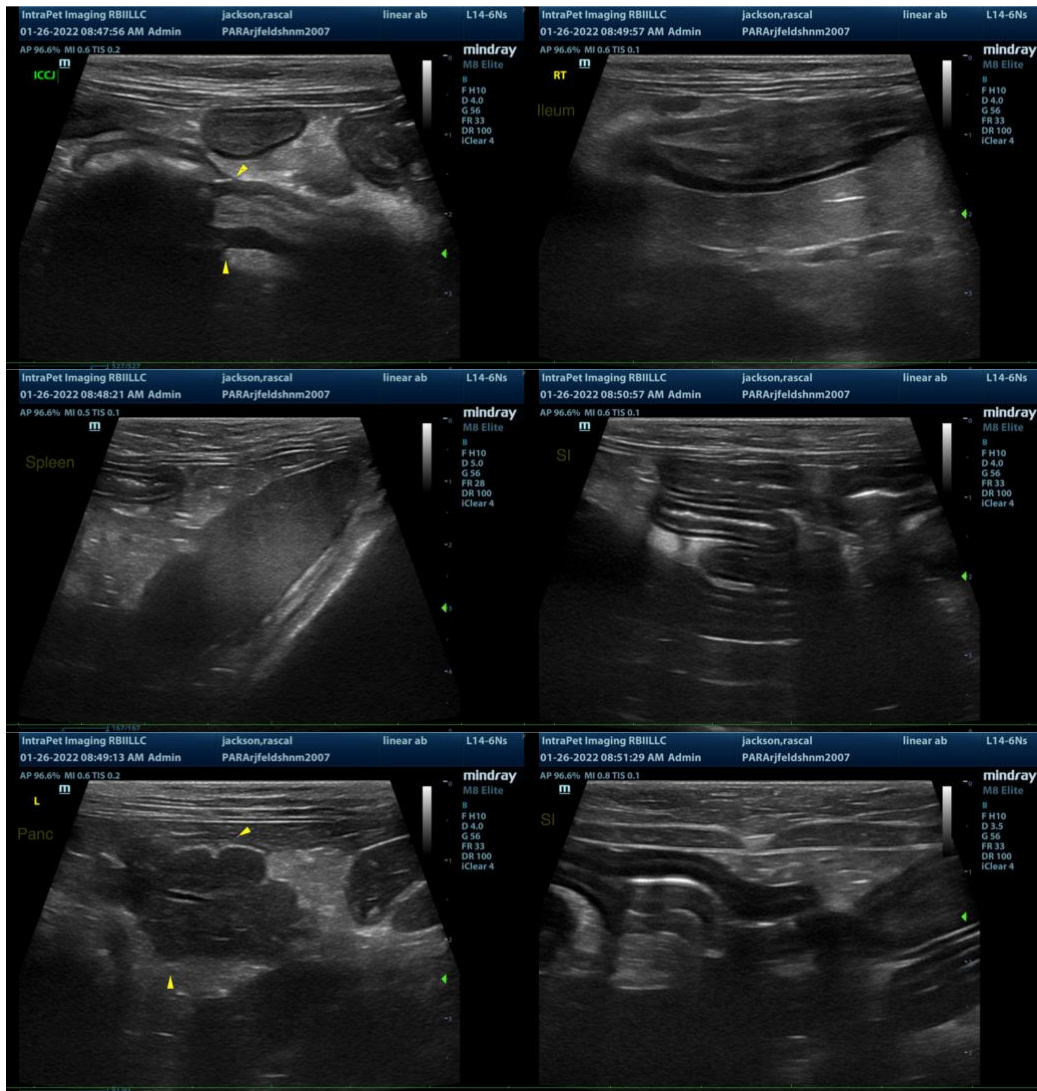
- The hepatic changes are most consistent with an inflammatory process (i.e, bacterial cholangiohepatitis or lymphoplasmacytic hepatitis). However, infiltrative neoplasia and hepatic lipidosis cannot be completely excluded.
- Moderate degenerative renal changes

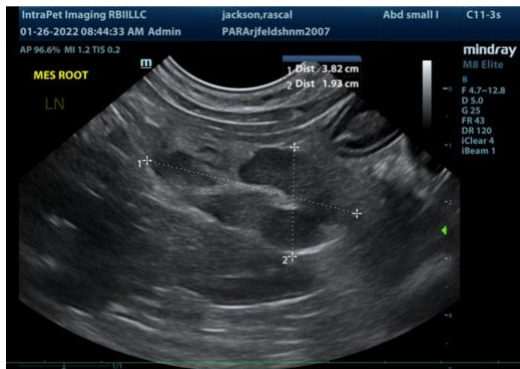
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, fine-needle aspirates of the mesenteric lymph nodes are recommended (if clotting status is appropriate). Otherwise, an abdominal exploratory with biopsies of the GI tract, pancreas, lymph nodes and liver may be necessary to get a definitive diagnosis.
- A GI panel is also recommended to assess for maldigestion/malabsorption.

- In the meantime, supportive care for pancreatitis/gastroenteritis is recommended, as well as nutrition support to help prevent/treat hepatic lipidosis







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.

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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