

PATIENT

G.O.B. Field

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 years

WEIGHT

6.3 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Laura Field with Brian
Barnes

HOSPITAL NAME

Laura Field Westview
Veterinary Hospital

REFERRING VET

Laura Field

INVOICE

10267

DATE

2/2/22

PRESENTING CLINICAL SIGNS

History: Long intermittent history of vomiting and diarrhea. On HP diet. Has been lethargic for 3 days. Mildly febrile at 39.3. Bloodwork wnl besides stress leukogram. normal snap fpl, felv/fiv neg. Had radioactive iodine treatment in 2019 for hypert4 that worked well. Cobalamine, Folate and ADR panel from idexx pending as well as urine culture

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 is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. 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 (4.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.36 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is enlarged with irregular peripheral contours. An approximately 4.00 x 2.55 cm irregular isoechoic to slightly heterogenous vascular mass is arising from the parenchyma. In the remainder of the spleen, the margins are curvilinear. Splenic vasculature appears normal with no evidence of thrombosis.

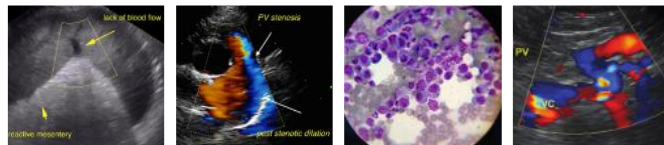
Liver

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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen mildly distended with ingesta and soft shadowing material. 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 thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in some segments. In addition, there is mild thickening of the submucosal



PATIENT layer. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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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.

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Free Abdomen

No free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.93 cm in length.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Splenic mass. Neoplasia (i.e, round cell tumor) is considered likely with a lower possibility of benign pathology (i.e, lymphoid hyperplasia or extramedullary hematopoiesis).
- Bowel pattern most consistent with inflammatory bowel disease with some potential for emerging lymphoma, although neoplasia is considered unlikely at this time.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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Secondary Findings

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- Minor degenerative renal changes with right dystrophic mineralization.
- Urinary bladder debris.
- The soft shadowing material within the gastric lumen may represent ingesta and/or foreign material (i.e, hair)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the splenic mass is recommended if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive, consider an abdominal exploratory with splenectomy and gastrointestinal biopsies.
- GI Panel (Send to Texas A&M), is also recommended, particularly given the chronic history of vomiting and diarrhea.

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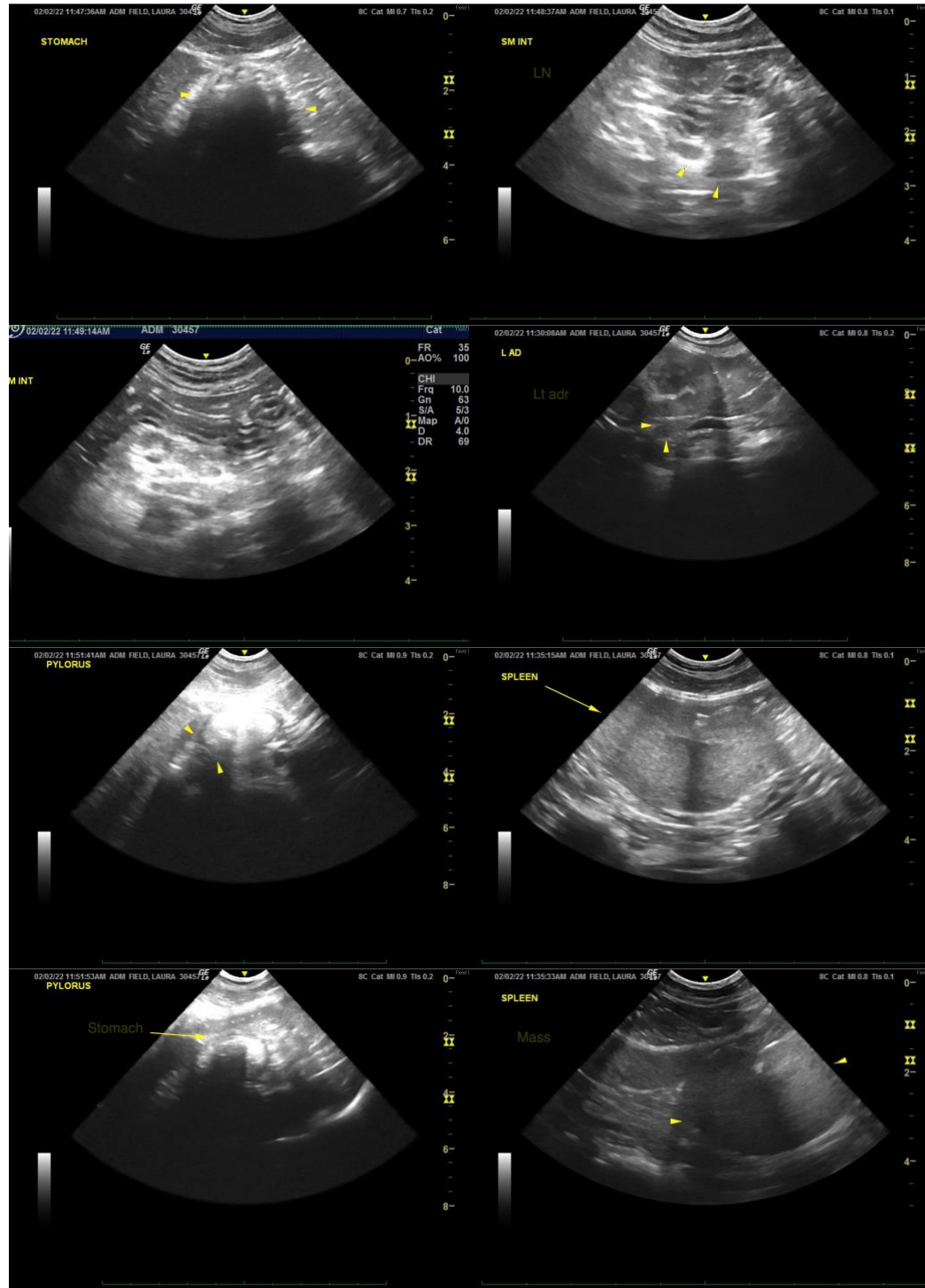
Laura Field

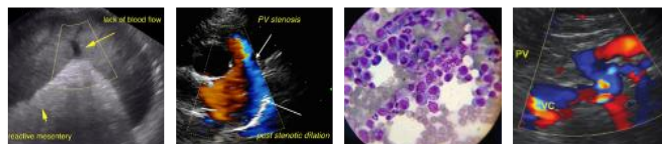
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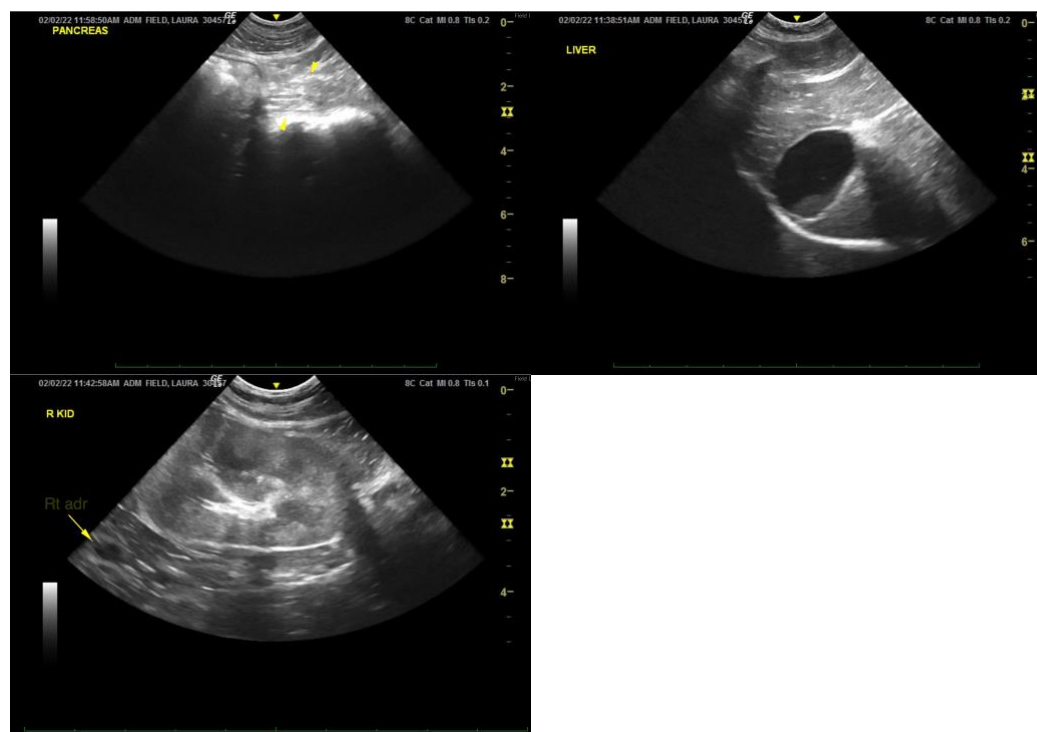
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com