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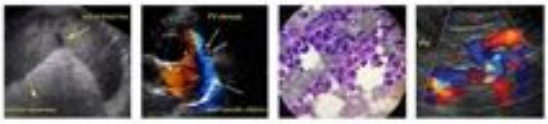


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Rudy Thompson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

10 Years

WEIGHT

6.26 Pounds

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal*

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

North Fork Veterinary

REFERRING VET

Dr. Marrs

INVOICE

12802

DATE

1/10/22

PRESENTING CLINICAL SIGNS

History: diarrhea and rapid weight loss- palpable mass on PE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. There is no evidence of cystic calculi. The region of the trigone is normal.

The left kidney is normal size (3.55 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 loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.14 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 loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

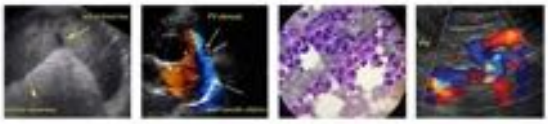
Spleen

The spleen is enlarged (1.41 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is diffusely mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is 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. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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 thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The ileocecal colic junction is normal. A several cm segment of descending colonic wall is severely thickened (up to 0.82 cm), irregular and hypoechoic with complete loss of the normal layering pattern. No obstructive disease is noted.

Pancreas

The left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

Trace free fluid is observed. Numerous severely enlarged hypoechoic to heterogeneous rounded to irregular lymph nodes are observed throughout the abdomen, the largest measuring 3.12 cm in length. There is a mass effect involving the lymph nodes at the ileocecal colic junction. Surrounding mesentery is hyperechoic.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

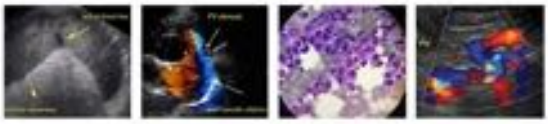
- The severe abdominal lymphadenopathy is most concerning for infiltrative neoplasia (i.e., lymphoma). However pyogranulomatous lymphadenitis (i.e., secondary to FIP) cannot be completely excluded. Regional peritonitis is present.
- Mass effect in the wall of the descending colon. Again, infiltrative neoplasia (i.e., lymphoma) is suspected with a lower possibility of a severe inflammatory process.
- The splenic parenchymal changes are also concerning for infiltrative neoplasia with a lower possibility of benign process such as lymphoid hyperplasia or extramedullary hematopoiesis.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bilateral, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs to assess for lymphadenopathy in the chest.



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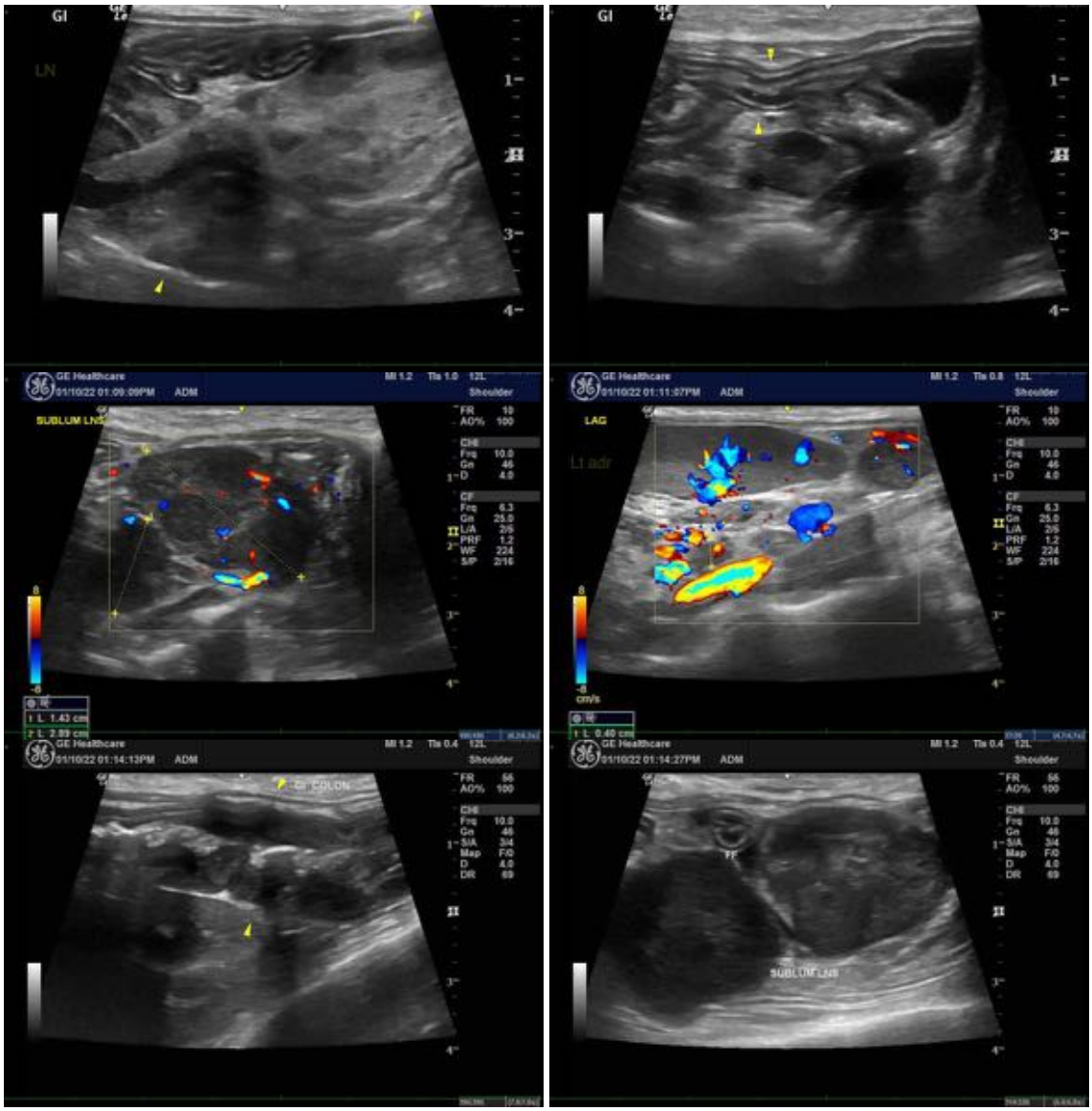
- Consider fine needle aspirates of the spleen, abdominal lymph nodes and colonic wall, if clotting status is appropriate. If cytology results are inconclusive, consider PARR on the cytology samples to further assess for lymphoma, if indicated. If all tests are non-diagnostic, an abdominal exploratory with lymph node, colonic and splenic biopsies may be necessary to get a definitive diagnosis.
- A GI panel (send to Texas A&M) is also recommended.



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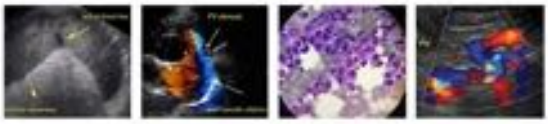

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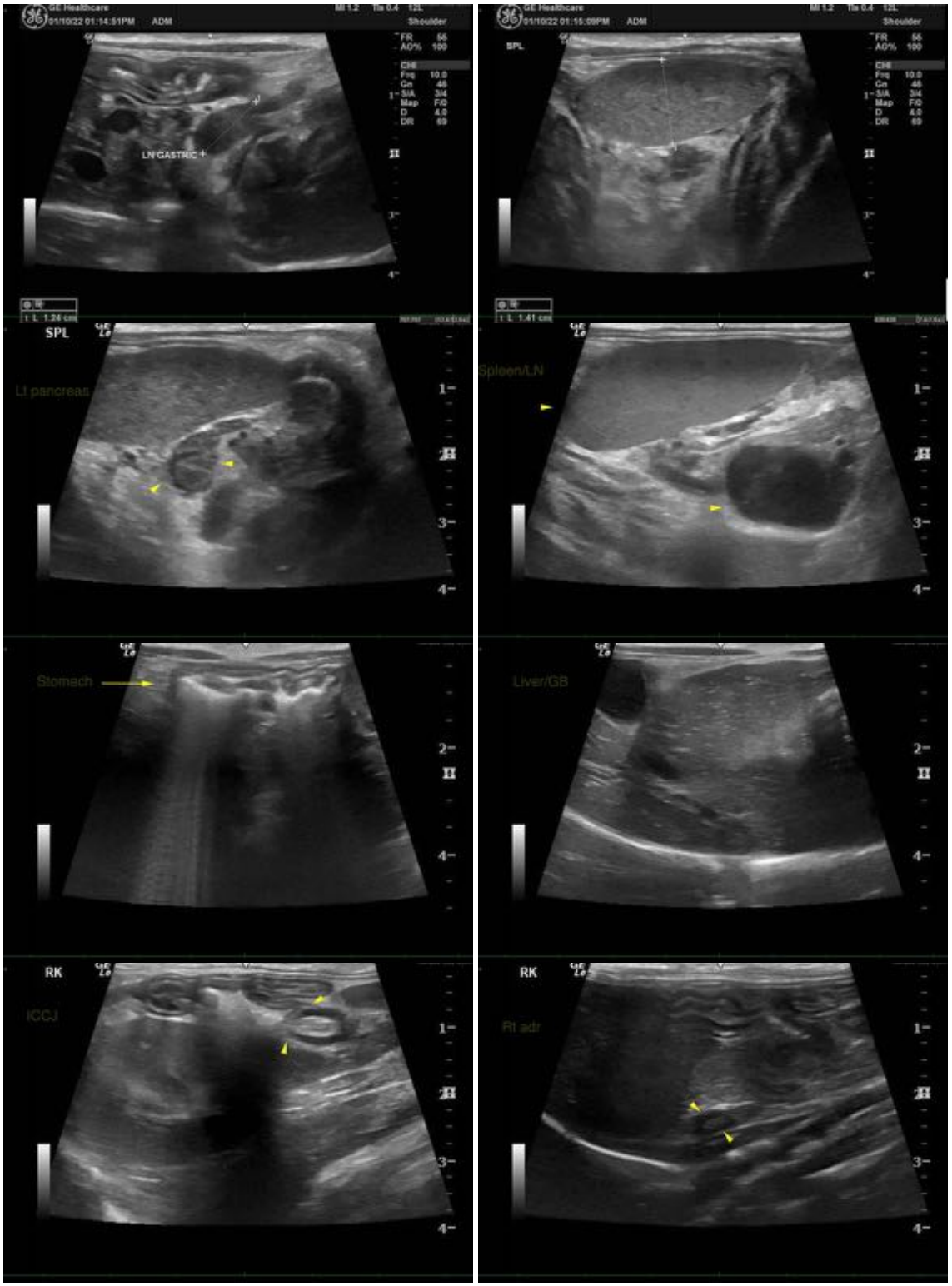
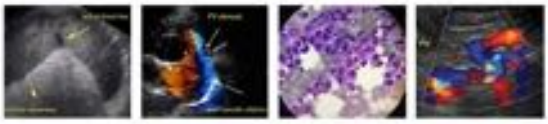


The information and recommendations provided are based on the images presented by the



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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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

andrea.nicastro@sonopath.com