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Clinical Sonography & Telecytology
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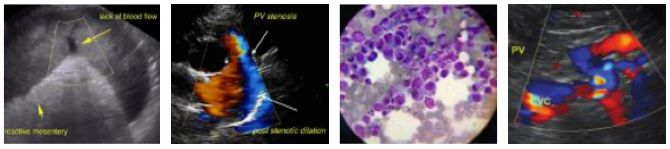

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1-800-838-4268 info@sonopath.com

**PATIENT**

Daphne Allegro

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

8 years

**WEIGHT**

7.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Northvale VC

**REFERRING VET**

Dr. Stefanie Simon

**INVOICE**

12021

**DATE**

1.11.23

## PRESENTING CLINICAL SIGNS

History: Decreased appetite, weight loss, and vomiting. FIV +, FELV -, T4 2.2, fecal (neg). Treated with B12 injection pending ultrasound. SonoPath telerad findings: Small intestinal maldigestion pattern - Gastric aerophagia - Thoracic wall masses - Suspect left renal mass effect - Bilateral hypercalcemic nephropathy.

## 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 mildly to 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 1-2 cm, are normal.

The left kidney is normal in size (3.53 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.61 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

### *Liver*

The liver is subjectively normal in size with a slightly irregular caudal margin. The parenchyma is hypoechoic relative to the spleen. Several, ill-defined hypoechoic nodules are observed (the largest measuring 1.36 cm in diameter). One of the nodules causes capsular expansion. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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/not seen.

### *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. A 2. 65 cm focal, hypoechoic bowel mass is observed in the midabdominal region. The wall in this segment is thickened (up to 1.31 cm) with loss of the normal layering pattern. The remaining bowel segments are normal in thickness with a normal layering pattern and appropriate mural detail. There is no evidence of an obstructive pattern.

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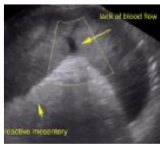
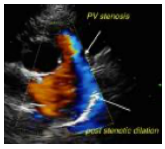
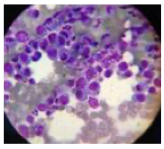
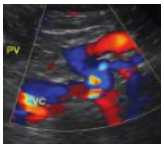

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***Pancreas***
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

***Free Abdomen***
Trace free fluid is observed. Several enlarged, rounded hypoechoic lymph nodes are observed in the midabdominal region (the largest measuring 1.62 cm in length). Surrounding mesentery is hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

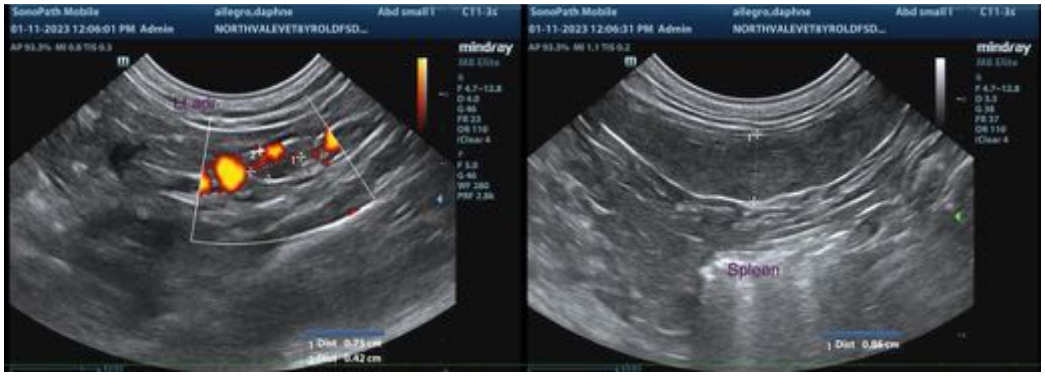
- The abdominal lymphadenopathy is more concerning for infiltrative neoplasia. Lymphoma is the top differential. However, severe lymphadenitis (i.e., pyogranulomatous) cannot be excluded.
- The focal bowel mass is also concerning for a neoplastic process (i.e., lymphoma) with a lower possibility of focal inflammatory disease.
- The hypoechoic hepatic nodules could be consistent with neoplasia, inflammatory foci, granulomas, other.
- Trace ascites

### Secondary Findings

- Chronic age-related renal changes with nonobstructive nephrolithiasis
- The splenic parenchymal changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar). Alternatively, emerging neoplasia is possible.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the abdominal lymph node cytology results are inconclusive, more advance testing (i.e., flow cytometry testing, PARR or biopsies of the lymph nodes and bowel mass) may be warranted.
- Thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.



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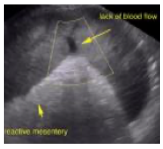
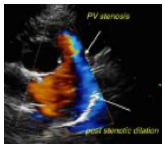
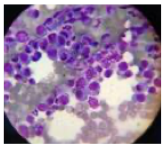
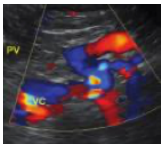

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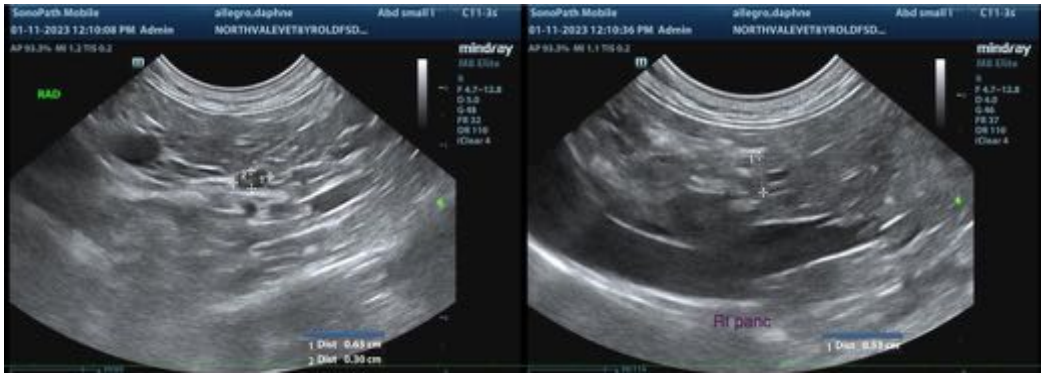


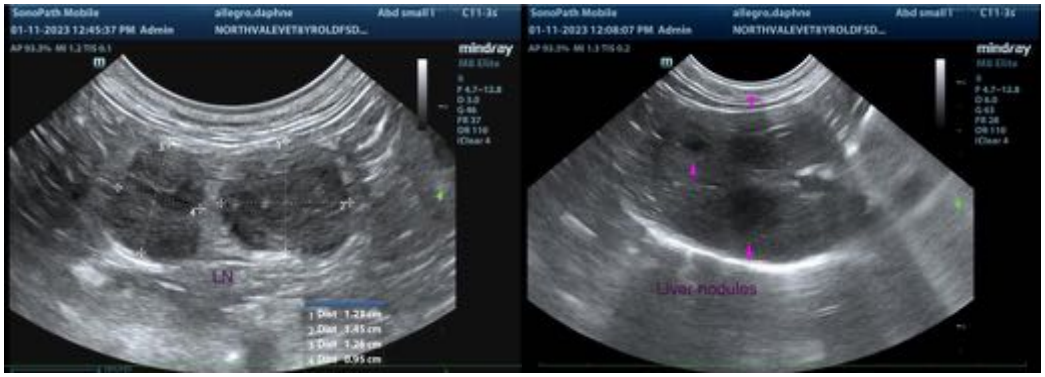


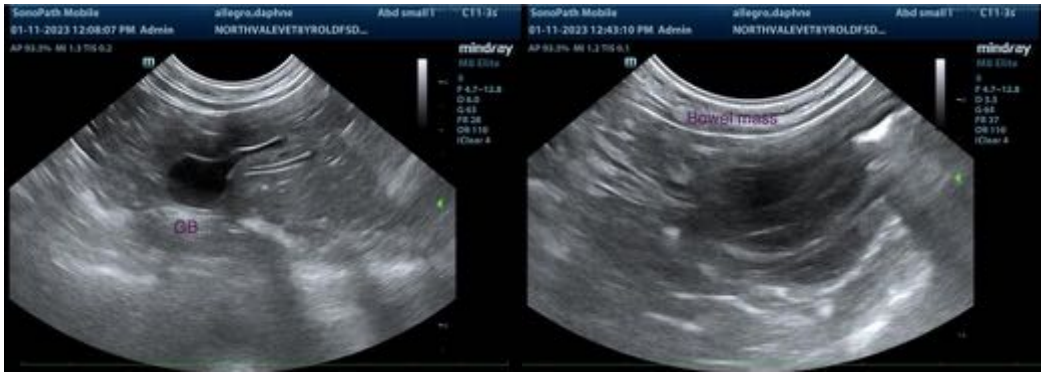


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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