



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Willow Roberts
History: Chronic significant weight loss, chronic vomiting q 3 days. On protein select diet and B12 injections. Metronidazole not well tolerated.

SPECIES
Feline
Abnormal PE/Chem/CBC/UA Results: Low cobalamin, high folate, normal TLI. mildly elevated sdma mildly elevated potassium and phosphorus. normal t4 and cbc and rest of biochem wnl.

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. The region of the trigone is normal.

SEX

Spayed Female

The left kidney is normal in size (3.32 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

18 years

The right kidney is normal in size (3.36 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

WEIGHT

7.03 lbs

Adrenal Glands

The left adrenal gland is borderline enlarged (0.54 cm width) with a slightly rounded shape. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

INTERPRETED BY

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

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr. Louise Mandeville

Spleen

The spleen is normal in size (0.62 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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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.

REFERRING VET

Dr. Louise Mandeville

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

INVOICE

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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. In at least two small intestinal segments, there is a mass effect. The wall in these regions is severely thickened and hypoechoic with a loss of the normal layering pattern. In the remaining small intestinal segments, the wall is diffusely thickened with disruption in the normal 1:3 muscularis. There is a >1:1 ratio in some segments. The colonic wall is normal. There is no evidence of an obstructive pattern.

DATE

1.12.23



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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.

SPECIES

Feline

Free Abdomen

Trace free fluid is observed. Several prominent to enlarged mesenteric lymph nodes are visualized (the largest measuring 1.92 cm in length). The nodes are slightly irregular in shape with hypoechoic to mildly homogenous parenchyma. Surrounding mesentery is hyperechoic.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal changes are more concerning for infiltrative neoplasia. Lymphoma is the top differential. A severe inflammatory process is also possible but considered less likely.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma) or reactive change.

AGE

18 years

Secondary Findings

- Bilateral chronic age-related renal changes.
- The left adrenomegaly may be secondary to stress, hyperplasia, or less likely, an emerging tumor.

WEIGHT

7.03 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess cardiopulmonary status.
- Consider fine-needle aspirates of the severely thickened small intestinal segments (if clotting status is appropriate). Twenty-five gauge-needles should be used. If the cytology results are inconclusive, more advanced testing (i.e., flow cytometry, PARR or biopsies) may be necessary to get a definitive diagnosis.

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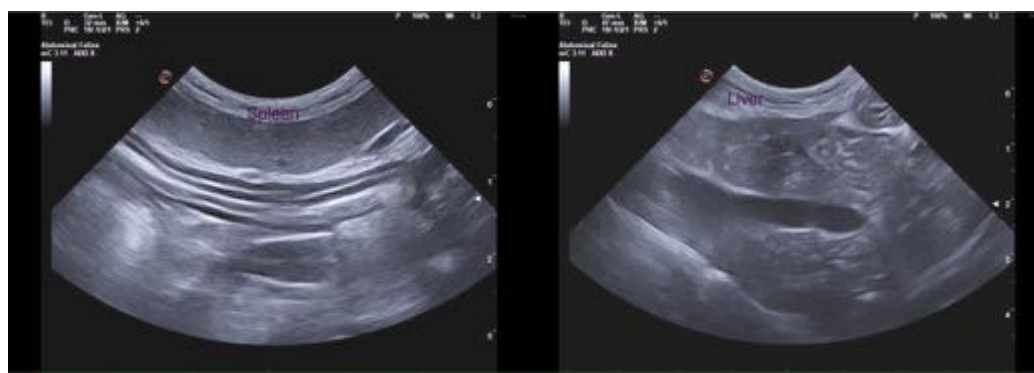
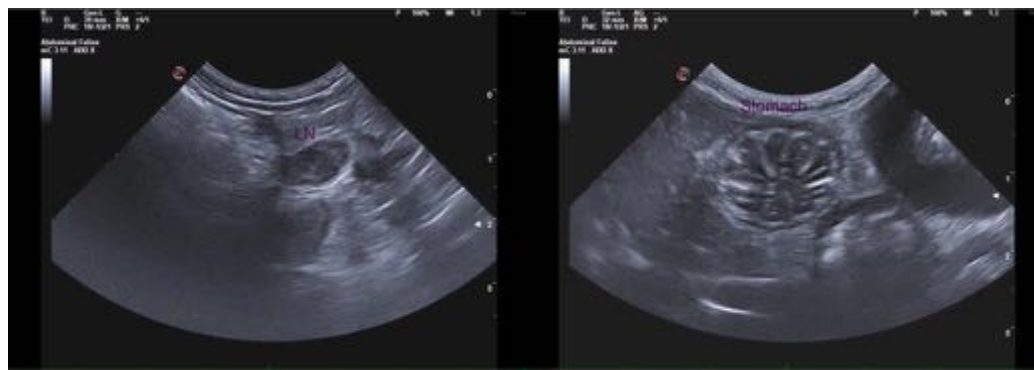
Dr. Louise Mandeville

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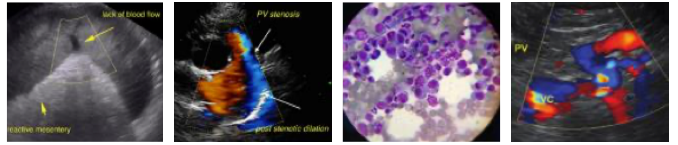
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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

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