

PATIENT PRESENTING CLINICAL SIGNS

Palmer Dye Overall Health and Body score -- 4/9, BAR
Hydration: Appears well hydrated

SPECIES Eyes -- Normal OU. No ocular discharge noted
Ears -- Normal AU. No discharge noted

Feline Oral cavity -- mm: pink CRT < 2 seconds. Moderate dental calculus
Integument-- Haircoat is smooth. No dermal lesions noted. No palpable masses or ectoparasites appreciated.

BREED Lymphatics -- Submandibular and popliteal lymph nodes are unremarkable. Prescapular, axillary or inguinal lymph nodes are not palpable

DSH Cardiovascular -- No arrhythmia auscultated. Pulses are strong and synchronous. Grade 2/6 left parasternal murmur with intermittent gallop

SEX Respiratory -- No nasal discharge observed. Eupenic. Normal bronchovesicular sounds in all quadrants.
Abdominal -- firm feces palpated in colon, cranial organomegaly or mass palpated, pt uncomfortable on palpation

Neutered Male Urogenital -- Normal
Musculoskeletal -- Ambulatory x 4. No apparent lameness

AGE Neurologic -- No obvious neurological deficits. A full neuro exam was not performed.
Pain Assessment (Ranked 0-4) -- 1/4

6/13/09

WEIGHT

7.2 lbs

ASSESSMENT:

1. Weight loss and Intermittent vomiting with increased frequency- IBD, small cell lymphoma, PLE
3. Hepatomegaly, Bilateral renomegaly, Mineralized feces in colon, loss of serosal detail mid abdomen- concern for infiltrative disease

PCTO with bloodwork results which revealed the following:

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Chemistry Profile: Within normal limits

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Diplomate ACVIM
(Small Animal Internal
Medicine)

CBC: Mild neutropenia. Remainder within normal limits

TT4: Normal

IMAGING PERFORMED BY

Discussed concern for primary gastrointestinal disease (IBD versus lymphoma) and recommend abdominal ultrasound as next diagnostic step. Owner is going to separate cats to feed to ensure appropriate caloric intake for one month then recheck weight. If continuing to lose weight then will consider an abdominal ultrasound.

Andrea Nicastro, DVM,
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Lactulose Oral Solution: Give 1-2 mls by mouth every 12 hours until bowel movement then discontinue or if diarrhea occurs Ondansetron 4mg Tablets: Give 1 tablet by mouth every 12 hours as needed for vomiting

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

REFERRING VET

Urinary System

Dr. Becky Hawk

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.

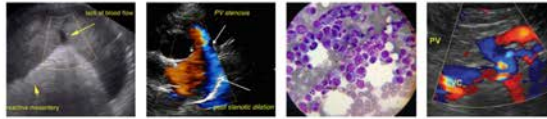
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DATE

1/17/22

The left kidney is enlarged in size (4.95 cm in length) with an irregular shape. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. Several hypoechoic, irregular, varying-sized /nodulesmasses are observed throughout the organ, the largest measuring 3.37



PATIENT cm in length. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Palmer Dye

SPECIES

Feline

The right kidney is enlarged in size (5.24 cm in length) with an irregular shape. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. Several hypoechoic, irregular, varying-sized nodules/masses are observed throughout the organ, the largest measuring 3.12 cm in length. Mild pyelectasia is present (0.23 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

BREED

DSH

Adrenal Glands

The left adrenal gland was normal in size, measuring 0.42 cm in width. Normal shape and glandular echogenicity.

SEX

Neutered Male

The right adrenal gland was normal in size, measuring 0.43 cm in width. Normal shape and glandular echogenicity.

AGE

6/13/09

Spleen

The spleen is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is diffusely mottled, bordering on a moth-eaten appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

WEIGHT

7.2 lbs

Liver

The liver is enlarged with rounded to irregular peripheral contours. A >6.0 cm irregular, severely mottled ("swiss cheese" appearance) mass is observed in the caudal portion. Some normal appearing hepatic parenchyma is observed at the cranial aspect. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. 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.

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Gastrointestinal

The gastric lumen is minimally fluid 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 to borderline thickened (up to 0.24 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis/mucosa ratio in most segments, and thickening of the submucosal layer. Discreet masses are not identified. The ileoceocolic junction is normal. The wall of the descending colon is diffusely thickened up to 0.35 cm with loss of normal layering pattern. The colonic lumen is empty. There is no evidence of an obstructive pattern.

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Pancreas

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The left and right limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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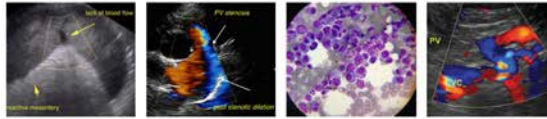
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Free Abdomen

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Trace free fluid is observed. The lymph nodes throughout the abdomen are enlarged, irregular and hypoechoic to heterogeneous in appearance. The largest node measures 4.82 cm.



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Neutered Male

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ULTRASONOGRAPHIC FINDINGS

- Severe abdominal lymphadenopathy, hepatic and renal masses and splenic changes are most concerning for infiltrative neoplasia. Lymphoma is the top differential. A diffuse pyogranulomatous inflammatory process cannot be excluded but is considered less likely.
- The descending colonic wall changes are suggestive of infiltrative neoplasia with a lower possibility of an inflammatory process. The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- Age-related pancreatic remodeling +/- fibrosis

*An ultrasound-guided fine needle aspirate of an enlarged abdominal lymph node was performed during the study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider 3-view thoracic radiographs to assess for lymphadenopathy in the chest as well as fine needle aspiration of the enlarged abdominal lymph nodes. If cytology results are inconclusive, consider PARR on the lymph node cytology samples to further assess for lymphoma. If all results are inconclusive, and definitive diagnosis is desired, an abdominal exploratory with biopsies could be considered due to the diffuse nature of the pathology. However, the prognosis for this patient is considered guarded.
- A GI panel (send to Texas A&M) is should also be considered.

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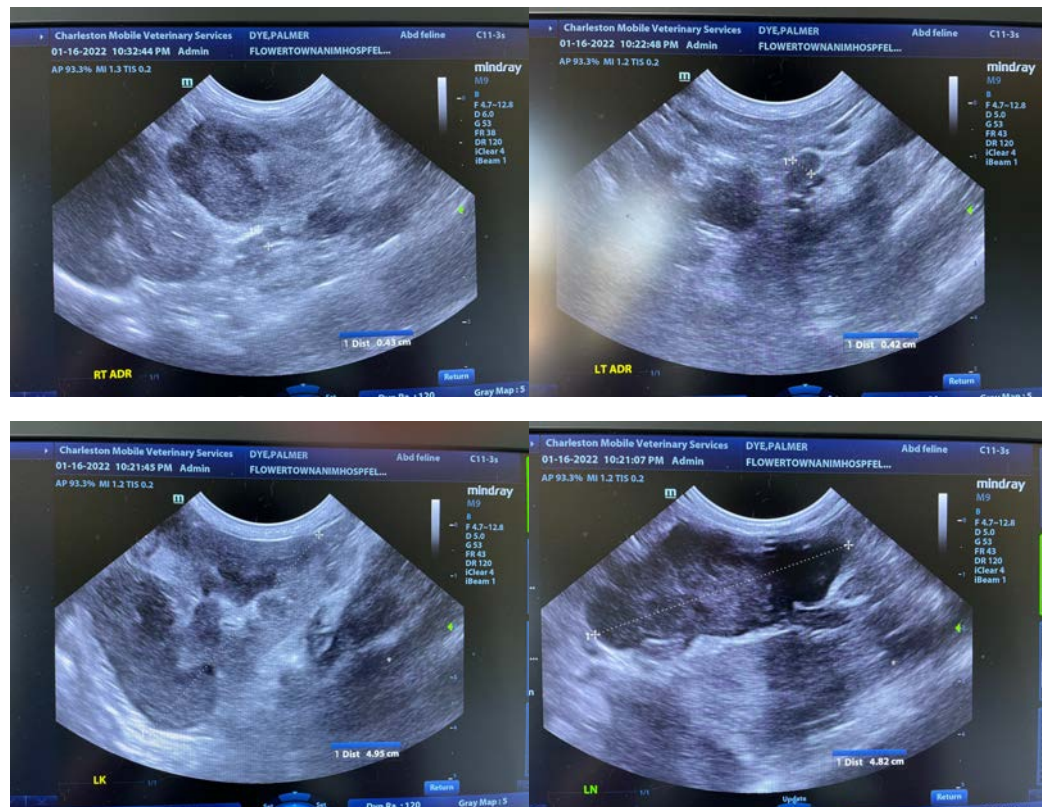
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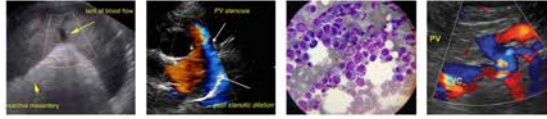
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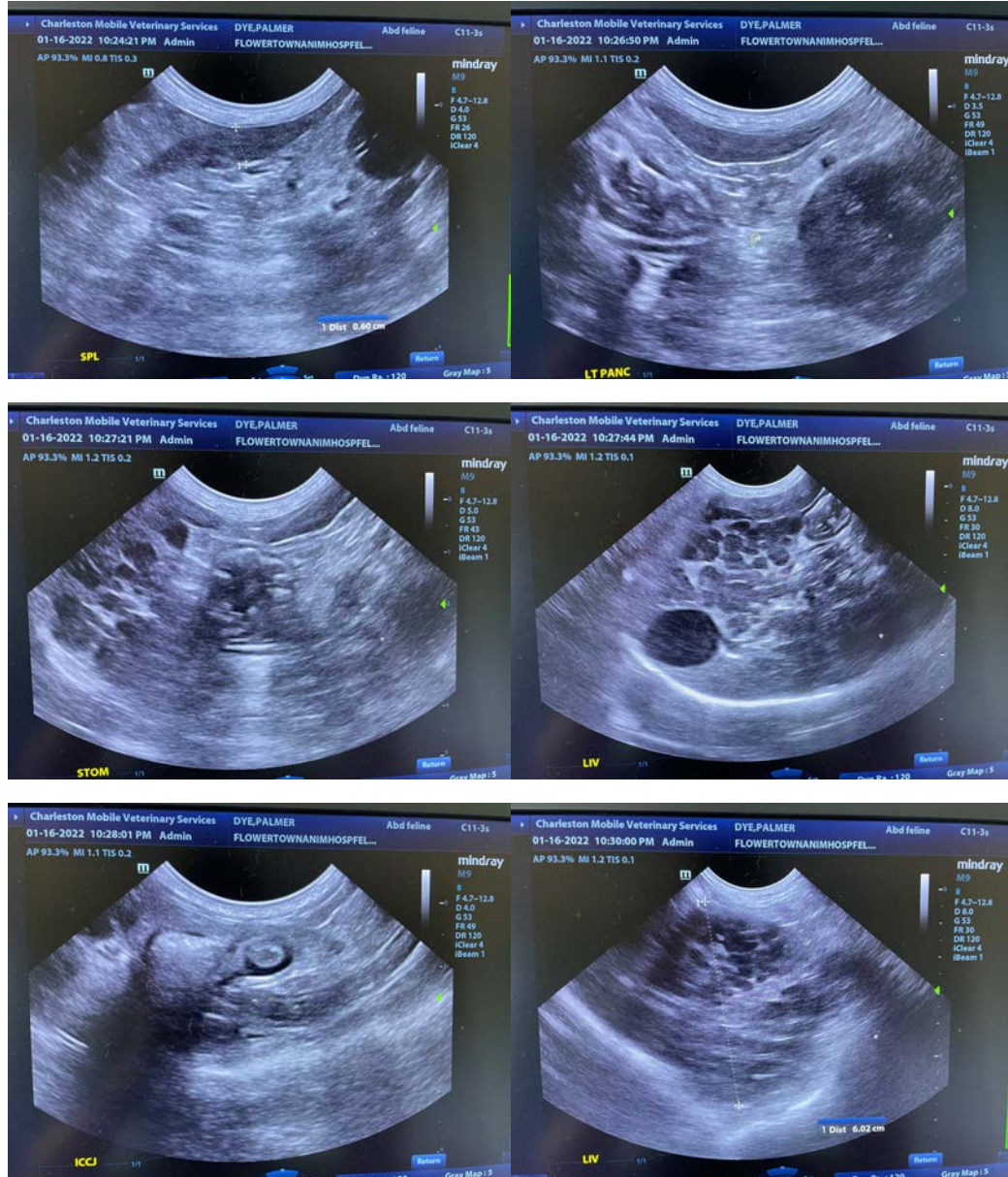
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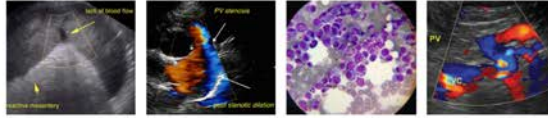
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SEX

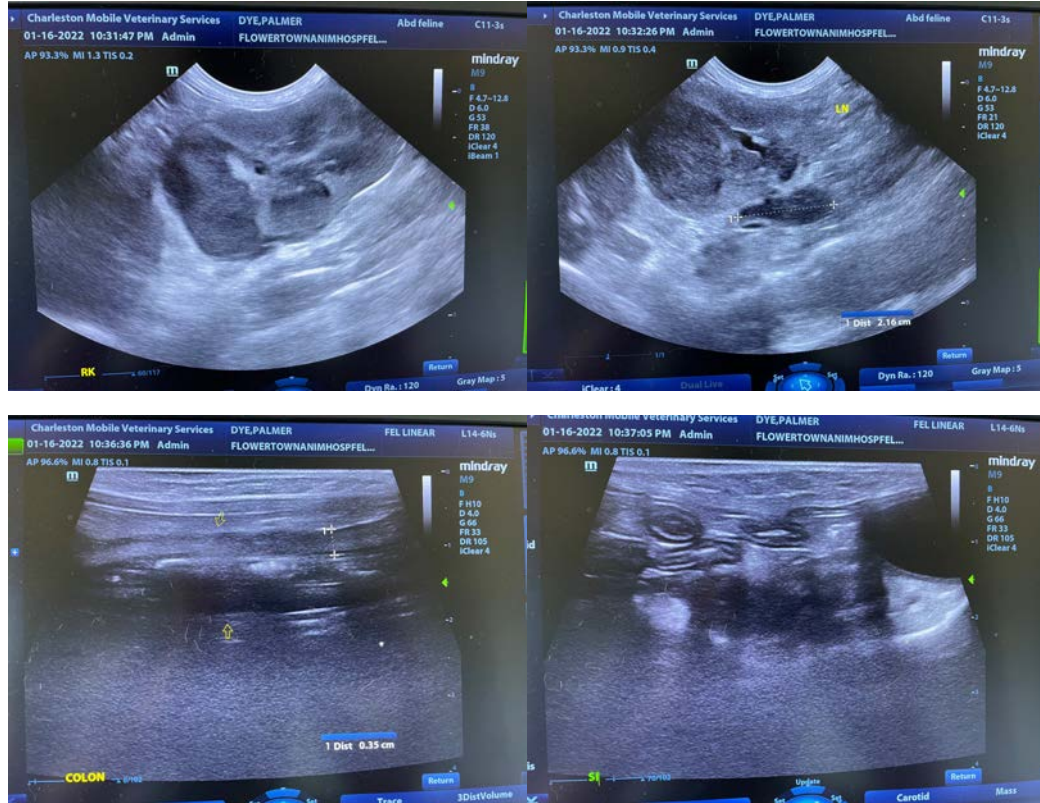
Neutered Male

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The information and recommendations provided are based on the images presented by the 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@CharlestonMobile.net