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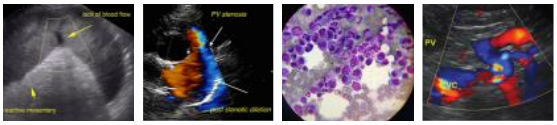


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Yaza Wright

SPECIES

Feline

BREED

Burmese

SEX

Neutered Male

AGE

12 years

WEIGHT

10.25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Banfield South Eugene

REFERRING VET

Dr Jackson

INVOICE

12010

DATE

1.3.23

PRESENTING CLINICAL SIGNS

History: Wt: 10.25 lbs / 4.65 kgs, BCS: 5/9 GEN: BAR, TPR - WNL (see screens), CRT < 2 sec, pink, moist MM, 5% dehydrated EYES/EARS: clear OU. canals clean, tympanic membranes intact AU. N/T: no nasal discharge, no sneezing, no cough on tracheal palpation. ORAL: 3/4 dental calculus, back molars localized INTEG: no lesions or ectoparasites appreciated. LN: peripheral LNs are normal in size, shape, consistency. GI/UG: soft non-painful abdomen on palpation. external genitalia is normal in appearance. caudal abdomen abnormal palpation +/- intestinal mass M/S: no lameness or abnormalities appreciated. NEURO: appropriate mentation, no deficits appreciated, or spinal pain. HEART/LUNGS: normal rhythm with no murmurs or arrhythmias heard. Strong Femoral pulses. Lungs clear bilaterally

Abnormal PE/Chem/CBC/UA Results: CBC/IOF(Chem) - BUN (15 (16-36mg/dL), CHOL 0.7 (08.-2.4 mg/dL) - 12/20/2022 Positive pancreatitis Current Medications none administered within the past 24 hours Radiographic Findings Abdominal Radiographs - ncsf, performed 12/20/2022

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 mildly distended. A small 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 1-2 cm, are normal.

The left kidney is normal size (4.76 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 moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.24 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 moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

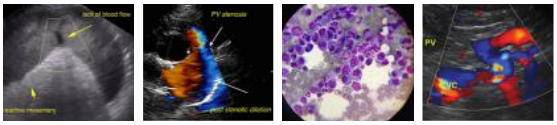
The right adrenal gland is mildly enlarged (0.56 cm width) with a slightly rounded shape. Glandular echogenicity are normal. Surrounding vasculature appears normal.

Spleen

The spleen is prominent in size (1.04 cm in width at the level of the hilus) with a folded contour and curvilinear peripheral margins. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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.



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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 is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.41 cm). In some segments in the left cranial quadrant, there is loss of the normal layering pattern. In the remaining segments, there is disruption in the normal 1:3 muscularis: mucosal ratio. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is mildly dilated (0.26 cm in diameter).

Free Abdomen

There is no obvious evidence of free fluid. There is no evidence of inflammation or effusion. At the mesenteric root, heterogenous echogenic mass effect is observed (7.62 cm). Surrounding mesentery is hyperechoic.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

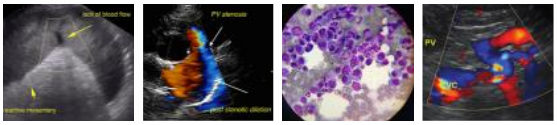
- The mass effect at the mesenteric root is most consistent with severe lymphadenopathy. Infiltrative neoplasia (i.e., lymphoma) is suspected with a lower possibility of severe lymphadenitis (i.e., pyogranulomatous).
- The small intestinal wall thickening with loss of the normal layering pattern is also concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of an inflammatory process. The diffuse small intestinal wall changes could be consistent with emerging lymphoma or inflammatory bowel disease.

Secondary Findings

- The splenomegaly could be secondary to emerging neoplasia or a benign process (i.e., lymphoid hyperplasia or similar).
- Bilateral, chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine-needle aspirate of the mesenteric root mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used.
- Thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.



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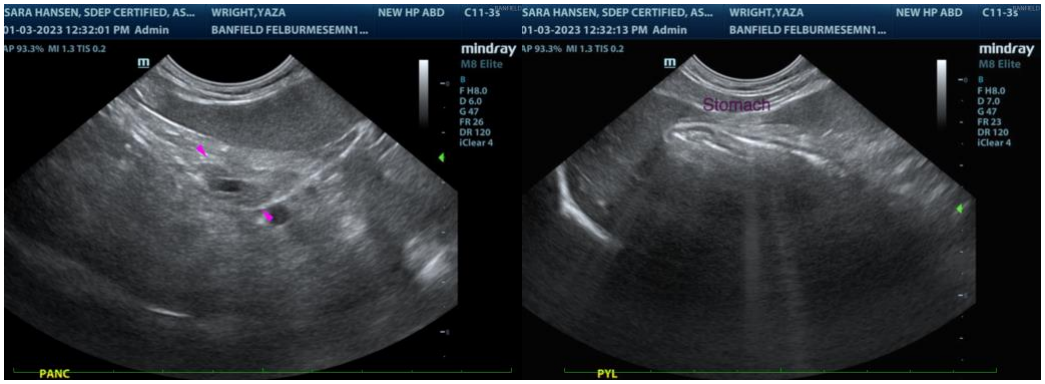
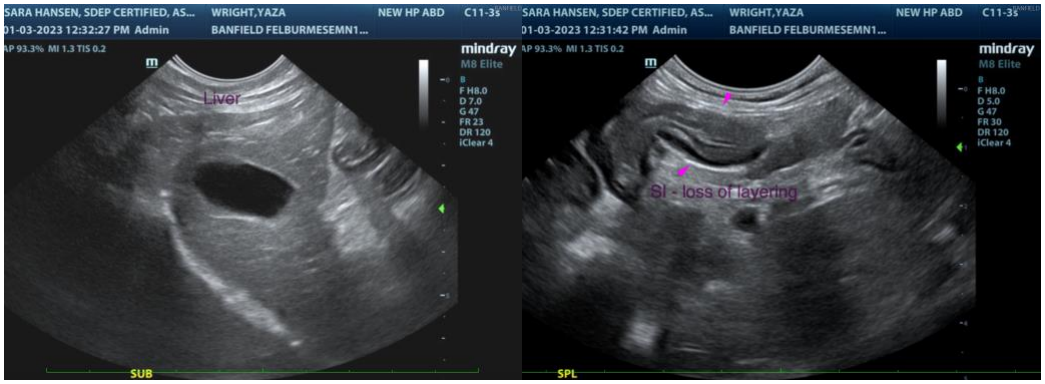
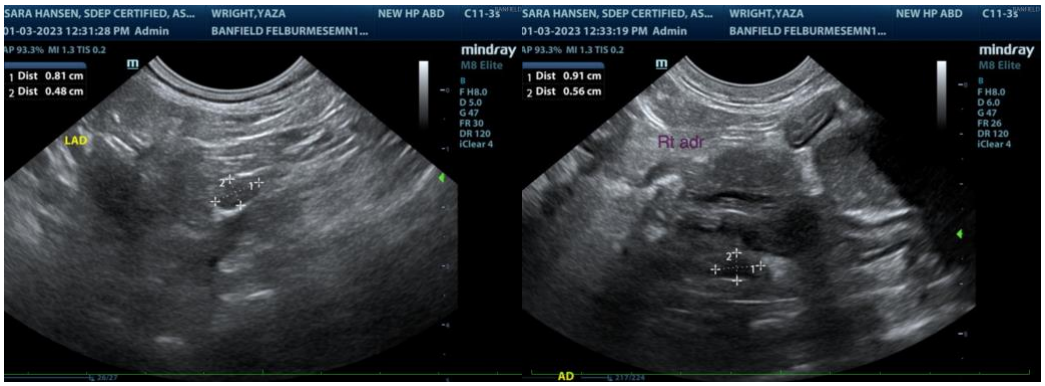
- Feline leukemia and FIV testing is also recommended (if not already performed).
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI to assess for maldigestion/malabsorption.







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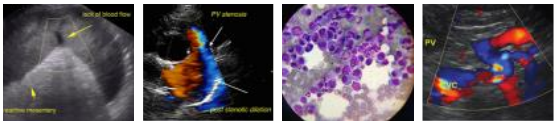

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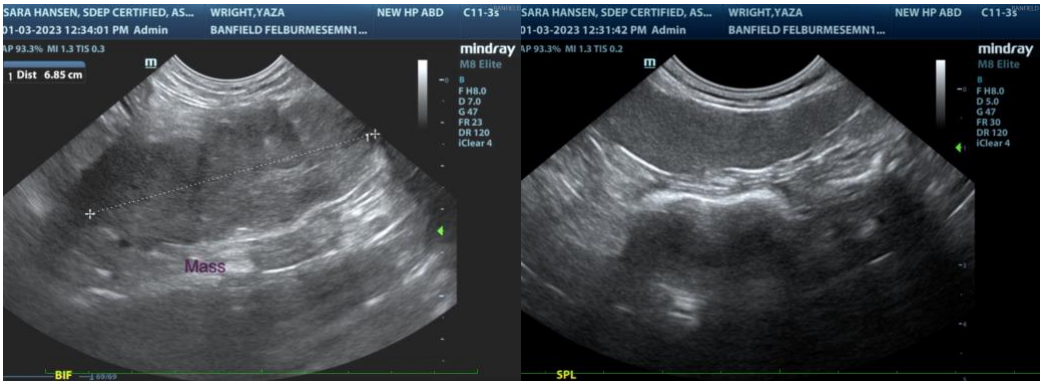

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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