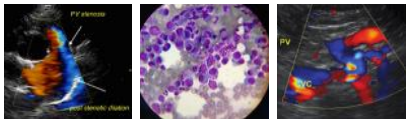
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

10/20/21

PATIENT

Wednesday DiFranco

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2012

WEIGHT

13.58

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Zakai

INVOICE

13911

PRESENTING CLINICAL SIGNS

History: Chronic vomiting, chronic diarrhea, sometimes with blood.
Painful cranial abdomen, thickened bowel. Chronic weight loss.

Current Medications: Vit B12 injection only
Date of Previous IntraPet Ultrasound: No previous
Sedation: IM BAG utilized for AUS
Stat Report: not requested

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 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.

The left kidney is normal size (4.23 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.33 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated, and no obvious pathology is observed.

Spleen

The spleen is subjectively prominent in size (1.13 cm in width at the level of the hilus) with slightly swollen peripheral contours. 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 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 small to moderate amount of echogenic to mineralized gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 is diffusely thickened (up to 0.44 cm) with apparent retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis to mucosa ratio with a >1:1 ratio in some segments. Discreet masses are not identified. At the ileocecalcolic junction, the muscularis layer is prominent. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

The mesentery throughout the midabdominal cavity is hyperechoic. No free fluid is observed. At the mesenteric root, a 4.20 cm x 2.83 cm mass effect is observed within the lymph nodes. The lymph nodes in this region are enlarged, irregular and hypoechoic. Surrounding mesentery is hyperechoic. In addition, prominent hyperechoic lymph nodes are observed adjacent to the ileocecalcolic junction. A 1.10 cm lymph node is also seen in the right cranial quadrant.

Other

There are questionable B-lines within the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy and bowel changes are most consistent with infiltrative neoplasia (i.e., lymphoma). A severe inflammatory process (i.e., pyogranulomatous) is also possible, but considered less likely.
- The peritonitis is likely secondary to lymph node and bowel pathology.

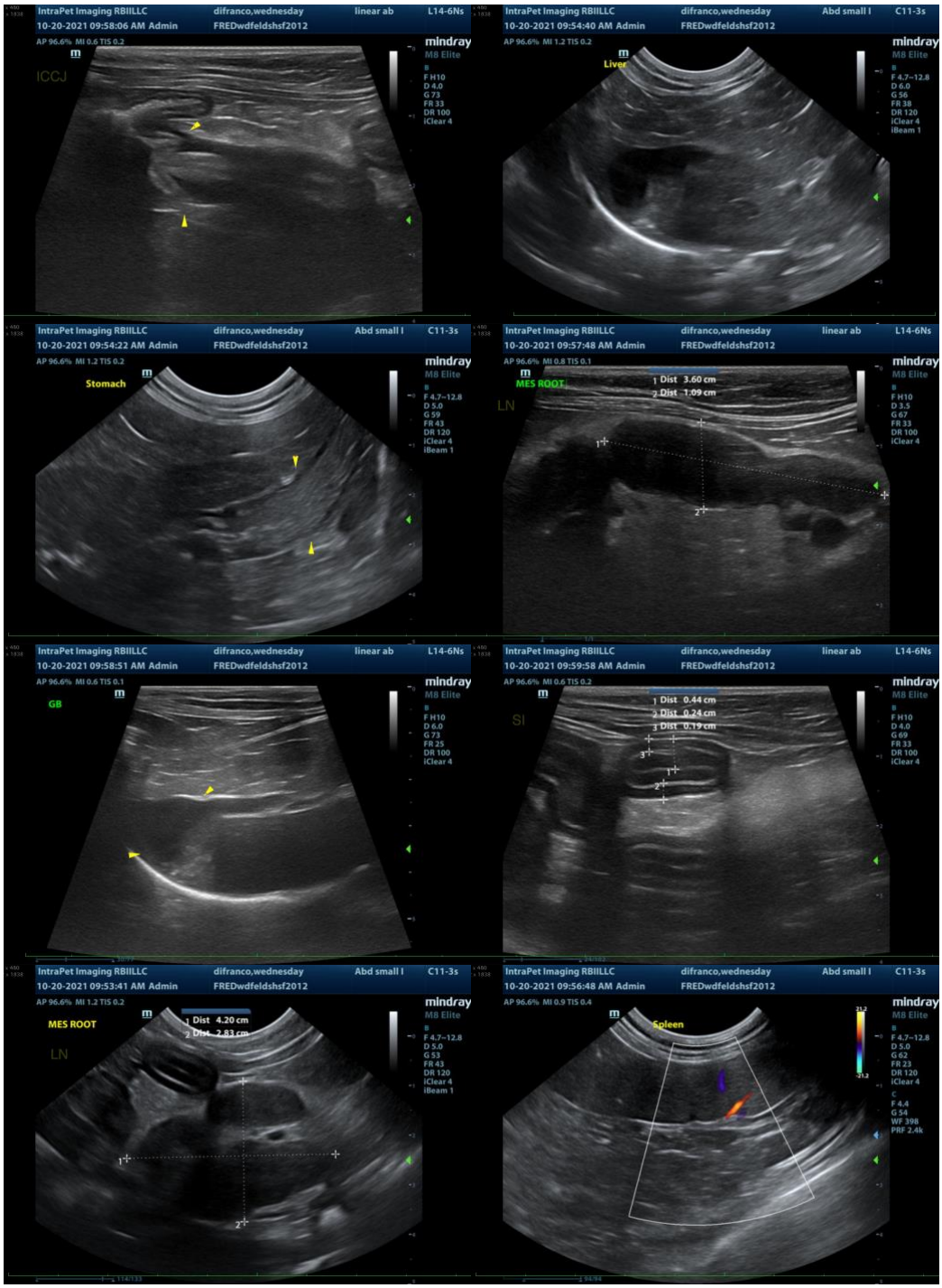
Secondary Findings

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Mineralized gallbladder debris- incidental
- Bilateral non-specific age-related renal pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- Fine needle aspirates of the mesenteric lymph nodes are recommended using a 25-gauge needle, if clotting status is appropriate.

- A malabsorption panel should also be considered.



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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com