



PATIENT

Shiloh Nelson

PRESENTING CLINICAL SIGNS

History: Weight loss, was 17# 5 years ago now losing weight rapidly was 9.4 3 weeks ago. Vomiting 4-5x daily. Mass palpated mid abdomen.

Abnormal PE/Chem/CBC/UA Results: ALT 118, Tbil 1.6, monos 1080, UPC .3, +1 bilirubin.

SPECIES

Feline

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.

BREED

Domestic shorthair

SEX

Female, spayed

The left kidney is normal size (3.72 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

11 yrs.

The right kidney is normal size (3.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

7.8 lbs.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed. .

INTERPRETED BY

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

The right adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (1.61 cm in width at the level of the hilus) with swollen undulating peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions were observed. Splenic vasculature is normal with no evidence of thrombosis.

IMAGING PERFORMED BY

Shari Reffi CVT

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. 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.

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

Gastrointestinal

The gastric lumen is mildly 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 is diffusely thickened (up to 0.57 cm) with questionable loss of the normal layering pattern in some regions. There is disruption in the normal 1:3 muscularis: mucosal ratio

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in most segments. The muscularis layer is prominent at the ileocecal colic junction. The colonic wall is normal. No obstructive disease is noted.

Pancreas

SPECIES

Feline

The right limb 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 (0.18 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

BREED

Domestic shorthair

Free Abdomen

SEX

Female, spayed

The mesentery throughout the mid-abdominal cavity is hyperechoic. Trace free fluid is observed. A >7 cm mass effect is observed in the mid-abdominal cavity in the region of the mesenteric root lymph nodes. Several additional enlarged lymph nodes are observed throughout the abdominal cavity, some of which are cystic. Enlarged nodes are seen in the left and right cranial quadrants and in the region of the ileocecolic junction.

AGE

11 yrs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mass effect in the region of the mesenteric lymph nodes with diffuse abdominal lymphadenopathy. Neoplasia (i.e., lymphoma) is strongly suspected with a lower possibility of pyogranulomatous lymphadenitis (i.e., secondary to FIP).
- The bowel changes are also concerning for intestinal lymphoma with a lower possibility of severe inflammatory bowel disease.
- Diffuse peritonitis is present, likely secondary to bowel and lymph node pathology.
- The splenic parenchymal changes are concerning for infiltrative neoplasia with a lower possibility of benign pathology (i.e., lymphoid hyperplasia or extramedullary hematopoiesis).

Secondary Findings:

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- A fine needle aspirates of the mesenteric mass effect and spleen are recommended (if clotting status is appropriate). If cytology is inconclusive, consider PARR to further assess for lymphoma. If all tests are inconclusive, surgical biopsies of the abdominal lymph nodes and bowel may be necessary to get a definitive diagnosis.

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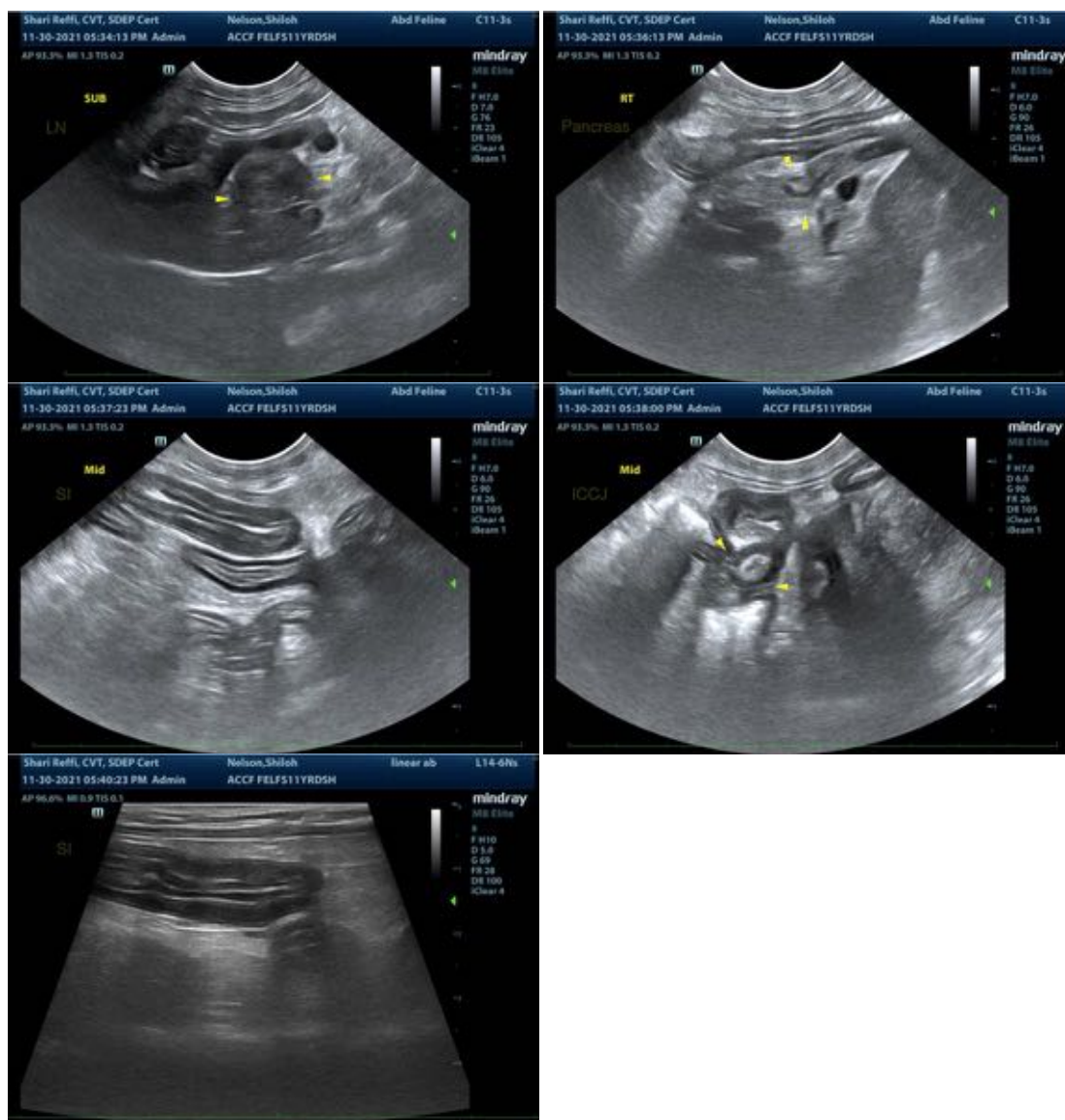
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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