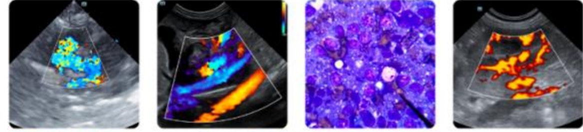
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE
www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408

PATIENT
Lucy Briganti

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
10/31/2015

WEIGHT
7.3#

INTERPRETED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME
Cats Meow Cat Clinic

REFERRING VET
Dr Kate Gibson

INVOICE
22225

DATE
11-7-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Just moved about 5 months ago and has been noticeably losing weight since. Hx herpes flare ups, giving lysine. Will V+ frequently usually before or after breakfast bile and has been going on for a long time.

Notes: weight loss, dental grade 1-2, epiphora r/o herpesvirus, heart murmur r/o dehydration
elevation in liver enzymes, r/o cholangohepatitis, IBD, pancreatitis
Abnormal lab-work values: Diagnostic testing: CBC/Chem/T4: TP: 9.2 g/dL, Glob: 6.7 g/dL, ALT: 709 U/L, ALKP: 177 U/L, GGT: 6 U/L, tbil: 2.9 mg/dL,
panc lipase: 1.1 U/L

Current Medications: Cerenia 16 mg/ml: Give 0.5 ml PO q24h x 7 days, start tomorrow 11/1/25 - last day will be the day of US
Radiographic Findings: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is prominent in size (4.67 cm in length) with a normal shape, architecture and smooth peripheral contours. 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 in size (4.51 cm in length) with a normal shape, architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A small cortical cyst is observed at the caudomedial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The spleen is enlarged (1.11 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is diffusely mottled, with a “moth-eaten” appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver
The liver is subjectively normal in size with normal curvilinear 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder 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 mildly dilated (up to 0.32 cm).

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The duodenal papilla is normal-in-size (0.21 cm in diameter). There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.15 cm in width). There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A 2.3 x 0.7 cm hypoechoic sublumbar lymph node is visualized. In addition, a cluster of enlarged, irregular, hypoechoic-to-heterogenous mesenteric lymph nodes are seen (one measuring 1.6 x 0.8 cm). Surrounding mesentery is hyperechoic. A 3.8 x 1.4 cm hypoechoic medial iliac lymph node is also observed. Several prominent lymph nodes are also seen along the length of the descending colon. One-to-two periportal lymph nodes are also visualized (one measuring 2.3 x 0.5 cm). A 0.65 cm gastric lymph node is also seen.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

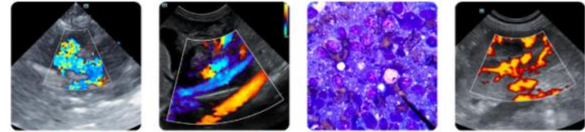
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are more most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of a benign process (i.e., lymphoid hyperplasia or simlar).
- The abdominal lymphadenopathy is also concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of lymphoid hyperplasia or lymphadenitis.
- Despite the relatively normal-appearing hepatic parenchyma, given the severe elevation in ALT, a microscopic hepatopathy is suspected. Considerations include emerging neoplasia (i.e., lymphoma), hepatic lipidosis, inflammatory disease, and/or other hepatopathy.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.



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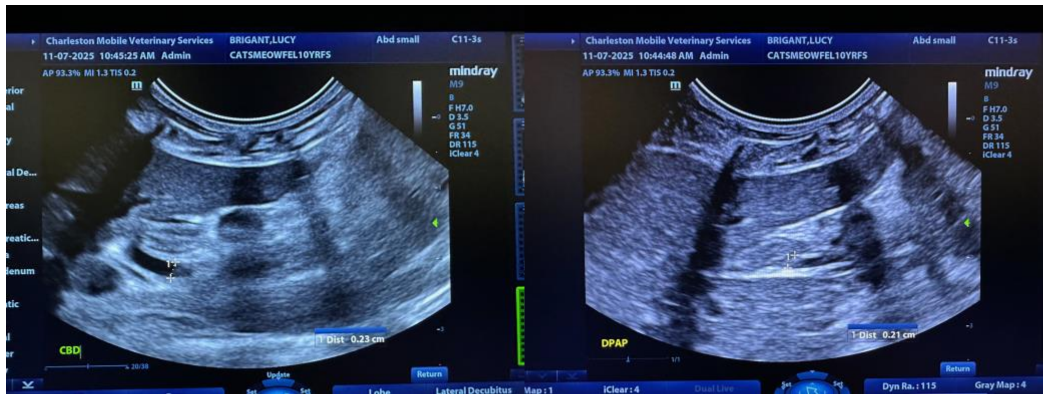
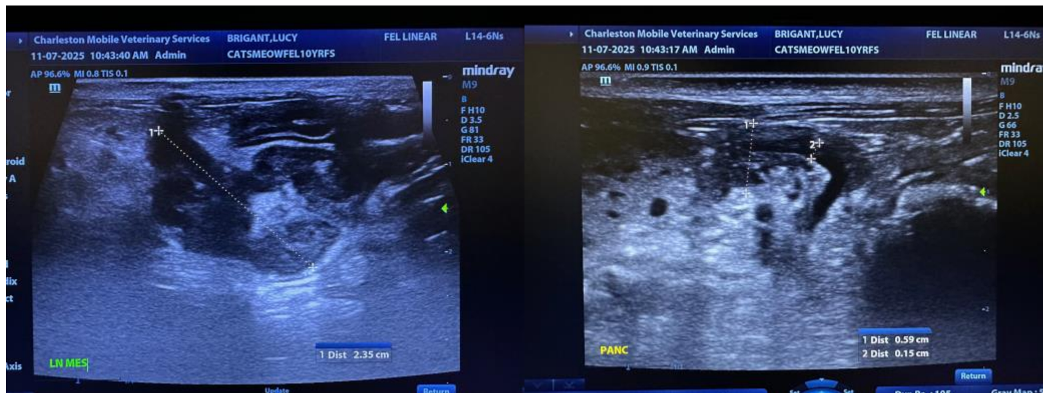
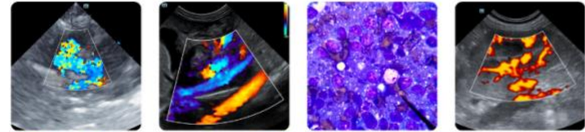
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine-needle aspiration of the spleen +/- enlarged abdominal lymph nodes can be considered (assuming normal clotting status). Twenty-five gauge-needles should be used. If aspirates are not pursued, consider empirical treatment for lymphoma with corticosteroids, as long as the client understands the risks of treatment without a definitive diagnosis. Also consider a GI panel including serum cobalamin and folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatic disease.







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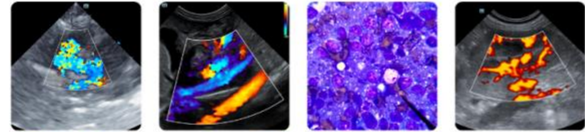

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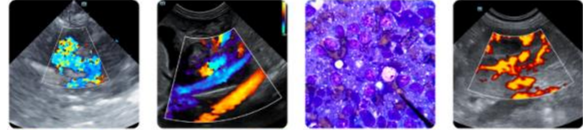

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com