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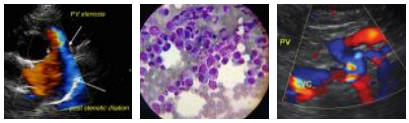
IntraPet.com



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DATE

12/1/21

PATIENT

Baby Scott

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

4/1/10

WEIGHT

7.72 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Franchini

INVOICE

12771

PRESENTING CLINICAL SIGNS

History: History: Pet presented on 11/22/2021 for annual exam and RV.
Owner reported pet has not been himself and not eating as much and owner noted weight loss. Occasional sift stools but only when changing foods. On PE, pet lost 3 lbs in about 1 year and is thin; Worsening heart murmur (was 1-2/6 a year ago and now a 3/6) and suspect firm structures palpated through GIT.

Lab Results: BW revealed elevations in WBCs - momocytes, Eosinophils and basophils, Blood in urine, Fecal negative. Attached separately.
Radiographs: Rads reveal loss of serosal detail in mid and cranial abdomen with some unusual loops of bowel.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
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 is mildly distended. A scant 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 2.0 cm, are normal.

The left kidney is normal size (4.25 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.

The right kidney is normal size (4.20 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.

Adrenal Glands

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

The right adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (1.16 cm in width in the region of the hilus) with slightly swollen peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. 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 of appropriate echogenicity and echotexture. No distinct focal lesions are observed. There is a slight increase in portal markings. Hepatic vasculature is 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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal wall is diffusely thickened (up to 0.76 cm). In some segments, there is suspected loss of the normal layering pattern. In the remaining segments, there is disruption in the normal 1:3 muscularis to mucosal ratio with a >1:1 ratio in some segments. The distal ileum is severely thickened with a very prominent muscularis layer. The muscularis layer of the colonic wall is also prominent. The colonic wall is thickened (up to 0.50 cm). 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 abdomen is hyperechoic. Trace free fluid is observed. Numerous severely enlarged lymph nodes are observed adjacent to the ileocecocolic junction.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

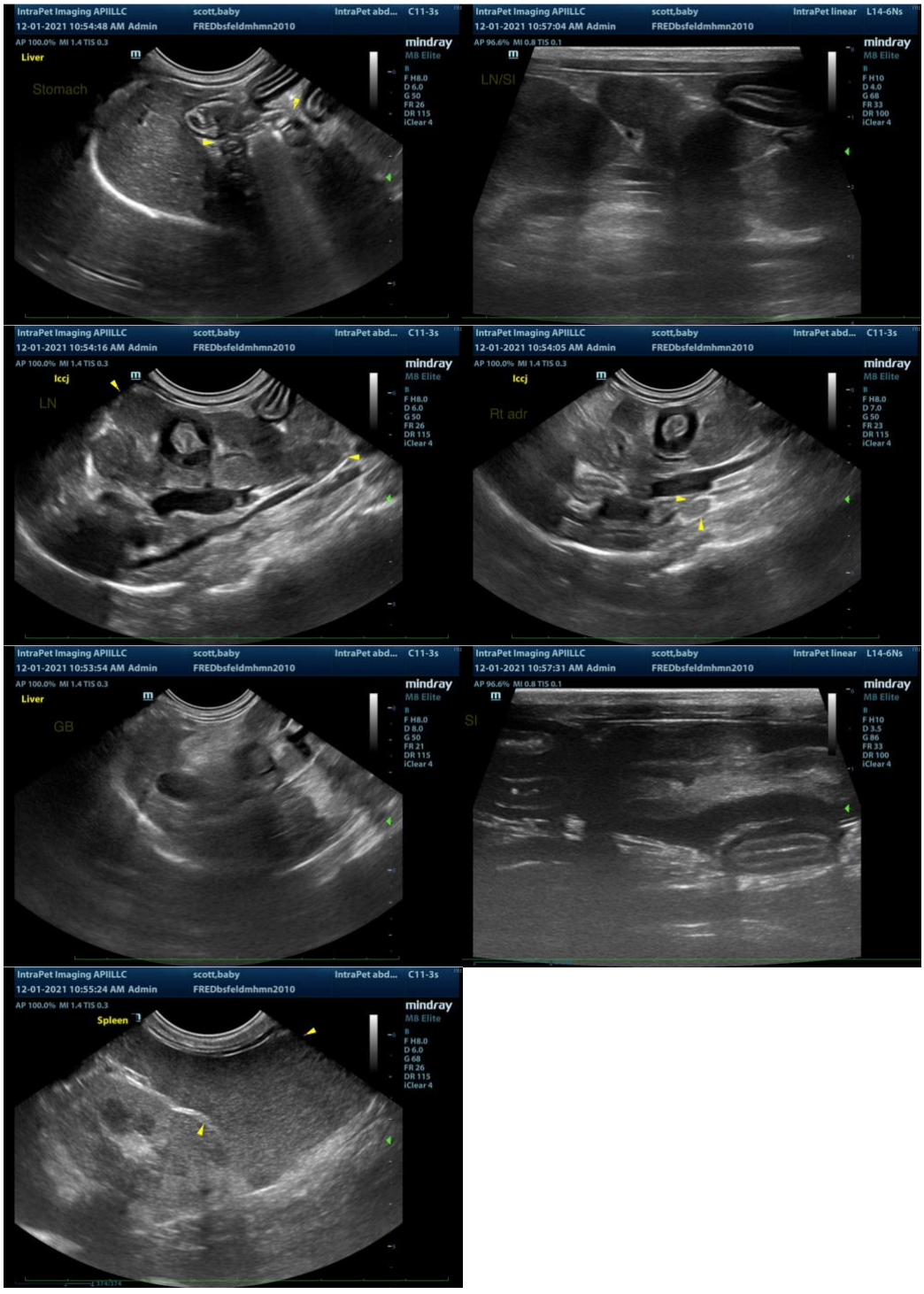
- The severe abdominal lymphadenopathy is most concerning for infiltrative neoplasia (i.e., lymphoma). However, severe lymphadenitis (i.e., pyogranulomatous) cannot be completely excluded.
- Bowel changes consistent with infiltrative neoplasia (i.e., lymphoma) with a lower possibility of severe inflammatory bowel disease.
- The diffuse abdominal peritonitis is likely secondary to GI and lymph node pathology.
- The splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis or infiltrative neoplasia.

Secondary Findings

- The prominent portal markings could be suggestive of an inflammatory process. 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.
- Fine needle aspiration of the enlarged abdominal lymph nodes is recommended if clotting status is normal. if cytologic evaluation is inconclusive, consider PARR to further assess for lymphoma. If all tests are inconclusive, surgical GI and abdominal lymph node biopsies may be necessary to get a definitive diagnosis.



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