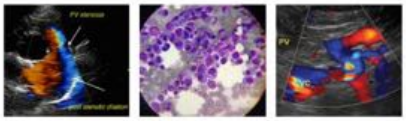


PATIENT

Bruce Le

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 years

WEIGHT

8.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Kimball AH

INVOICE

11984

DATE

12.29.22

PRESENTING CLINICAL SIGNS

History: Not eating, having bloody diarrhea, worsening with steroids, seems uncomfortable in the abdomen.

Abnormal PE/Chem/CBC/UA Results: see attached records.
CBC shows an elevated white count with neutrophilia. SDNA 17. ALP 131. T4 normal.
Feline leukemia. FIV heartworm negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended. A 0.45 x 0.30 cm triangular thickening/nodule is observed at the caudoventral aspect. A hyperechoic area appears to be located at the tip of this lesion. The remaining wall is of approximately thickness for the level or repletion. A small amount of suspended echogenic debris is observed within the lumen. The region of the trigone is normal.

The left kidney is normal size (4.48 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 mild loss of normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.27 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 mild loss of normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal size (0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is subtly hypoechoic and slightly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

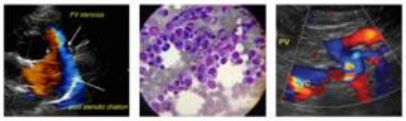
Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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 is mildly to moderately distended. The wall is moderately to severely thickened (up to 0.32 cm) and hypoechoic with a “double-walled” effect. A moderate amount of mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measures 0.23 cm at the level of the duodenal papilla.

Gastrointestinal

The gastric lumen is mildly fluid-distended and hypomotile. The gastric wall is variably thickened (up to 1.39 cm). There are areas where there is loss of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not overtly dilated. The small intestinal wall is thickened (up to 0.54 cm) in several areas. In these regions, there is loss of the normal layering pattern. In the remaining segments, there is disruption in the normal 1:3 muscularis: mucosal ratio. There is no obvious evidence of an obstructive pattern.



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Pancreas

The left limb of the pancreas is 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 (0.16 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. Several enlarged, rounded, hypoechoic lymph nodes are observed throughout the abdomen (the largest measuring 3.72 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric, small intestinal wall and abdominal lymph nodes changes are most concerning for infiltrative neoplasia (i.e., lymphoma). A severe inflammatory process is also possible but considered less likely.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., lymphoma), extramedullary hematopoiesis, lymphoid hyperplasia, other.
- The hepatic parenchymal changes are nonspecific and could be associated with infiltrative neoplasia, hepatic lipidosis, or an inflammatory hepatopathy.
- The gall bladder wall changes could be consistent with cholecystitis, infiltrative neoplasia, autoimmune disease, hypoalbuminemia, increased hydrostatic pressure, anaphylaxis, other.
- Diffuse peritonitis, likely secondary to bowel and lymph node pathology.

Secondary Findings

- Mild bilateral age-related renal changes
- The nodule at the caudoventral aspect of the urinary bladder could be consistent with an inflammatory lesion, granuloma, or emerging tumor.
- 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

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- Consider fine needle aspirates of the enlarged abdominal lymph nodes +/- gastric wall (if clotting status is appropriate). Twenty-five gauge-needles should be used. If cytology results are inconclusive, consider more advanced diagnostics (i.e., PARR, flow cytometry or biopsies).
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be warranted.

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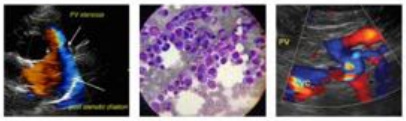

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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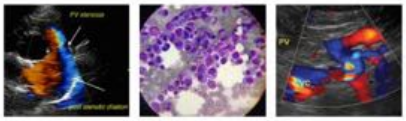

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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