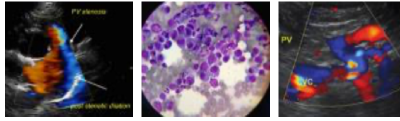
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

12/7/2021

PATIENT

Baloo Bateman

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

6/1/2008

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Jacksonville VC

REFERRING VET

Dr. Kablis

INVOICE

12685

PRESENTING CLINICAL SIGNS

History: (7/22/21) vomiting after eating; licking inanimate objects. gave Cerenia 0.4ml and i/d. (7/24/21) chem/cbc/fpL all normal; another Cerenia; drinking more/soft stools. continue i/D started Fortiflora. rec'd U/S- declined then. tried b12 injections for 6 weeks. Responded well.
(10/13/21) licking walls etc again. started Cobalequin tablets. cysto u/a: SG 1.017; urine culture negative.
(11/26/21) went to urgent care recently, we saw a few days later- decreased appetite. Cerenia injection. owner unable to give Cerenia tabs. (11/30/21) tried Dexamethasone injection- ate well that day but decreased appetite the following day.
(12/2/21) Cerenia injection 0.45ml.

Current Medications: i/d Fortiflora, Cerenia, Cobalequin, Dex 0.15ml SQ.
Lab Results: (10/13/21) BUN 4.4; CREA 1.5; T4 1.5. (11/26/21) BUN 31; CREA 1.6; Ca 10.9.
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 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 (4.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.31 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. A cortical infarct is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 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 scant amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal wall is mildly to moderately thickened (up to 0.37 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: mucosal ratio with a >1:1 ratio in some regions. There is also thickening of the submucosal layer in some segments. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is borderline dilated (0.23 cm in diameter).

Free Abdomen

The mesentery in the mid-abdominal cavity is hyperechoic. No free fluid is observed. A cluster of enlarged, irregular hypoechoic lymph nodes are observed at the mesenteric root. The cluster measures approximately 3 cm in diameter. In addition, a few prominent sublumbar lymph nodes are visualized. The mesentery surrounding all nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma). Benign reactive change cannot be excluded but is considered less likely.
- The bowel changes are also concerning for emerging lymphoma. However, severe inflammatory bowel disease is also a differential.
- The pancreatic changes are suggestive of chronic pancreatitis.
- The mid-abdominal peritonitis is likely secondary to bowel/lymph node pathology.

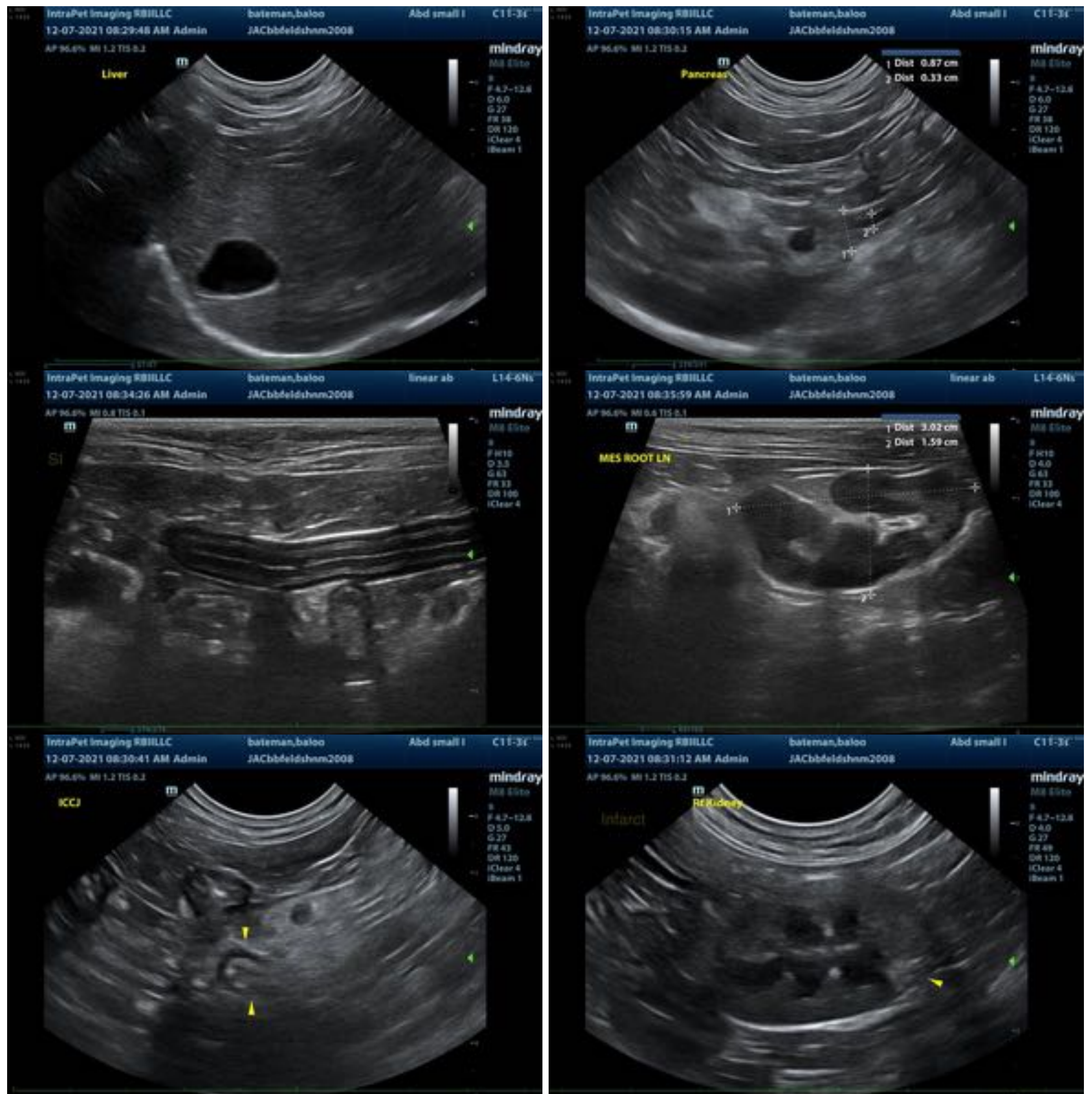
Secondary Findings:

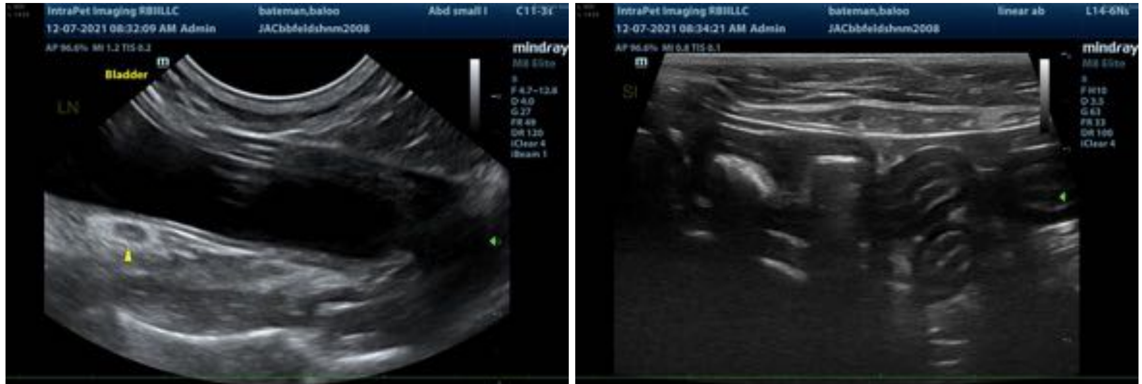
- Bilateral age-related renal changes with a right cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- A fine needle aspirate of the enlarged mesenteric lymph nodes is recommended (if clotting status is appropriate). If cytologic results are inconclusive, consider PARR on the lymph node aspirates. If all results are inconclusive and an aggressive approach is desired, surgical GI and abdominal lymph node biopsies may be necessary to get a definitive diagnosis.

- A GI panel including serum cobalamin, folate, TLI and PLI is also recommended.





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 ACVIM (*Small Animal Internal Medicine*)
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