

**DATE PRESENTING CLINICAL SIGNS**

12/8/21

History: not eating well, weight loss, on/off diarrhea, vomiting.

PATIENT

Rufus Scheffenecker

Current Medications: Cerenia 8mg SID.

Date of Previous IntraPet Ultrasound: 8-26-2020.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

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 mostly 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.

SEX

Neutered Male

AGE

7/1/2005

The left kidney is normal size (3.74 cm in length); normal shape and architecture with smooth peripheral margins. 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.

WEIGHT

9.89 Lbs.

The right kidney is normal size (3.73 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands**INTERPRETED BY**

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

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

The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Spleen

The spleen is enlarged (1.50 cm in width at the level of the hilus) with swollen irregular undulating peripheral contours. The parenchyma is subjectively hypoechoic and homogeneous in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Frederick Road VH

Liver

The liver is prominent in size with swollen peripheral contours. The parenchyma is subjectively hypoechoic and homogeneous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Zakai

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.

INVOICE

12859

Gastrointestinal

The gastric lumen is not 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 normal to mildly thickened (up to 0.28 cm). In one short segment, there is questionable loss of the normal layering pattern. In the remaining segments, there is a normal layering pattern with appropriate mural detail and disruption of the normal 1:3 muscularis to mucosa ratio. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (0.27 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

Trace free fluid is observed. Several enlarged hypoechoic irregular to rounded mesenteric lymph nodes are visualized, the largest measuring 3.00 cm in length. In addition, at least 2 prominent cranial abdominal lymph nodes are seen. The mesentery surrounding the prominent nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

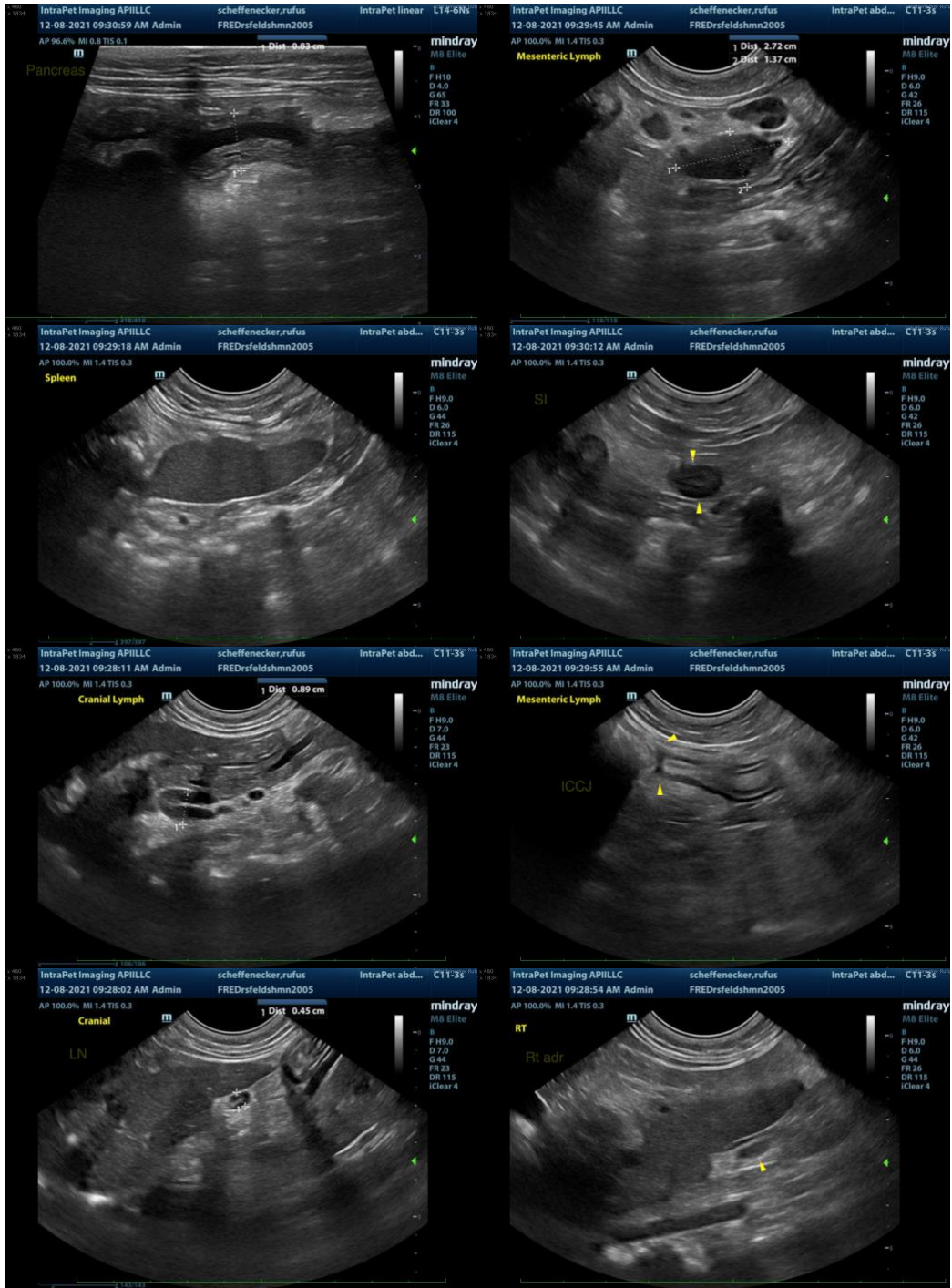
- The abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma), However, benign, reactive change is also possible.
- The small intestinal wall pattern could be consistent with emerging lymphoma or inflammatory bowel disease.
- The hepatosplenomegaly is concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of benign pathology.
- The pancreatic changes are consistent with chronic active pancreatitis.
- The mild peritonitis is likely secondary to bowel, lymph node and/or pancreatic pathology.

Secondary Findings

- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine needle aspirates of the enlarged abdominal lymph nodes, liver and spleen if clotting status is appropriate. A 25-gauge needle should be used.
- Three view thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.
- A GI panel, including serum cobalamin, folate, TLI and PLI should also be considered.





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