

PATIENT

Delilah Marion

PRESENTING CLINICAL SIGNS

History: Inappetence, lethargy, and constipation. Jaundiced. Currently taking appetite stimulants. Abnormal PE/Chem/CBC/UA Results: BUN is mildly elevated.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. Luminal contents are anechoic. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. No cystic calculi are observed.

BREED

DLH

The left kidney is normal size (4.05 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. Renal vasculature is normal.

SEX

Spayed Female

The right kidney is normal size (3.85 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. Renal vasculature is normal.

AGE

15 Years

Adrenal Glands

WEIGHT

9.6 Pounds

The left adrenal gland is normal size (0.99 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.72 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

Spleen

The spleen is enlarged (1.68 cm in width at the level of the hilus) with swollen, irregular peripheral contours. The parenchyma is diffusely homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

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Potomac Mobile
Veterinary Ultrasound

Liver

The liver is enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.14 cm x 0.77 cm, hyperechoic nodule is observed in the cranial aspect, adjacent to the diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Heritage AH

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Jarrett

Gastrointestinal

The gastric lumen is severely fluid distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is suspected to be patent. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.32 cm) with a

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normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis to mucosa ratio in most segments. Discreet masses are not identified. The colonic wall is normal.

Pancreas

SPECIES

Feline

A portion of the pancreas is obscured by the severe gastric distention. In the visualized portions, no obvious pathology is seen.

BREED

DLH

Free Abdomen

Trace free fluid is observed. A few severely enlarged, irregular, jejunal lymph nodes are visualized, the largest measuring 4.24 cm in length. Surrounding mesentery is hyperechoic.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatosplenomegaly and severe abdominal lymphadenopathy is most concerning for infiltrative neoplasia. Lymphoma is the top differential. Feline infectious peritonitis is also possible but considered less likely.
- The trace ascites is likely secondary to multiorgan pathology.
- Severe gastric ileus. The pyloric outflow tract obstruction is possible but considered less likely.

AGE

15 Years

WEIGHT

9.6 Pounds

Secondary Findings

- Bilateral degenerative renal changes
- The hyperechoic hepatic nodule trends toward the benign (i.e., a focus of lymphoid hyperplasia or a myelolipoma) with a lower possibility of emerging neoplasia.
- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the liver, spleen and enlarged abdominal lymph nodes is recommended, if clotting status is appropriate. 25-gauge needles should be used.
- Three-view thoracic radiographs should also be performed to assess cardiopulmonary status.

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HOSPITAL NAME

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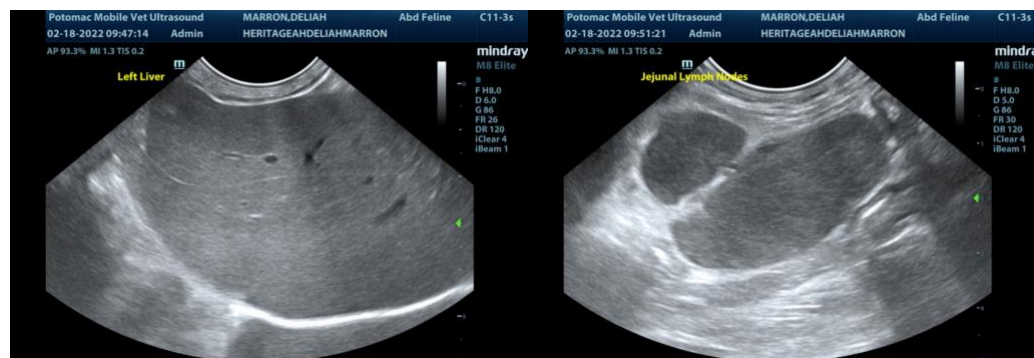
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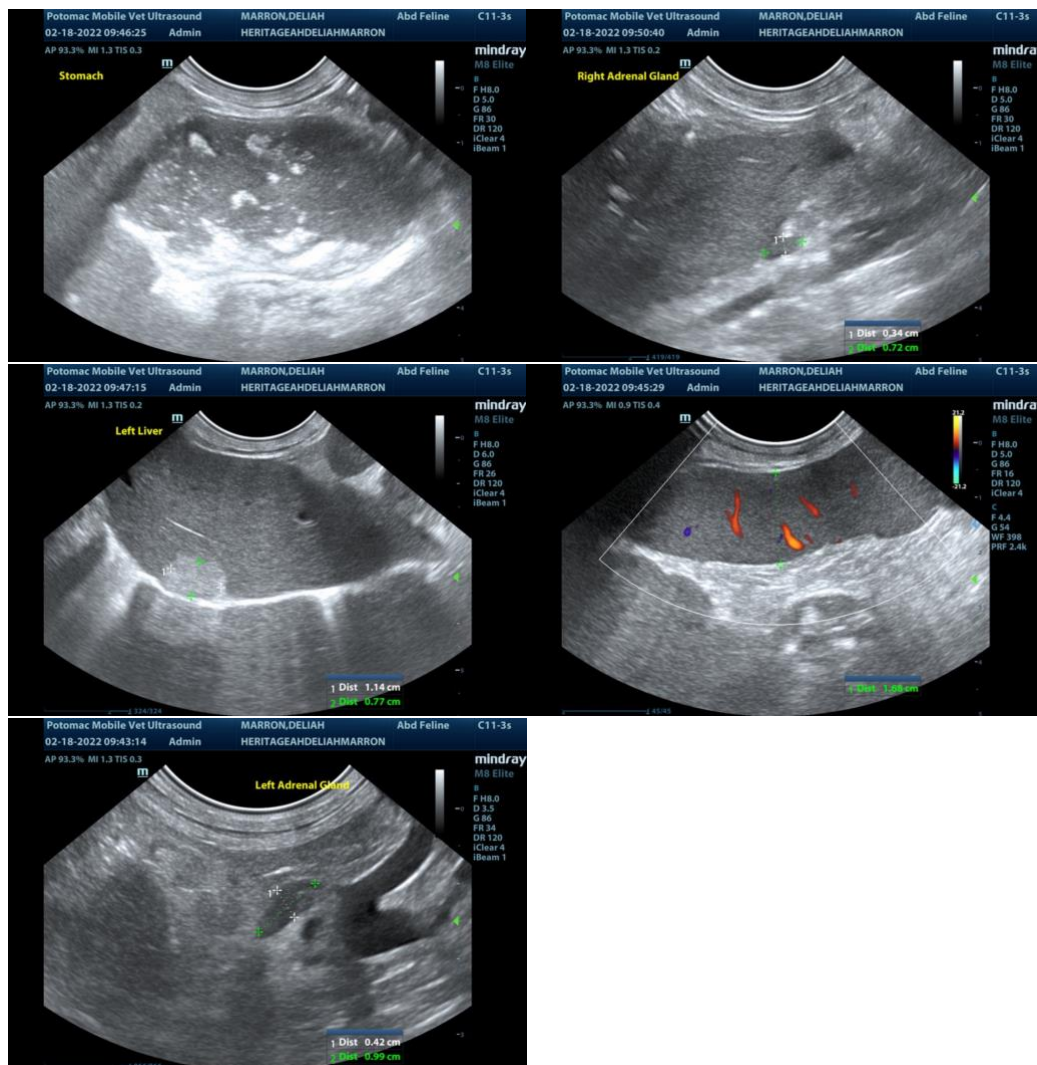
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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