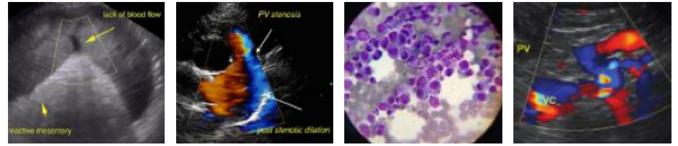
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Garfield Mullen Hunt

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

6 Yrs.

WEIGHT

5.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr. Biello

INVOICE

12993

DATE
2/21/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound. Pt originally presented to the referring veterinarian for second opinion to evaluate history of chronic alopecia. PT has been treated several times with steroids and antibiotics, at first there is noticeable improvement, but no lately. Upon evaluation pt has marked decreased in body weight, thin skin, possibly vasculitis of the ear pinnae. BW revealed severe leukocytosis, hyperbilirubinemia, anemia and hypoglycemia despite ravenous appetite. Radiograph's showed severe decrease in abdominal detail. U/S guided FNA was done and the sample were submitted to pathology for interpretation and it is pending.

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 (4.36 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.

The right kidney is normal size (4.02 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

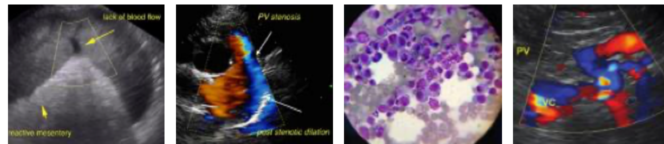
Spleen

The spleen is normal in size (0.63 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 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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal.

Gastrointestinal



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The gastric lumen is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally distended with chyme. The small intestinal wall is normal to mildly thickened (up to 0.32 cm) with a normal layering pattern. There is evidence of mucosal fogging in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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

Trace free fluid is observed. Several enlarged irregular mesenteric lymph nodes are observed, the largest measuring 4.64 cm in length. In addition, a few cranial abdominal lymph nodes are also seen.

*An ultrasound guided fine needle aspirate of the mesenteric lymph nodes was performed during the study without incident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma). However, lymphadenitis (i.e., pyogranulomatous) or lymphoid hyperplasia cannot be completely excluded.
- The small intestinal wall changes are most consistent with inflammatory bowel disease. However, emerging lymphoma is also possible.
- The trace ascites is likely secondary to lymph node pathology.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings:

- Minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If lymph node cytology results are inconclusive, surgical lymph node and gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- Thoracic radiographs (three-view) are recommended prior to anesthesia.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.
- Also consider a clinical pathology review of the CBC findings.

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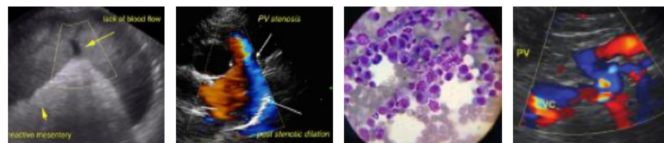

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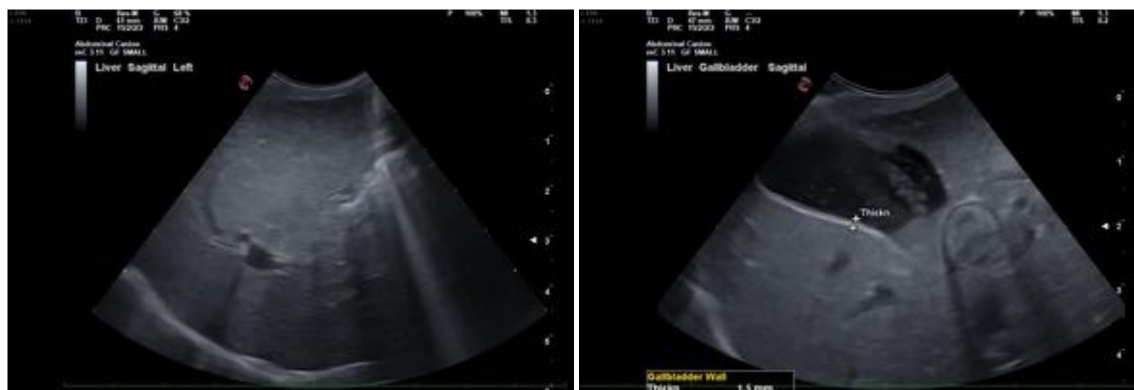

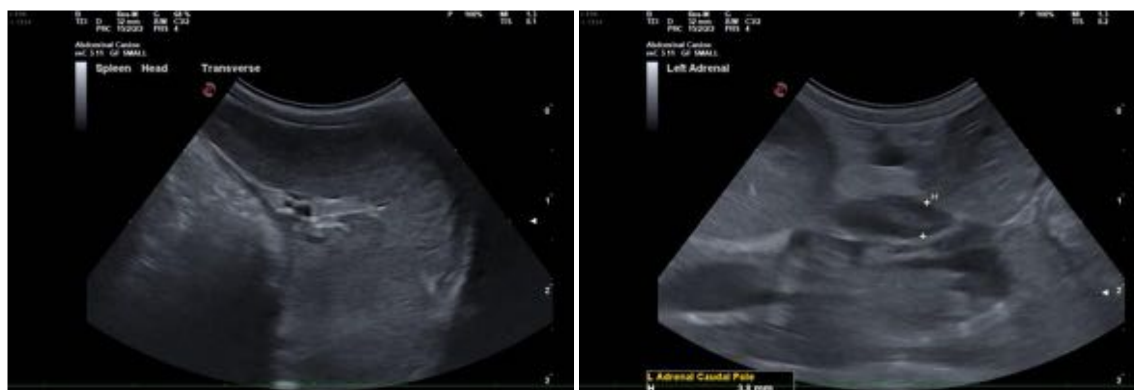

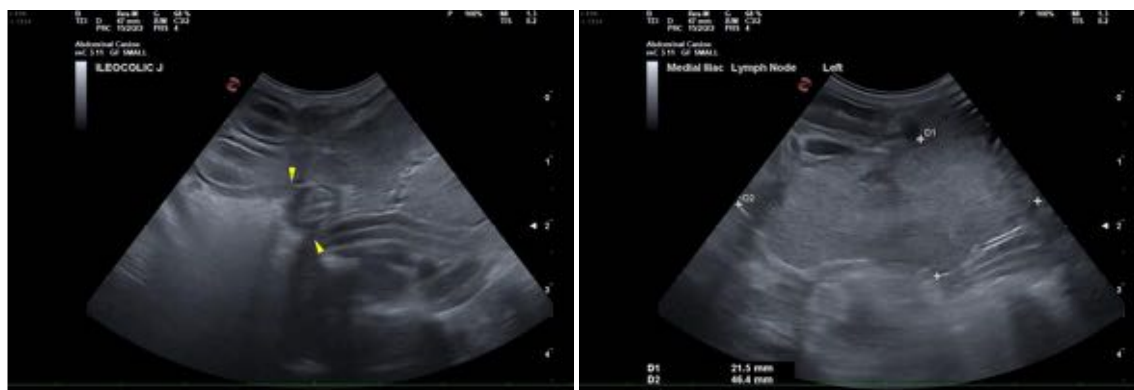

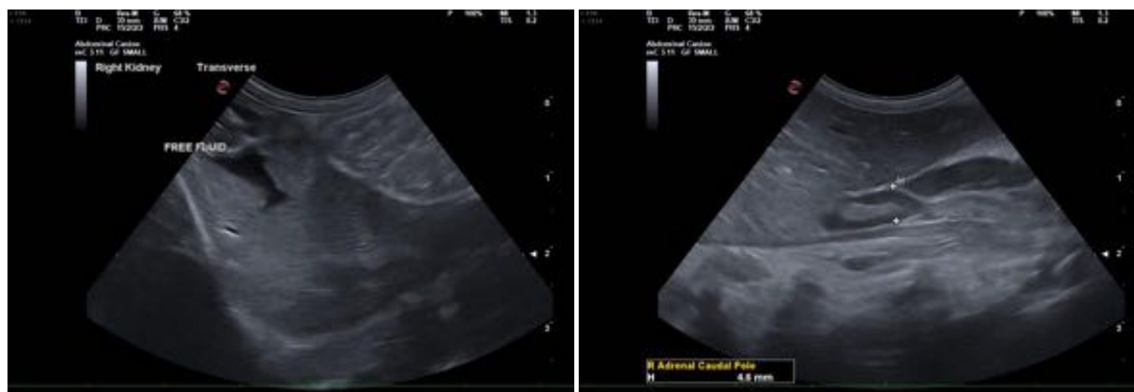

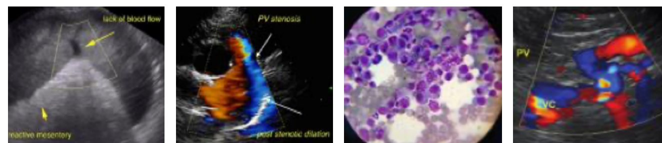

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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