

**DATE PRESENTING CLINICAL SIGNS**

2/8/22

History: Presented for diarrhea. Has a chronic history of off/on constipation and diarrhea. Also diagnosed with chronic renal disease. Renal values stable but pet has lost 3 lbs. in past few months. On exam has a grade 3/6 murmur and possibly a small intestinal mass with thickened feeling SI.

PATIENT

Arc Horst

Current Medications: Lactulose 3 ml EOD. K/D diet
 Lab Results: BUN- 64, creat 2.6, neutrophilia. Attached separately.
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Andi Parkinson, RDMS.

BREED

Domestic shorthair

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.

SEX

Male, neutered

AGE

5/1/2006

The left kidney is small in size (2.86 cm in length) with a relatively normal shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several non-obstructing nephroliths are visualized. There is no evidence of pyelectasia or hydroureter.

WEIGHT

5 lbs.

The right kidney is normal size (3.48 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. Mild to moderate pyelectasia is present (0.31 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

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

The right adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Fullerton AH

Spleen

The spleen is normal in size (0.51 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.

REFERRING VET

Dr. Unger

Liver

The liver is subjectively normal in size with slightly swollen peripheral contours. The parenchyma is isoechoic to slightly hyperechoic relative to the spleen. A 0.46 cm hypoechoic nodule is observed on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A small to moderate amount of aggregated, echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

12983

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 0.34 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some 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, rounded to irregular hypoechoic to heterogeneous mesenteric lymph nodes are visualized. In addition, a few prominent colic lymph nodes are seen. Mesentery surrounding all nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma). However, reactive lymphadenitis or lymphoid hyperplasia cannot be excluded. Regional peritonitis is present.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The hepatic changes could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia (i.e., lymphoma), or other hepatopathy.

Secondary Findings:

- Bilateral degenerative renal changes with left non-obstructive nephrolithiasis and right pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the enlarged mesenteric lymph nodes is recommended if clotting status is appropriate.
- Three-view thoracic radiographs are also recommended to assess for occult neoplasia in the chest.
- Depending on the results of the above diagnostics, surgical gastrointestinal and lymph node biopsies may be necessary to get a definitive diagnosis.
- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is also recommended if not already performed along with serum cobalamin, folate, TLI and PLI.





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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