



PATIENT PRESENTING CLINICAL SIGNS

Stripe Johnson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11

WEIGHT

8.12

INTERPRETED BY

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

IMAGING PERFORMED BY

Celia Galanti, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Celia Galanti, DVM

INVOICE

22670

DATE

3-11-26

History: Patient is an 11yr MN DSH presented for abdominal ultrasound. P suddenly stopped eating and drinking last Friday evening. P was taken to a Banfield on Sunday and bloodwork and x-rays were performed. The rad report indicated hepatomegaly, splenomegaly and possible inguinal lymphadenopathy. Bloodwork results were not provided but reportedly showed low WBCs and RBCs but O was informed that it was a bad blood draw. O has noticed P losing a lot of weight. P historically indoor/outdoor. Owner reports no vomiting, diarrhea, coughing, or sneezing. Patient is not on any medications or supplements.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.73 cm in length) with a normal shape, architecture and 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 hydronephrosis.

The right kidney is normal in size (3.5 cm in length) with a normal shape, architecture and 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 hydronephrosis.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.54 cm width) with slightly swollen peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (1.33 cm in width at the level of the hilus) with swollen peripheral contours. 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 isoechoic 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 to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.



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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.

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Lymph Nodes

A few prominent mesenteric lymph nodes are suspected (one measuring 0.86 x 0.35 cm). A 0.47 x 0.21 cm gastric lymph node is also seen.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

In the mid-abdominal region, a 1.6 x 1.5 cm hypoechoic- to heterogenous structure is visualized.

ULTRASONOGRAPHIC FINDINGS

AGE

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Primary Findings

- Hepatosplenomegaly. Infiltrative neoplasia (i.e., round cell tumor) is of top concern. However, benign processes cannot be excluded.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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Secondary Findings

- Minor bilateral age-related renal changes
- The mild right adrenomegaly may be a normal variant for this patient or may be secondary to stress, hyperplasia, or less likely, an emerging tumor.
- The origin of the hyperechoic- to heterogenous structure in the mid-abdomen is unclear. It may represent a prominent lymph node, an end-on segment of bowel, lesion within the mesentery, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia and FIV testing is recommended (if not already performed).
- Fine-needle aspirates of the liver and spleen are recommended (assuming normal clotting status). A 25-gauge needle should be used.
- Three-view thoracic radiographs should also be performed to assess cardiopulmonary status.
- Depending on the results of the above diagnostics, consultation with a board-certified oncologist, and/or further work-up may be warranted.

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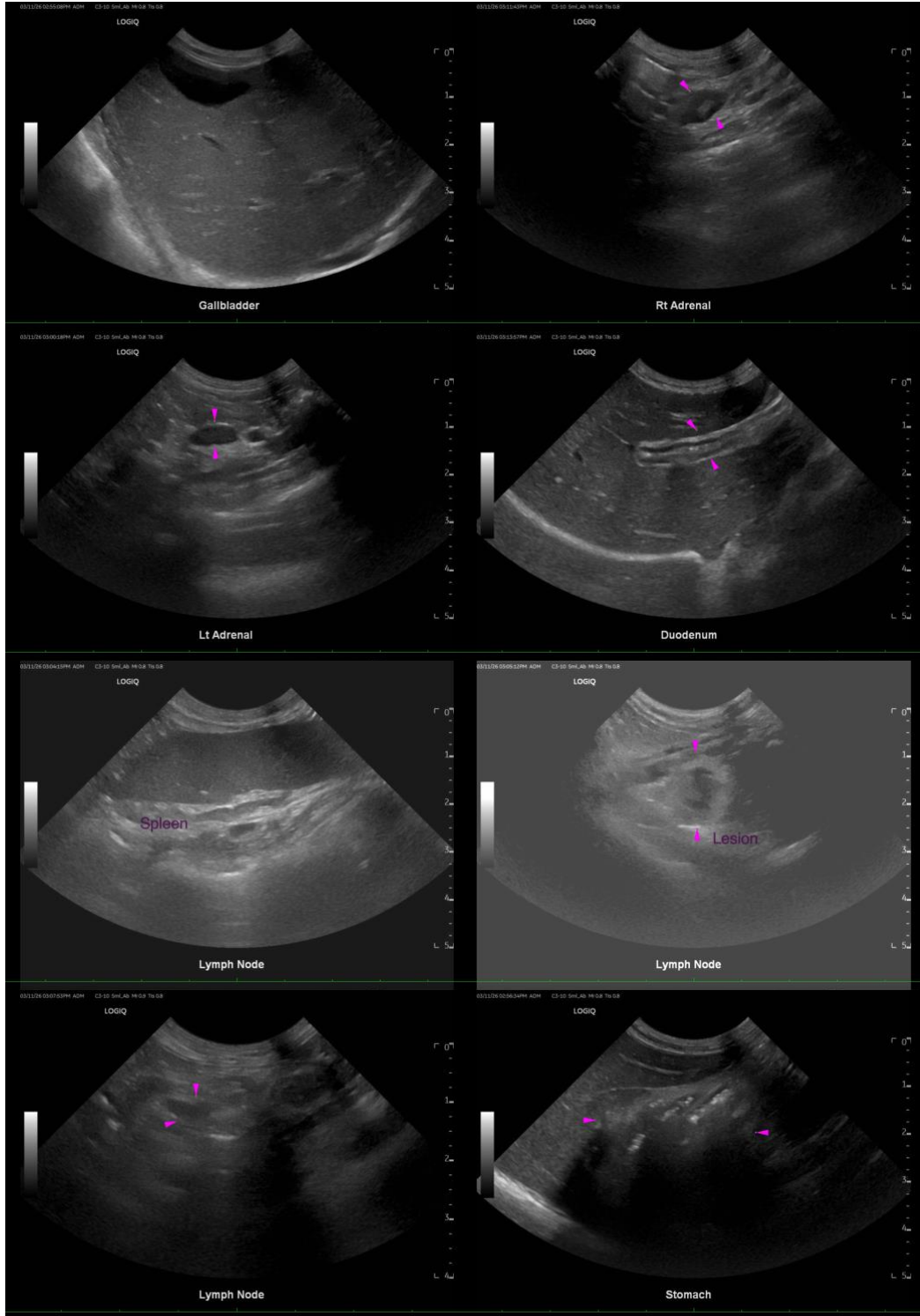
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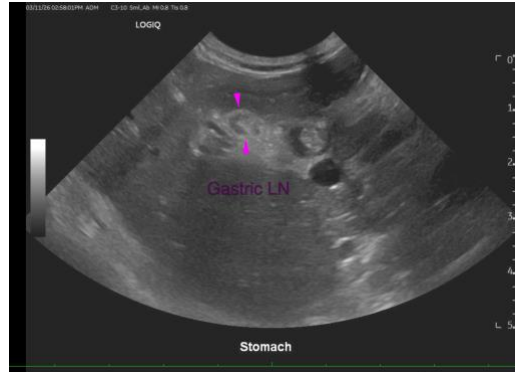
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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