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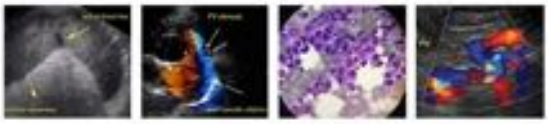


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT
Jules Siig

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Female, spayed

AGE
10 Years

WEIGHT
11.18 Pounds

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

IMAGING PERFORMED BY
Loetitia Saint-Jacques, RVT

HOSPITAL NAME
VCA Feline AH

REFERRING VET
Dr. Fleming

INVOICE
13107

DATE
3/8/22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting • Weight loss (02-Mar-2022) • Proteinuria - suspect (02-Mar-2022) • Basophilia - mild (02-Mar-202

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. A mild amount of suspended echogenic debris is observed within the lumen. 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 (4.59 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

The right adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

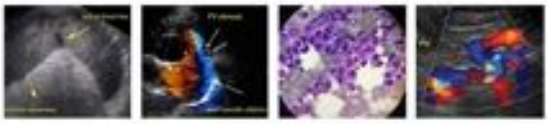
The spleen is enlarged (1.82 cm in width at the level of the hilus) with irregular, undulating peripheral contours. The parenchyma is mottled with ill-defined hypoechoic nodules/areas with the largest measuring 1.24 cm in diameter. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. There is evidence of mineralization (0.45 cm in diameter) in the region of the duodenal papilla tissue. However, the common bile duct lumen does not appear overtly dilated.

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 0.29 cm) with a normal layering pattern and appropriate mural detail.



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There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A 0.73 cm gastric lymph node is visualized. A few prominent mesenteric lymph nodes are also seen, the largest measuring 0.74 cm in length. The mesentery surrounding the lymph nodes is hyperechoic.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic changes are concerning for infiltrative neoplasia. Round cell tumor (i.e., mast cell disease, lymphoma) is the top differential.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bowel pattern suggestive of inflammatory bowel disease with some potential for emerging lymphoma.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The significance of the focus of mineralization in the region of the duodenal papilla is unclear as it does not appear obstructive in nature. However, it should be monitored sonographically.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the spleen is recommended if clotting status is appropriate. A 25 gauge needle should be used. Given the concern about possible mast cell disease, the patient should be pre-treated with 2.2 mg/kg of Diphenhydramine subcutaneously 15 min prior to aspiration.
- Also consider a malabsorption panel (send to Texas A&M).

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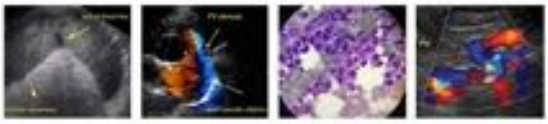

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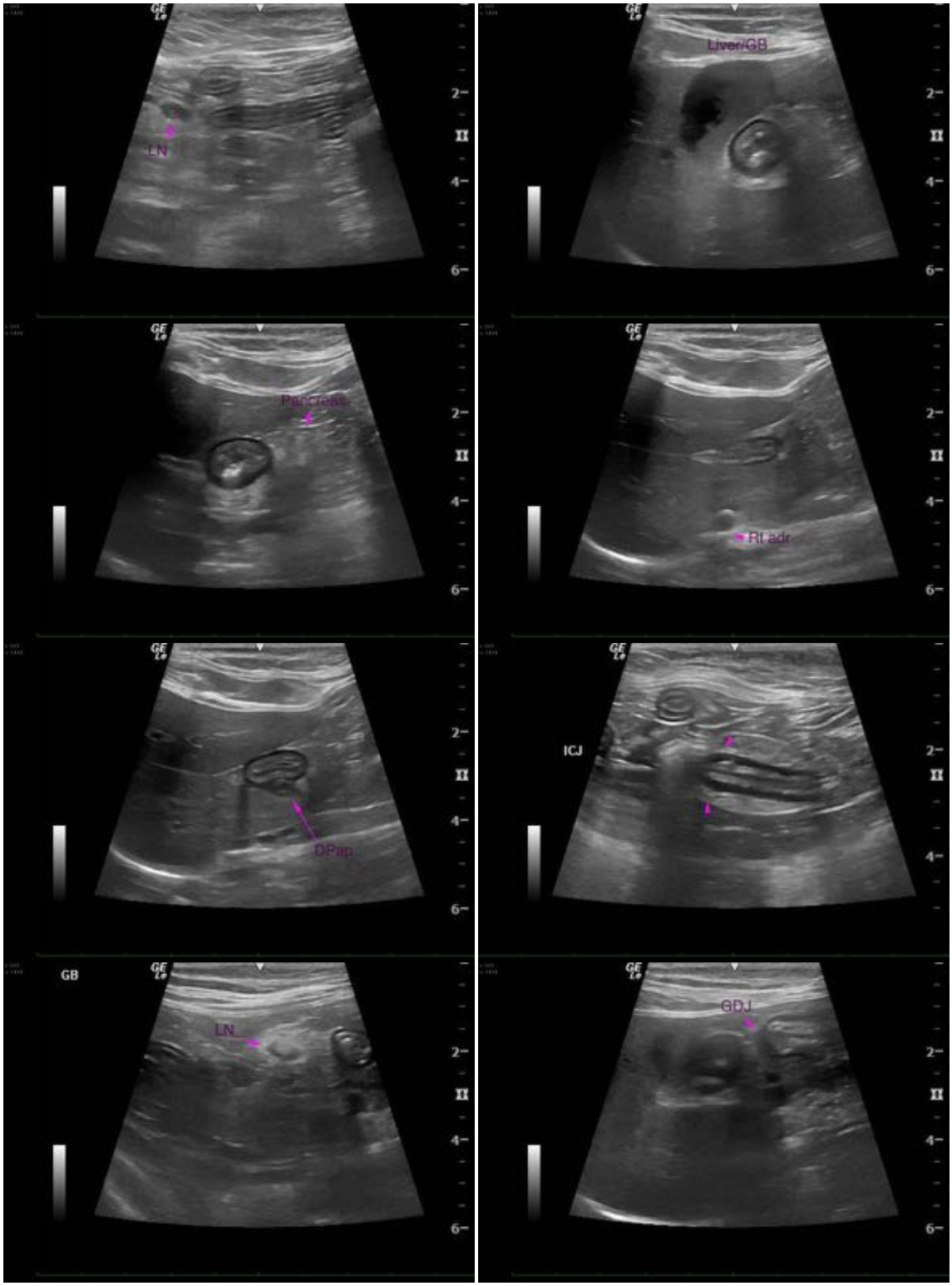

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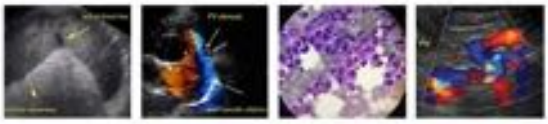

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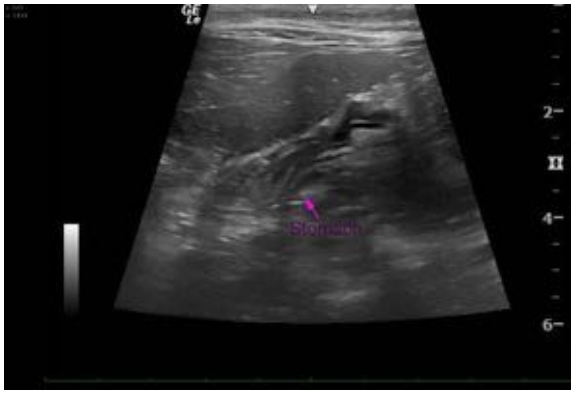

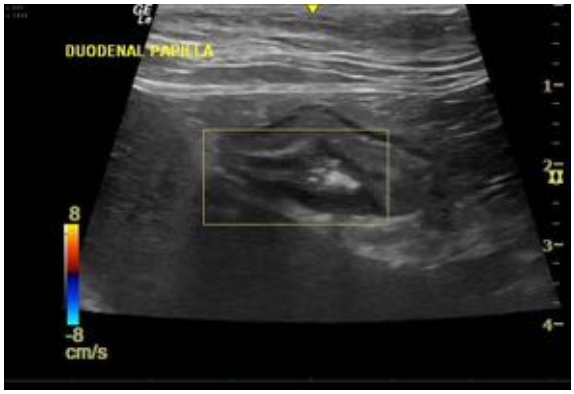

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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