

**DATE PRESENTING CLINICAL SIGNS**

4.5.2023 Diagnosed with alimentary small cell lymphoma and inflammatory hepatitis (NS-CCHS) on biopsy in February following US that showed a small intestinal mass and finding newly elevated liver enzymes. Recheck after one month on chlorambucil and prednisolone to ensure no progressive disease. Clinically better and weight is stable to gaining.

PATIENT

Mia Hartog Current Medications: Prednisolone 5mg/day, Chlorambucil 1.8mg MWF
 Lab Results: 2/3: ALT 488, ALP 126, GGT 10, glob 5.3
 Date of Previous IntraPet Ultrasound: 1/31/23. See attached.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/31/2010

WEIGHT

3kg

INTERPRETED BY

Andrea Nicastro,
 DMV, Diplomate
 DACVIM (Small
 Animal
 Internal Medicine)

HOSPITAL NAME

Nexus Vet Spec

REFERRING VET

Dr. Steele

INVOICE

12667

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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

The left kidney is normal in size (3.64 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (3.46 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

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

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

Spleen

The spleen is normal in size (0.82 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 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 to mildly thickened (up to 0.27 cm). There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. At the previous surgery site, the wall is slightly thickened and irregular in this region. Suturing material is visible. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. There is no evidence of inflammation or effusion. A few prominent lymph nodes are visualized (the largest measuring 1.12 cm in length). Surrounding mesentery is slightly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

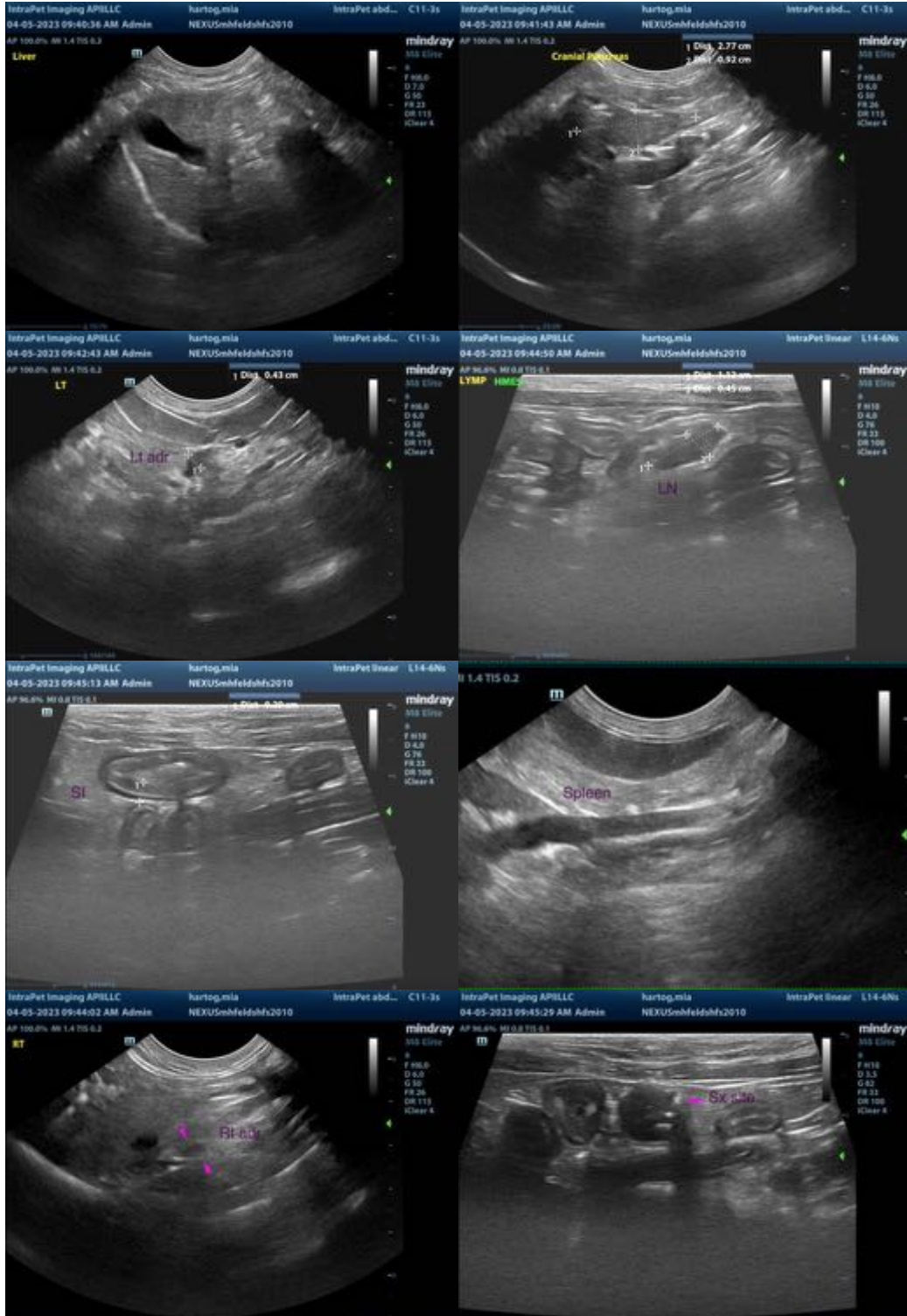
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. There is no longer and obvious segment with a loss of the normal layering pattern. Therefore, bowel pattern appears stable to improved compared to the previous sonogram.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

- Mild bilateral chronic renal changes with dystrophic mineralization. Changes are similar to the previous sonogram.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.



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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