

**DATE PRESENTING CLINICAL SIGNS**

4/8/22

History: Presented 4/4/22 for lethargy, weakness, decreased appetite, weight loss. Down 2 pounds in 4 months.

**PATIENT**

Patches Atwood

Current Medications: None.

Lab Results: ALT 574 (12-130), ALP 256 (14-111), HCT 26.9 (30.3-52.3).

Radiographs: Generalized organomegaly, stomach, liver, spleen all appear enlarged. Stomach axis pushed caudally.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV sedation.

**BREED**

DSH

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SEX**

Spayed Female

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth.

The bladder is moderately distended. A scant amount of 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.

**AGE**

6/20/14

**WEIGHT**

8 Lbs 4 oz

The left kidney is normal size (4.00 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is suspected at the cranio-lateral aspect. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney is normal size (3.82 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 hydronephrosis. Renal vasculature is normal.

**HOSPITAL NAME**

Timonium AH

**Adrenal Glands**

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

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

**REFERRING VET**

Dr. Brand

**Spleen**

The spleen is enlarged in size (1.50 cm in width at the level of the hilus) with swollen/scalloped peripheral contours. The parenchyma is hypoechoic and mottled in appearance, bordering on "moth-eaten". No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

**INVOICE****Liver**

The liver is enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and mottled with a "moth-eaten" appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

### ***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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

### ***Pancreas***

The right limb 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***

Several prominent lymph nodes are observed, including in the right cranial quadrant and just medial to the spleen. The largest measuring 1.68 cm in length.

Trace free fluid is observed. The mesentery in the cranial abdomen is hyperechoic.

### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- The hepatic and splenic changes are most concerning for infiltrative neoplasia. Lymphoma is the top differential.
- The prominent abdominal lymph nodes could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- Cranial peritonitis is present, likely secondary to hepatic and splenic pathology.

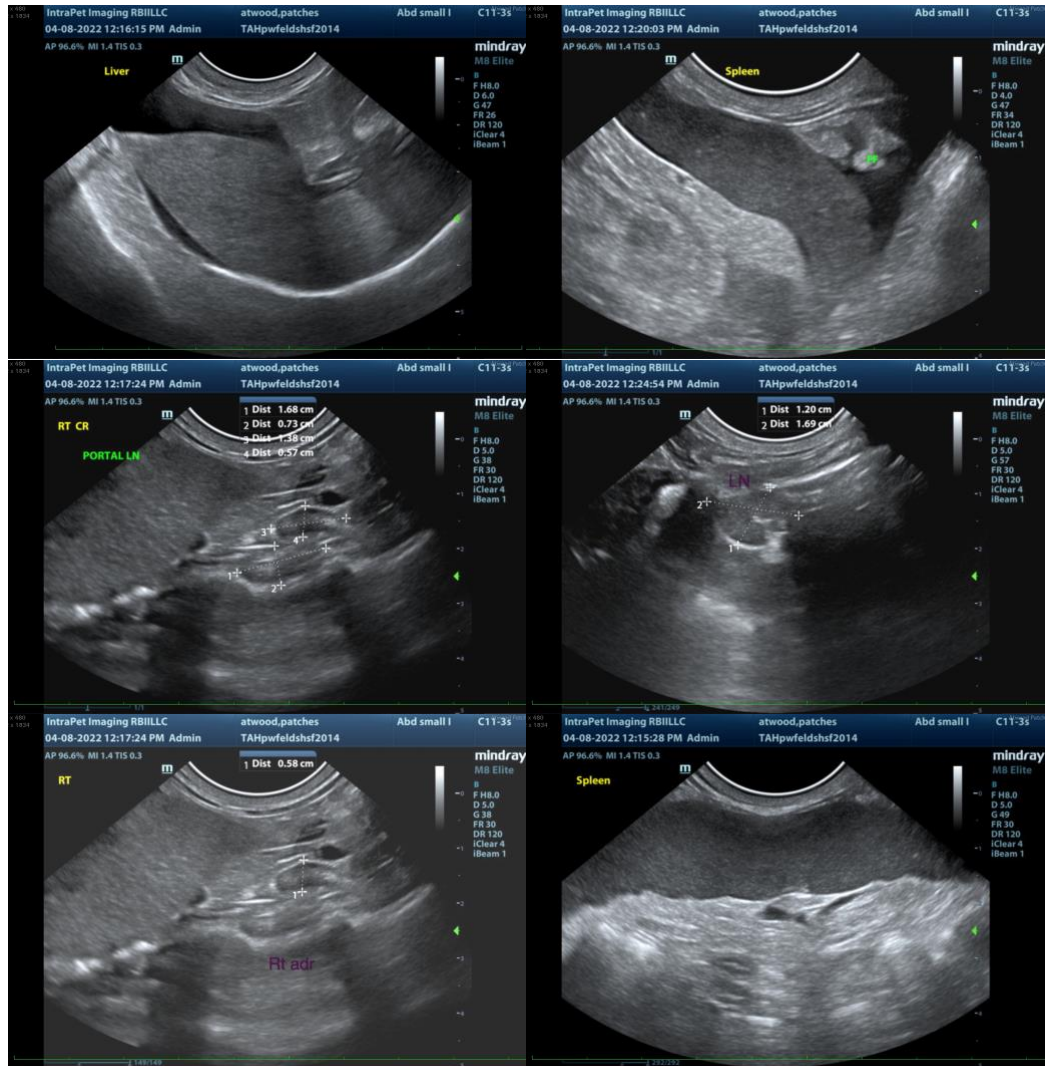
### **Secondary Findings**

- Bilateral age-related renal changes with a left cortical infarct

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest. Fine needle aspirates of the liver and spleen are recommended, if clotting status is appropriate. 25-gauge needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. If lymphoma is confirmed, consultation with a board-certified oncologist can be

considered.



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.

**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com