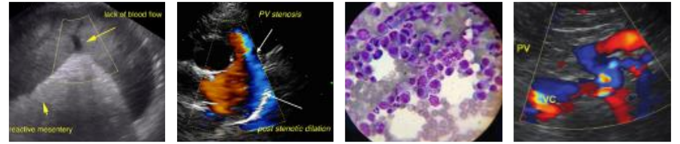


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Fred Guzman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Scott

INVOICE

10856

DATE

5/5/22

PRESENTING CLINICAL SIGNS

History: ADR- eating but will only get up to eat, usually is much more active and he has been laying in his bed all day, vomited last night, diarrhea and pooping out of the box

Abnormal PE/Chem/CBC/UA Results: PE - 2 lbs weight loss since January, no heart murmur normal chest rads CBC/Chem- Alb 2.3, Glob 6.0 USG 1.047, rest of UA WNL HCT 25% nonregenerative WBC 27K, Neut 25K

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 1 cm, are normal.

The left kidney is normal size (4.19 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.65 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

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

Spleen

The spleen is prominent in size (1.04 cm in width at the level of the hilus) with swollen and slightly irregular peripheral contours. A 0.55 cm hypoechoic nodule is observed at the caudal pole. The remaining parenchyma is mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

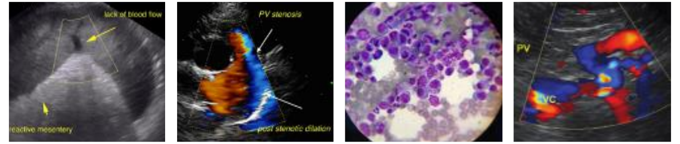
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.



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Pancreas

The left limb is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter).

Free Abdomen

A large amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic. In the cranial to midabdomen, the mesentery is thickened and irregular. In the caudal abdomen, a 1.00 cm heterogenous nodule is observed within the mesentery. A few mesentery lymph nodes are visualized, the largest measuring 1.17 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

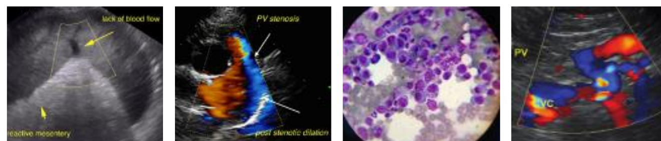
- The ascites and mesenteric changes could be consistent with a neoplastic process (i.e., carcinomatosis). Other possibilities include feline infectious peritonitis, changes secondary to congestive heart failure (less likely), pancreatitis, septic peritonitis, other.
- The splenic nodule is concerning for a neoplastic process (i.e., round cell tumor, other). However, a benign lesion (i.e., inflammatory focus or similar) cannot be completely excluded.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Emerging neoplasia is possible but considered less likely.

Secondary Findings

- Bilateral age-related renal changes
- The pancreatic changes are suggestive of chronic pancreatitis with age-related remodeling.
- The hepatic parenchyma changes are most consistent with a benign age-related change. However, a microscopic hepatopathy cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the abdominal fluid for analysis and cytology is recommended. In addition, a fine-needle aspirate of the splenic nodule, can be considered, if clotting status is appropriate.
- Also consider serum protein electrophoresis to assess for a monoclonal versus polyclonal gammopathy.
- Depending on the above diagnostics, an exploratory with biopsies of the mesentery, splenic nodule, and any other lesions may be warranted.



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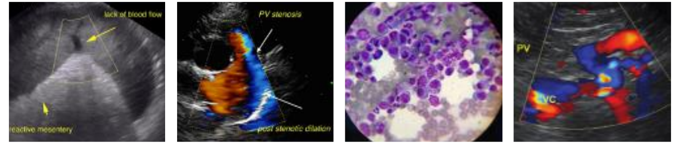

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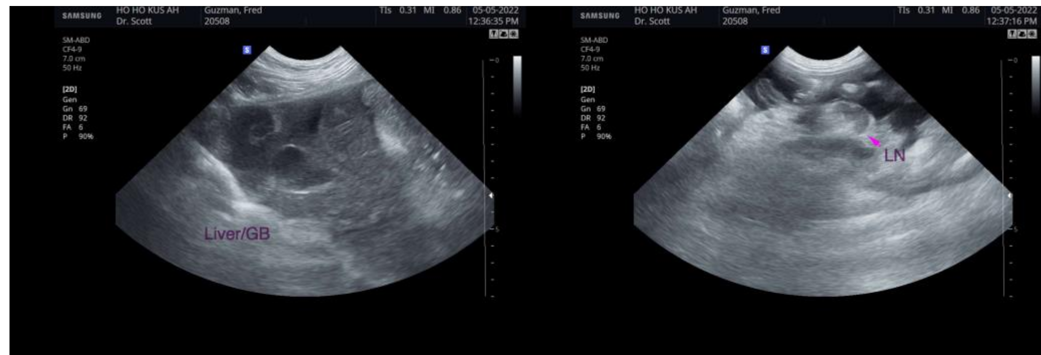

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com