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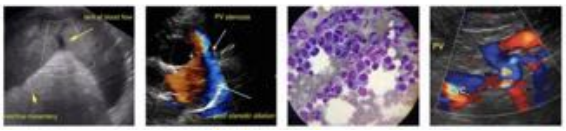


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Polo Baker-Reilly

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

05/03/2010

WEIGHT

14 lbs, 13 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Central VH
Summerville

REFERRING VET

Reynolds

INVOICE

13449

DATE

6.22.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Continued weight loss

Abnormal lab-work values: 6/11/23: Amylase 1523 (100-1200), PrecisionPSL 27 (8-26), SDMA 24.3 (<14), BUN 33 (14-36), Crea 1.7 (0.6-2.4); WBC 19 (3.5-16), Neutro 13680 (2500-8500), Monocytes 1330 (7-600), urine-pH 6.5, spec gravity 1.033, Protein +1, RBC 21-50hpf
Baseline lab work is relatively unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.94 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.42 cm in length) with an irregular shape. The cortex is mildly thickened. There is moderate loss of corticomedullary distinction. A cortical infarct is observed at the craniolateral aspect. A small focus of mineralization is observed. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.87 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.

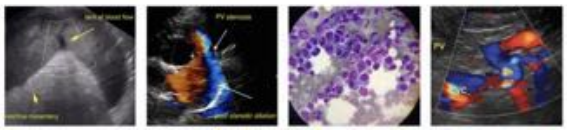
Liver

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. A scant amount of 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 small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.45 cm). In some segments, there is suspected loss of the normal layering pattern. In other segments,



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there is disruption in the normal 1:3 muscularis: mucosal ratio and thickening of the submucosal layer. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. The mesenteric lymph nodes are severely enlarged, rounded and hypoechoic-to-heterogenous in appearance. The largest node measures 4.05 cm in its longest dimension. A few prominent nodes are also observed in the cranial and caudal abdomen.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of inflammatory disease (i.e., pyogranulomatous) or reactive change.
- The bowel changes are also concerning for emerging lymphoma. However, severe inflammatory bowel disease cannot be completely excluded.
- Diffuse peritonitis is present, likely secondary to lymph node and bowel pathology.

Secondary Findings

- Bilateral chronic renal changes with a right nonobstructive nephrolith and cortical infarct
- 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

- Feline leukemia and FIV testing is recommended.
- Consider fine-needle aspiration of the enlarged abdominal lymph nodes (if clotting status is appropriate). Twenty-five gauge-needles should be used. If the cytology results are inconclusive, PARR or abdominal lymph node/GI biopsies may be necessary to get a definitive diagnosis. If tissue sampling is not pursued, consider empirical treatment for inflammatory bowel disease with corticosteroids. A GI panel including serum cobalamin and folate, TLI and PLI is also recommended. If not performed, cobalamin supplementation is recommended regardless.

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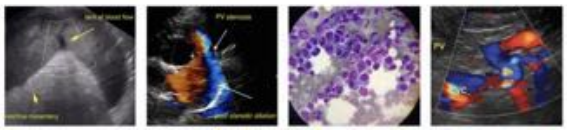

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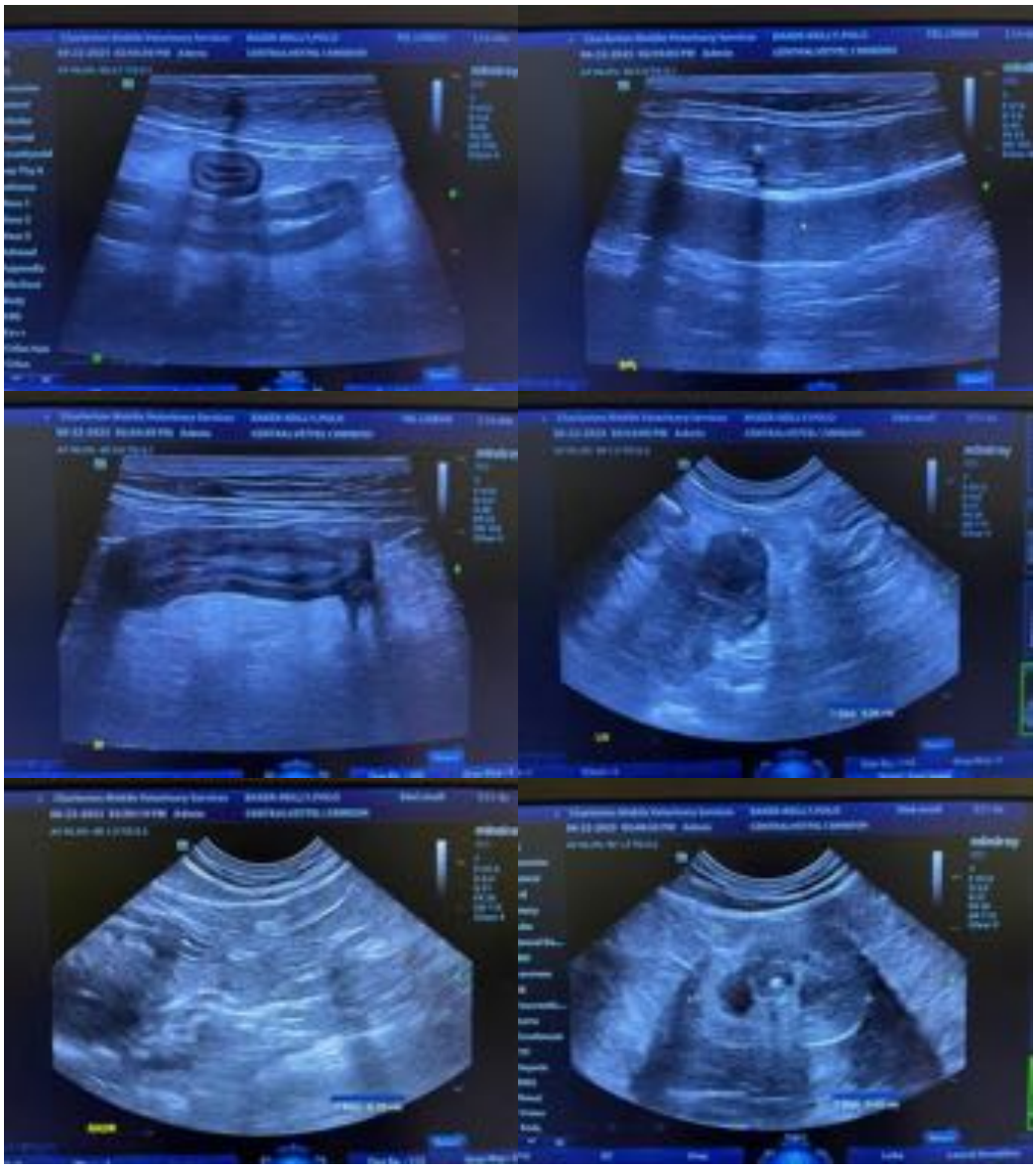

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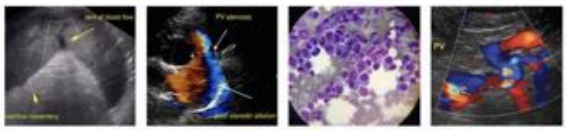

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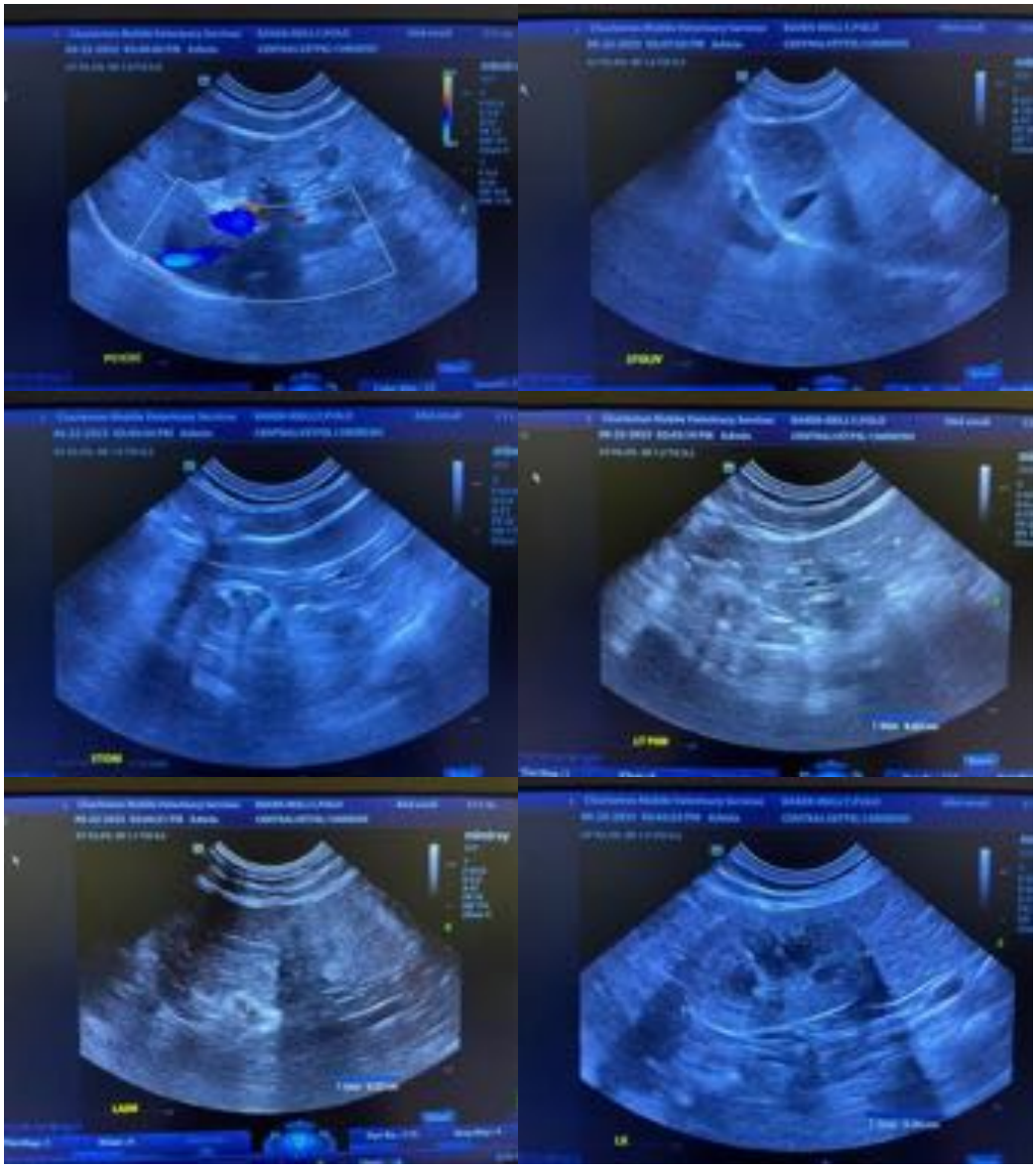

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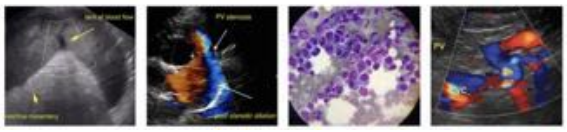

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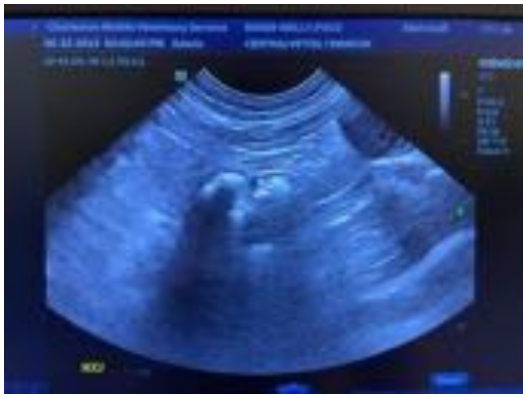

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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