

**DATE PRESENTING CLINICAL SIGNS**

8/16/22

Presented 8/11/22 for weight loss despite still eating, not acting like her normal self, being "picked on" by other cats in home. Physical exam within normal limits. Elevated bilirubin on bloodwork with no elevations in thyroid levels.

**PATIENT**

Cricket Klapproth

Current Medications: None currently.

Lab Results: Bilirubin total - 0.6 (0-0.3), Bilirubin unconjugated - (0-0.2), Bilirubin conjugated - (0-0.2), ALP, AST, ALT, GGT, FT4, BUN, creatinine, SDMA WNL

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

Domestic shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****SEX**

Female, spayed

The urinary bladder wall is 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. The region of the trigone is normal.

**AGE**

1/1/2008

The left kidney is normal size (3.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

6 lbs.

The right kidney is normal size (3.84 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

**Adrenal Glands**

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

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Chadwell AH

**Spleen**

The spleen is enlarged (1.23 cm in width at the level of the hilus) with swollen, slightly scalloped peripheral contours. The parenchyma is homogeneous. No focal lesions are observed. Splenic vasculature is normal with no obvious evidence of thrombosis.

**REFERRING VET**

Dr. Schaupp

**Liver**

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is normal in thickness. A small amount of echogenic debris is observed within the lumen, mostly adhered to the luminal surface. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.39 cm in width).

**INVOICE**

13838

**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. There is disruption in the normal 1:3 muscularis:

mucosal ratio in some segments. 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 slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

### ***Free Abdomen***

There is no evidence of free fluid. Several prominent to enlarged, hypoechoic, rounded mesenteric lymph nodes are visualized, the largest measuring 1.50 cm in length.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

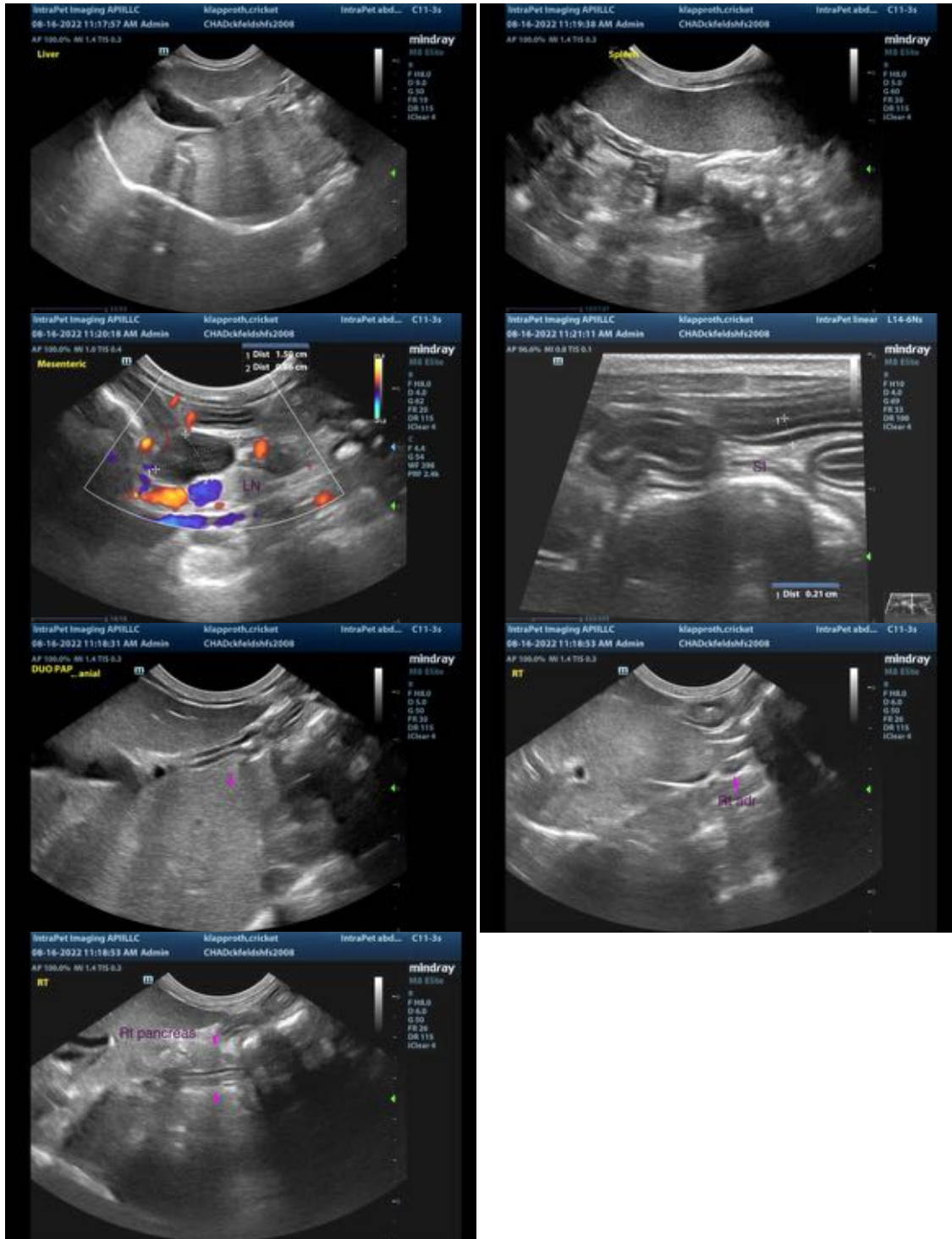
- The hepatosplenomegaly is concerning for infiltrative neoplasia (i.e., lymphoma). However, benign causes (i.e., inflammatory disease, other) cannot be completely excluded.
- The mesenteric lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma), reactive lymphadenitis or lymphoid hyperplasia.
- The small intestinal wall changes are suggestive of inflammatory bowel disease with some potential for emerging lymphoma.

### **Secondary Findings:**

- Minor, bilateral, degenerative renal changes.
- 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**

- Three-view thoracic radiographs are recommended to assess for pathology in the chest.
- Fine needle aspirates of the liver, spleen +/- mesenteric lymph nodes should be considered (if clotting status is appropriate). 25-gauge needles should be used.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.



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.

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