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|---|---|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Zorro Keyes | History: Abnormal bw. Current meds: Methimazole 5mg Abnormal PE/Chem/CBC/UA Results: Lymphs 49%, abs neuts 1584, Amyl 2100, TP 9.4, Trig 171, Glob 5.6 |
| SPECIES | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Feline | Urinary System 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal. |
| BREED | |
| DSH | |
| SEX | The left kidney is normal size (4.26 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal. |
| Neutered Male | |
| AGE | The right 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 mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. |
| 14 years | |
| WEIGHT | Adrenal Glands The left adrenal gland is normal size (0.51 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. |
| 13.7 lbs | |
| INTERPRETED BY | Spleen The spleen is enlarged (1.29 cm in width at the level of the hilus) with irregular peripheral contours. A 0.92 cm hyperechoic to heterogeneous nodule is observed approximately mid-spleen. The remaining parenchyma is heterogeneous. Splenic vasculature appears normal with no evidence of thrombosis. |
| Andrea Nicastro, DVM, Diplomate ACVIM (<i>Small Animal Internal Medicine</i>) | |
| IMAGING PERFORMED BY | 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. |
| Shari Reffi, CVT | |
| HOSPITAL NAME | The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen. |
| Summit Dog and Cat | |
| REFERRING VET | 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 is diffusely thickened (up to 0.30 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted. |
| Dr. Vogler | |
| INVOICE | Pancreas The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion. |
| 11422 | |
| DATE | |
| 8.17.22 | |

Free Abdomen

Trace free fluid is observed. A 1.31 cm gastric **lymph node** is visualized. A few severely enlarged (up to 4.59 cm) rounded, hypoechoic mid to caudal abdominal lymph nodes are visualized. Surrounding mesentery is mildly hyperechoic.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy is concerning for infiltrative neoplasia. Lymphoma is the top differential. However, lymphadenitis (i.e., pyogranulomatous) cannot be completely excluded.
- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The splenic parenchymal changes, including the nodule, are also concerning for infiltrative neoplasia (i.e., round cell tumor). However, a benign process (i.e., splenitis, other) is also possible.
- The trace ascites is likely secondary to lymph node, GI, and/or splenic pathology.

Secondary Findings

- Bilateral, degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

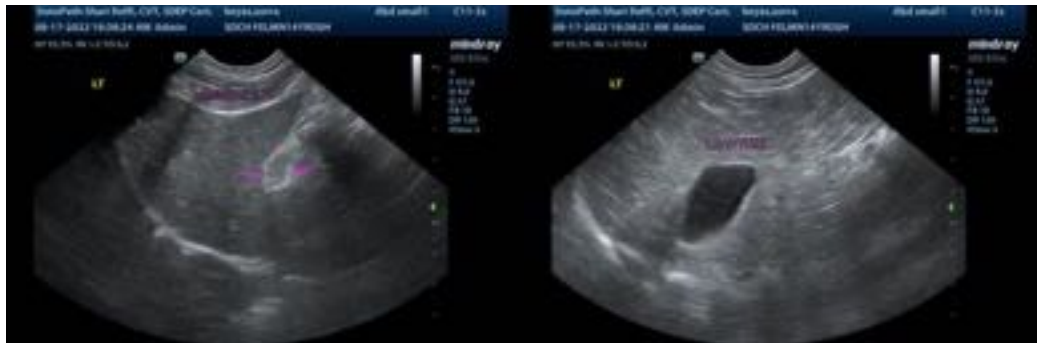
Fine-needle aspirates of the mesenteric lymph nodes and spleen are recommended, if clotting status is appropriate. Twenty-five gauge-needles should be used.

Three-view thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.

Consider feline leukemia and FIV testing, if not already performed.

Given the lymphocytosis, consider a repeat CBC with a clinical pathology review.





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)
info@SonoPath.com