

**DATE PRESENTING CLINICAL SIGNS**

8/22/23

Seen by Fall Road on 8/13. Not eating lethargic. Baseline BW done. Active urine- USG 1.022, Cocci + BUN-48 Calcium-14.9 Alkp- 143 Tbili-3.9 WBC-28.65 Neu-10.9 Bands Lymph-8.64 Mono-8.96 Plt-38 T4-2.0 Owner has finished antibiotic and SQ fluids. Not eating on her own, syringe feeding twice daily.

PATIENT

Cali Domazet

Current Medications: Unasyn, Protonix, Cerenia, Vitamin B12.

Lab Results: Creatinine 2.5, BUN 63, albumin 2.3.

Radiographs: Diffuse loss of detail.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

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**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

SEX

Female, spayed

AGE

8/20/2008

The left kidney is normal size (3.91 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small foci of mineralization are visualized. There is no evidence of pyelectasia or hydroureter.

WEIGHT

7.74 lbs.

The right kidney is normal size (3.76 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small foci of mineralization are visualized. There is no evidence of pyelectasia or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

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Spleen

The spleen is normal to slightly prominent in size (0.95 cm in width at the level of the hilus) with an undulating medial contour. The parenchyma is subjectively hypoechoic and homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Animal Emergency
Hospital

Liver

The liver is prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Ruby

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is mildly fluid distended in some segments. A short segment of jejunum is thickened (up to 0.34 cm) with loss of the normal layering pattern. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. No obvious obstructive disease is noted.

INVOICE

15210

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 (0.23 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The mesentery throughout the abdomen was hyperechoic. A small to moderate amount of free fluid is observed. Several enlarged rounded hypoechoic to heterogeneous lymph nodes are observed in the cranial to mid-abdomen, the largest measuring 4.78 x 1.92 cm. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

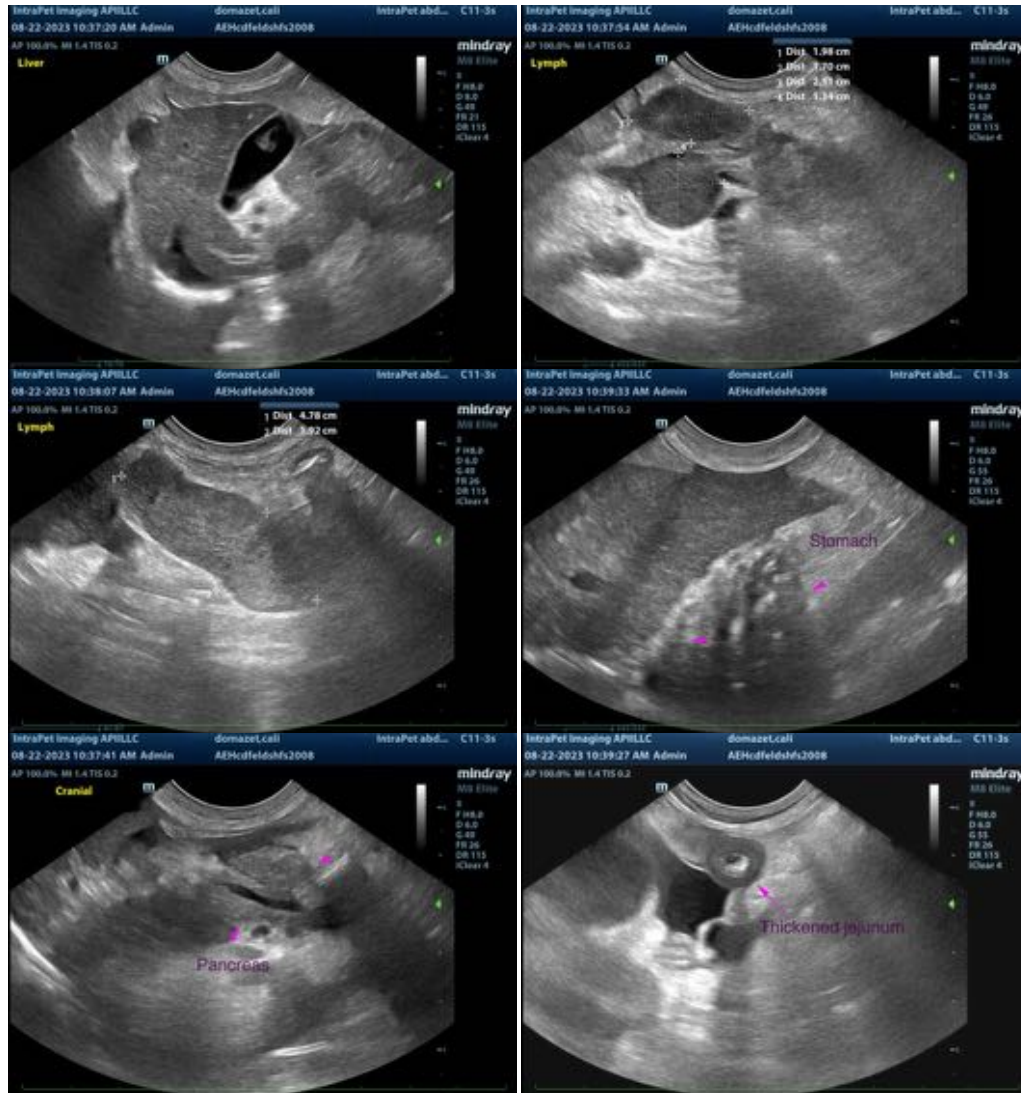
- The abdominal lymphadenopathy is most concerning for infiltrative neoplasia. Lymphoma is the top differential. Severe lymphadenitis (i.e., pyogranulomatous) is also possible but considered less likely.
- The thickened jejunal segment is also concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of a severe inflammatory disease.
- Diffuse peritonitis is present, likely secondary to lymph node and/or bowel pathology.

Secondary Findings:

- Bilateral chronic renal changes with non-obstructive nephrolithiasis.
- The splenic changes may be a normal variant for this patient or may be secondary to extramedullary hematopoiesis, lymphoid hyperplasia, antigenic stimulation, splenitis or emerging neoplasia (i.e., lymphoma).
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Mild pancreatic remodeling in the right limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia and FIV testing is recommended, if not already performed.
- Three-view thoracic radiographs should be considered to assess for lymphadenopathy in the chest.
- Consider fine needle aspirates of the enlarged abdominal lymph nodes (if clotting status can be stabilized).
- Consultation with a board-certified oncologist may be warranted.



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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