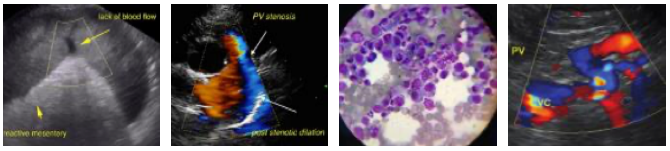
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



**PATIENT**
Roxie Dustin

**SPECIES**
Feline

**BREED**
Domestic shorthair

**SEX**
Female, spayed

**AGE**
5 Yrs.

**WEIGHT**
9 lbs.

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

**IMAGING PERFORMED BY**
Dr. Surdam

**HOSPITAL NAME**
Companion AH

**REFERRING VET**
Dr. Surdam

**INVOICE**
13860

**DATE**
8/23/22

## PRESENTING CLINICAL SIGNS

History: One month or more history of progressive weight loss and hyporexia.
Abnormal PE/Chem/CBC/UA Results: Mid abdominal mass palpable Grade 3/6 murmur, elevated NT ProBNP Decreased hemoglobin, retic Hb, neutrophils, eosinophils, decreased alb with normal TP and glob, decreased creat, BUN and AP Felv/FIV ELISA neg

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.08 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. Renal vasculature is normal.

The right kidney is normal size (4.43 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. Renal vasculature is normal.

### *Adrenal Glands*

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

The right adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

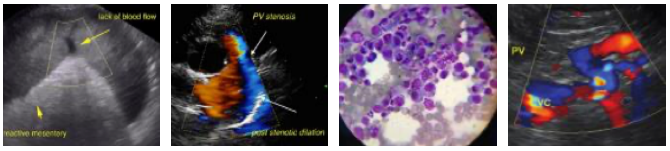
The spleen is subjectively enlarged with swollen peripheral contours. The parenchyma is mildly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

### *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. A small amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### *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



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

**PATIENT**
Roxie Dustin

**SPECIES**
Feline

**BREED**
Domestic shorthair

**SEX**
Female, spayed

**AGE**
5 Yrs.

**WEIGHT**
9 lbs.

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

**IMAGING PERFORMED BY**
Dr. Surdam

**HOSPITAL NAME**
Companion AH

**REFERRING VET**
Dr. Surdam

**INVOICE**
13860

**DATE**
8/23/22

the normal 1:3 muscularis: mucosal ratio in some segments. In addition, there is mild thickening of the submucosal layer in some regions. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

### *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.

### *Free Abdomen*

There is no obvious evidence of free fluid. Several enlarged rounded, hypoechoic lymph nodes are observed throughout the abdomen, the largest measuring 2.22 cm in length. Surrounding mesentery is mildly hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- The splenomegaly and diffuse abdominal lymphadenopothy are concerning for infiltrative neoplasia. Round cell neoplasia (i.e., lymphoma, mast cell disease) is a top differential. However, lymphadenitis/splenitis or other benign pathology cannot be completely excluded.

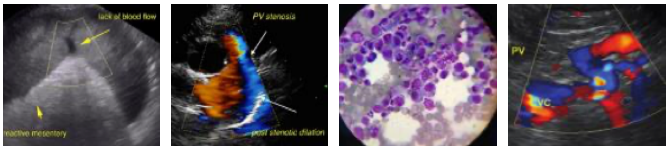
**Secondary Findings:**

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Bilateral, mild degenerative renal changes.
- The small intestinal wall changes are consistent with inflammatory bowel disease with potential for emerging lymphoma.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the spleen and enlarged abdominal lymph nodes are recommended if clotting status is appropriate. 25-gauge needles should be used.
- Also consider three-view thoracic radiographs to assess for lymphadenopothy in the chest.
- If the above diagnostics are inconclusive, surgical lymph node biopsies may be warranted.
- Given the bowel changes, also consider a GI panel including serum cobalamin, folate, TLI and PLI.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**

Roxie Dustin

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

5 Yrs.

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Surdam

**HOSPITAL NAME**

Companion AH

**REFERRING VET**

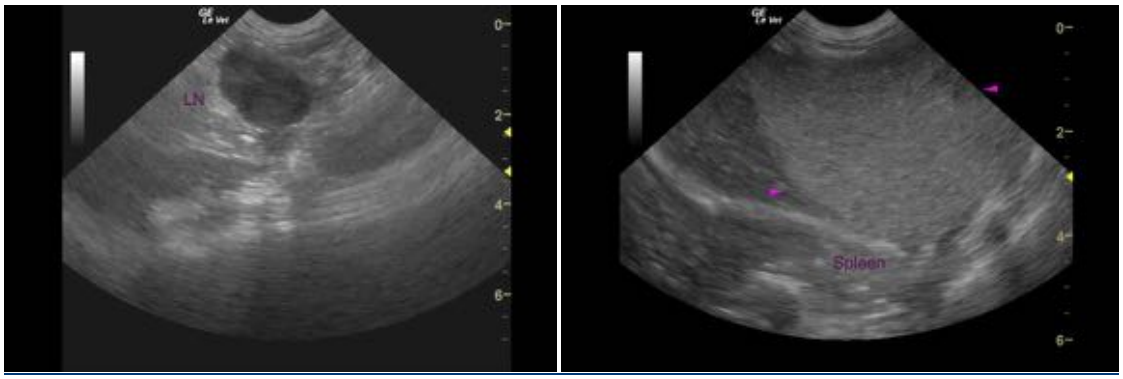
Dr. Surdam

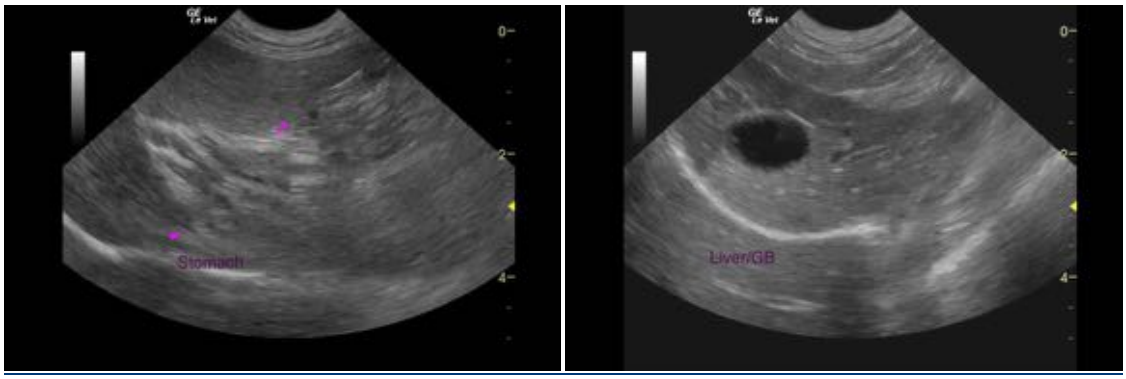
**INVOICE**

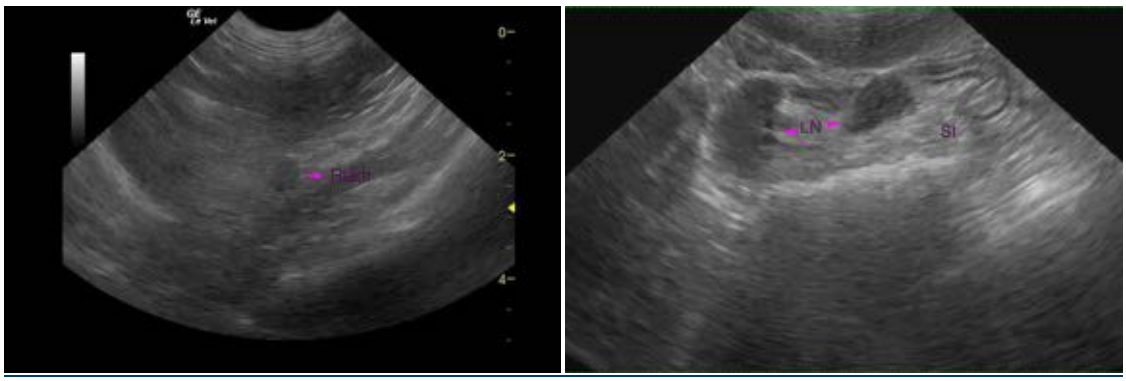
13860

**DATE**

8/23/22




**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