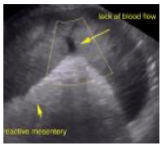
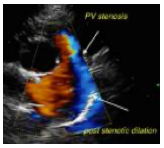
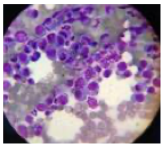
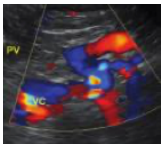
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
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PATIENT
Sylvester Burner

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
14 years

WEIGHT
(Not provided)

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Animal Gen on Hudson

REFERRING VET
Dr. Karen Zelinski

INVOICE
11335

DATE
8.3.22

PRESENTING CLINICAL SIGNS

History: Patient presents for recheck abdominal ultrasound due to weight loss and intermittent vomiting. Last ultrasound was performed on April 13, 2022.
Abnormal PE/Chem/CBC/UA Results: ALT 147.

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 mildly 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 2 cm, are normal.

The **left kidney** is normal size (4.12 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.65 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The **spleen** is enlarged (1.53 cm in width at the level of the hilus) with a swollen, scalloped medial contour. The parenchyma is 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 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 **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.

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. An approximately 3.50 to 4.00 cm of jejunum is thickened (up to 0.45 cm) with suspected loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining segments, the wall is normal in thickness with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
There is no obvious evidence of free fluid. Several prominent to enlarged mesenteric **lymph nodes** are visualized, the largest measuring 2.51 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes and lymphadenopathy are concerning for infiltrative neoplasia (i.e., lymphoma). However, a benign process (i.e., lymphoid hyperplasia) cannot be completely excluded.

- The segmental bowel wall thickening is also concerning for a neoplastic process (i.e., lymphoma) with a lower possibility of an inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present. The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

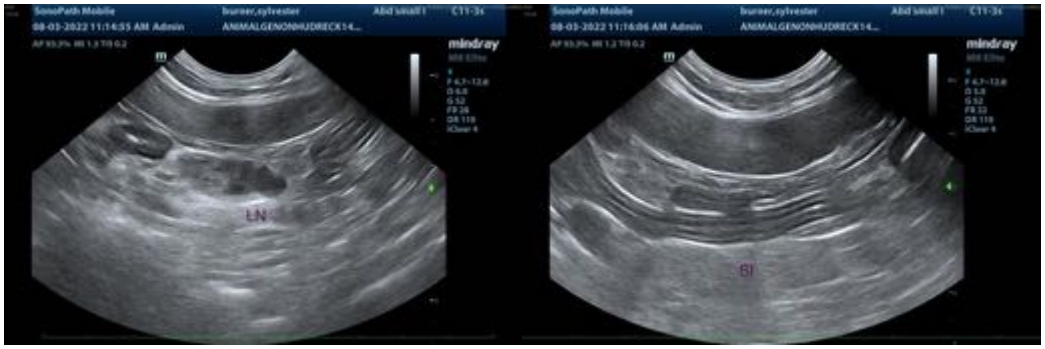
Secondary Findings

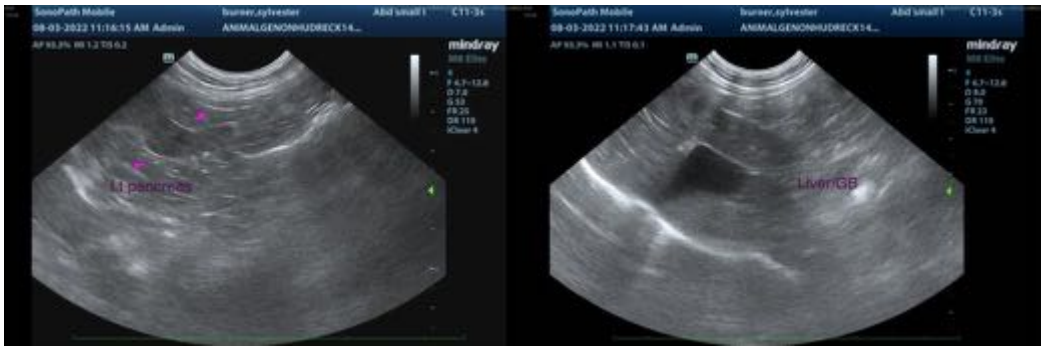
- Bilateral chronic, age-related renal changes with nonobstructive nephrolithiasis (similar to the previous sonogram)

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs are recommended to assess for lymphadenopathy in the chest. If splenic cytology results are inconclusive, an abdominal exploratory with surgical GI, lymph node, +/- splenic biopsies may be necessary to get a definitive diagnosis.





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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