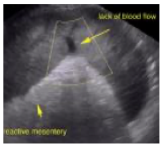
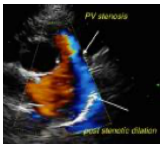
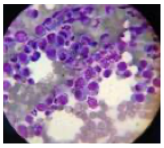
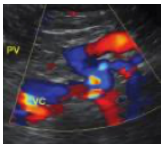
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
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PATIENT
G.O.B. Field

SPECIES
Feline

BREED
DLH

SEX
Neutered Male

AGE
14 years

WEIGHT
6.7 lbs

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

IMAGING PERFORMED BY
Laura Field w/ Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Laura Field

INVOICE
11549

DATE
8.31.22

PRESENTING CLINICAL SIGNS

History: Has intestinal lymphoma. Has been on prednisolone 5mg sid and leukeran 2mg MWF for about 6 mos. Doing well. Recheck u/s due.

Abnormal PE/Chem/CBC/UA Results: Mild leukopenia on recent bloodwork, no renal or hepatic values elevated so far. Anemia progressively worsening, pcv now 25%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** 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 2 cm, are normal.

The **left kidney** is normal in size (3.94 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. A few, tiny, nonobstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter.

The **right kidney** is normal size (3.65 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. A few, nonobstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter.

Adrenal Glands

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

Spleen

Previously splenectomized.

Liver

The **liver** is subjectively enlarged with slightly swollen 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** is moderately distended. The wall is normal in thickness. A small amount of mineralized sand, +/- tiny calculi are 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 the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are normal in size 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. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
There is no evidence of free fluid. A few prominent colic **lymph nodes** are visualized, the largest measuring 0.54 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

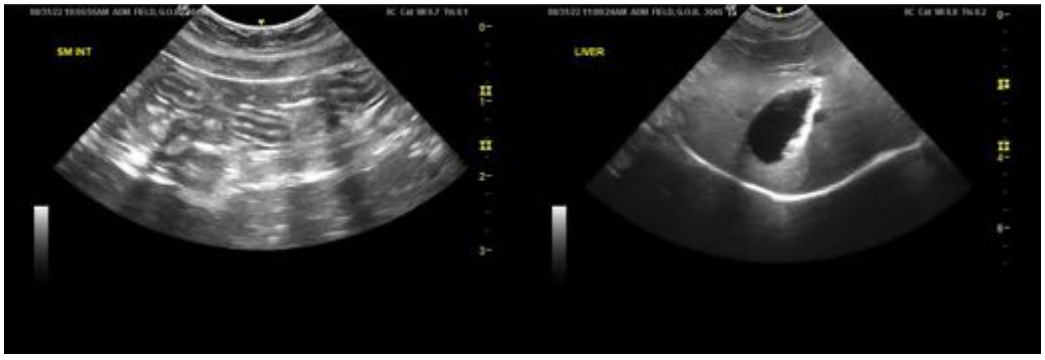
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bowel pattern consistent with inflammatory bowel disease with some potential for lymphoma. Changes are similar to the previous sonogram.

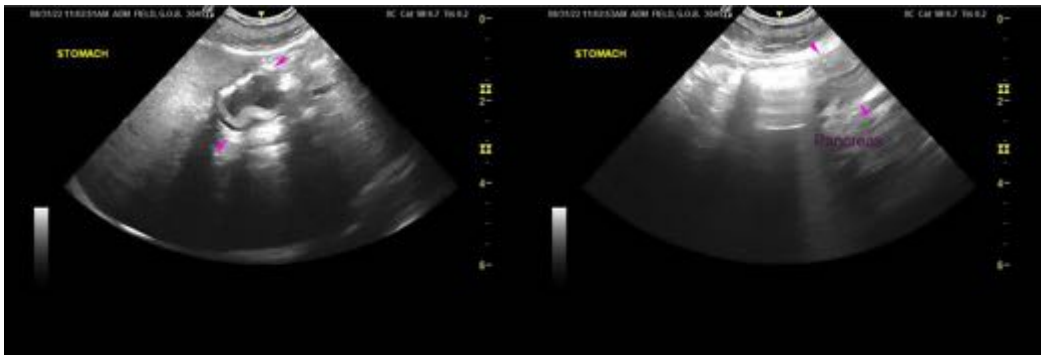
Secondary Findings

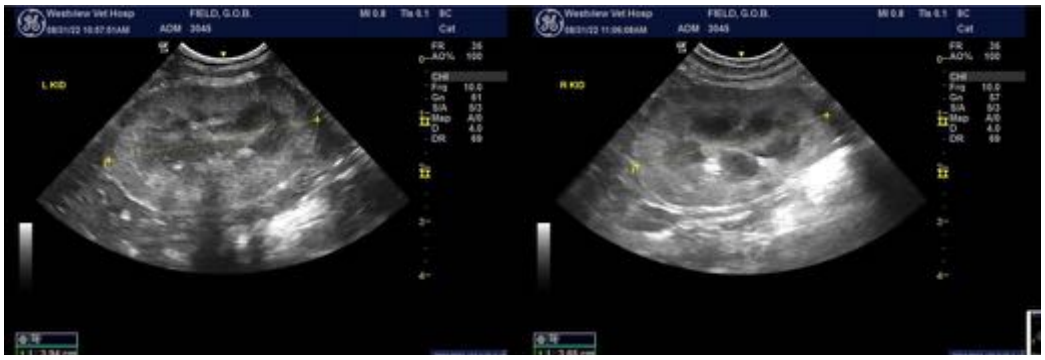
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Gall bladder sand/stones – incidental
- Bilateral degenerative renal changes with dystrophic mineralization and trace pyelectasia
- The hepatic parenchymal changes may be a normal variant for this patient or may be secondary to inflammatory disease, hepatic lipidosis, or less likely, infiltrative neoplasia. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider serial sonographic monitoring (i.e, every 3-6 months) of the patient's abdomen to assess for arecurrence of disease.







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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