



**PATIENT**

Beau Greig 218713

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

14 years, 6 mos

**WEIGHT**

3.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC- Dr. Wirth

**INVOICE**

11562

**DATE**

9.1.22

**PRESENTING CLINICAL SIGNS**

History: 1. Gastric lymphoma-->Complete remission as of 5/12/2022 -Endoscopy and biopsy on 3/3/20 -Started L-CHOP on 3/6/20-great response -Stopped CHOP after 3rd cycle due to recurrent GI issues -Spleen cytology 2/11/22 consistent with reactive lymphoid hyperplasia 2. History of Mild thrombocytopenia: resolved. Patient doing well at home. Occasional hair balls. No concerns. Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. 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 (3.26 cm in length); normal shape smooth peripheral contours. The cortex is hyperechoic and variably thickened. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.43 cm in length); normal shape smooth peripheral contours. The cortex is hyperechoic and variably thickened. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.79 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

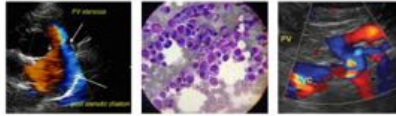
**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic 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 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. The small intestinal wall is normal to mildly thickened (up to 0.29 cm). The duodenum and jejunum are normal to mildly thickened (up to 0.29 cm) with a retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in several segments. An approximately 2.50 cm segment of ileal wall is thickened (up to 0.50 cm) with a prominent mucosal layer and questionable loss of the normal layering pattern. The ileocecal colic junction is normal. The wall of the descending colon is borderline thickened (up to 0.33 cm) with retention of the normal layering pattern. There is no evidence of an obstructive pattern.



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**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.

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**Free Abdomen**

There is no evidence of free fluid. A prominent gastric lymph node is visualized (0.70 x 0.65 cm). A few prominent mesenteric lymph nodes are also seen, the largest measuring 1.22 cm in length. Three to four prominent, rounded hypoechoic lymph nodes are observed in the caudal aspect, adjacent to the colon, the largest measuring 0.79 cm in diameter.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The abnormal segment of ileum is concerning for emerging neoplasia. However, severe inflammation cannot be excluded. The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, reactive lymphadenitis or emerging lymphoma.

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**Secondary Findings**

- Bilateral degenerative renal changes with right dystrophic mineralization.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hepatic parenchymal changes are nonspecific and may be a normal variant for this older patient or may be secondary to hepatic lipidosis, inflammatory disease, or infiltrative neoplasia (less likely). Correlation with the patient's liver values is recommended.

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Andrea Nicastro, DVM,  
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(Small Animal Internal  
Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consultation with a board-certified oncologist is recommended, particularly regarding the ileal changes.
- Also consider three-view thoracic radiographs to assess for lymphadenopathy in the chest.

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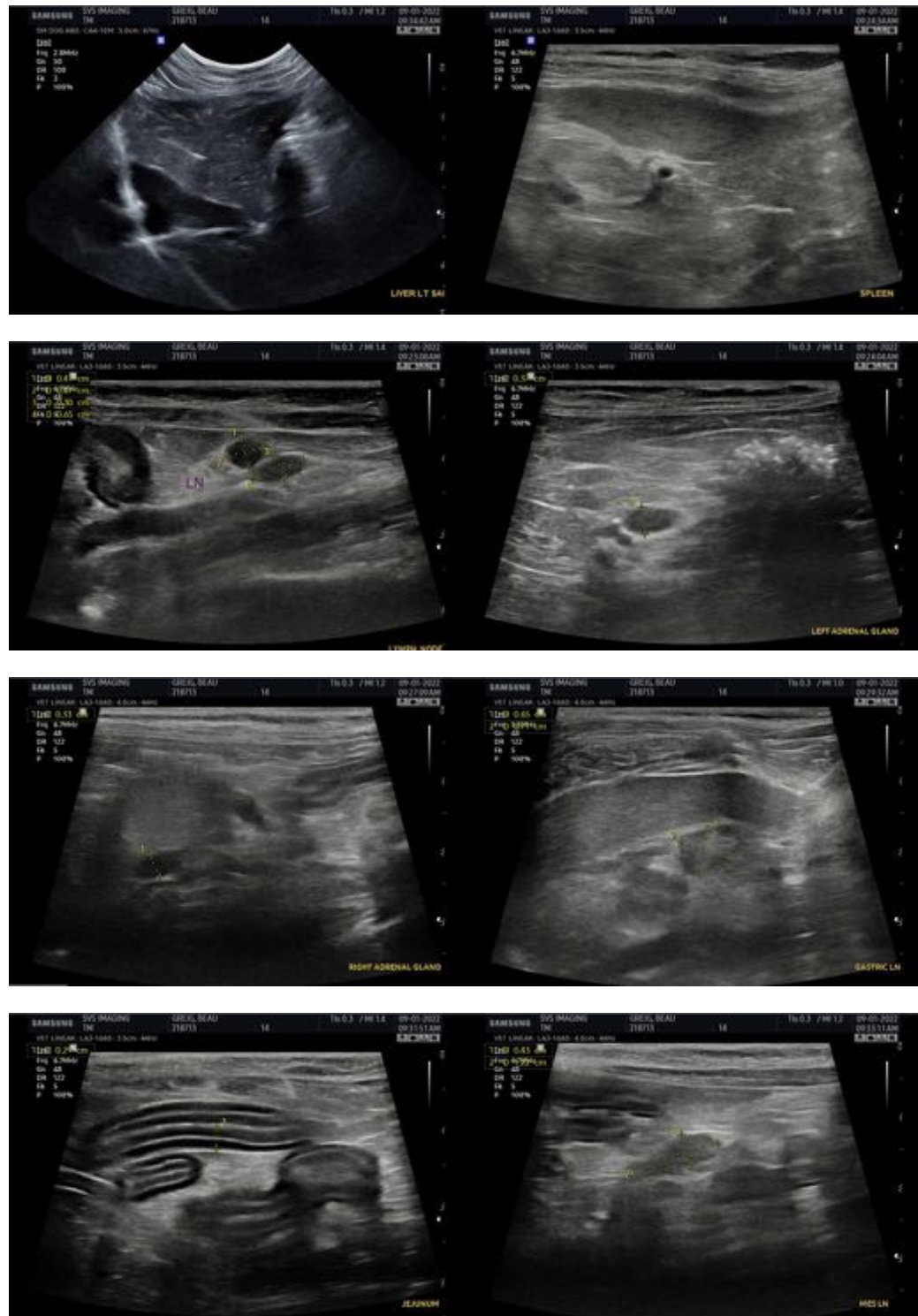
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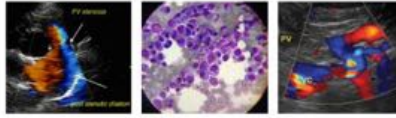
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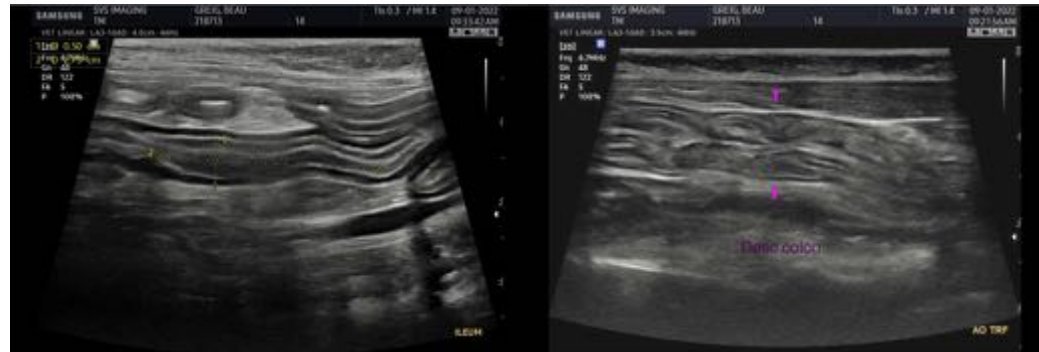
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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