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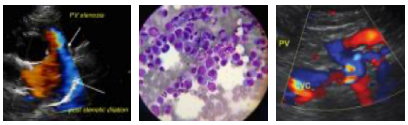

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DATE

9/10/21

PATIENT

Bowie St. Clair

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

8/1/10

WEIGHT

11 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. Stephens

INVOICE

12061

PRESENTING CLINICAL SIGNS

History: Presented for annual exam. Known diabetic. Lost 1 pound despite good diabetic control. Mid-abdominal mass palpable.

Current Medications: Lantus insulin.

Lab Results: Monocytosis, BG 223, T4 2.7. USG 1.026, 1+ proteinuria, inactive sediment, normal T4

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

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 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 enlarged/swollen (5.11 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is enlarged/swollen (5.66 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

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

Spleen

The spleen is diffusely enlarged with swollen peripheral contours. A swelling/mass effect is observed at the cranial aspect. Within this region 2 hypoechoic nodules, one measuring 1.03 cm and the other measuring 0.55 cm are observed. The splenic parenchyma is mottled, bordering on a “moth eaten” appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance with an increase in portal markings. 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 echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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 is normal to moderately thickened

(up to 0.47 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer in some segments. A few bowel loops appear adhered to each other. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated. Surrounding mesentery is mildly hyperechoic.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. A severely enlarged (6.48 x 3.76 cm) irregular heterogeneous vascular lymph node is observed in the mid-abdominal cavity. Surrounding mesentery is hyperechoic. In addition, a 1.78 x 1.49 cm heterogeneous node is observed cranially. Several smaller lymph nodes are observed throughout the abdomen.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The severe abdominal lymphadenopathy is most consistent with infiltrative neoplasia (i.e., lymphoma) with a lower possibility of a severe lymphadenitis (i.e., pyogranulomatous).
- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., lymphoma). However, benign pathology (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) is also possible.
- Bowel pattern consistent with emerging lymphoma or inflammatory bowel disease.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The pancreatic changes are consistent with chronic active pancreatitis.
- Diffuse peritonitis, likely sterile and secondary to lymph node/bowel/splenic pathology.

Secondary Findings:

- The bilateral renomegaly may be secondary to inflammatory or infiltrative disease or may be a normal variant for this patient. There is evidence of age-related pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, if not already performed.
- Fine needle aspirates of the spleen and large mesenteric lymph node are recommended if clotting status is appropriate. 25-gauge needles should be used. If cytologic evaluations are inconclusive and an aggressive approach is desired, an abdominal exploratory with biopsies may be necessary to get a definitive diagnosis.
- A malabsorption panel should also be considered.


IntraPet Imaging APIILLC
st clair,bowie
IntraPet abd... C11-3s
09-10-2021 12:22:04 PM Admin
TAHbsfelmn2010
Liver
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IntraPet Imaging APIILLC
st clair,bowie
IntraPet abd... C11-3s
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Cranial Pancreas
1 Dist 1.24 cm
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IntraPet Imaging APIILLC
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Lymph
1 Dist 3.78 cm
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st clair,bowie
IntraPet abd... C11-3s
09-10-2021 12:24:36 PM Admin
TAHbsfelmn2010
Lymph
1 Dist 6.48 cm
2 Dist 3.76 cm
mindray


IntraPet Imaging APIILLC
st clair,bowie
IntraPet linear L14-6Ns
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SPL
mindray


IntraPet Imaging APIILLC
st clair,bowie
IntraPet linear L14-6Ns
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mindray

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.

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