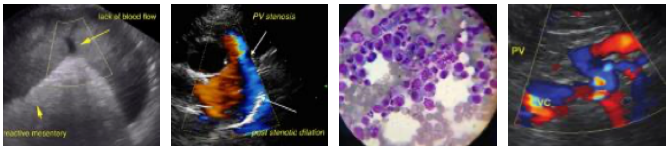
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Guanini Torres

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
10 Yrs.

WEIGHT
8.5 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Ferrer

INVOICE
13952

DATE
9/13/22

PRESENTING CLINICAL SIGNS

History: Presented for an abdominal ultrasound to evaluate the GI tract as a possible mass was noticed in the stomach that was seen on radiographs. Pt originally presented on 8-20-22 for respiratory issues as respiratory sounds. has been noticed. The owner noticed he was making a pitching sound and congestion. When thoracic radiographs were done some changes in the stomach (soft tissue opacity inside the stomach) were seen 1 week part in 2 sets of different radiographs. Also, the thorax radiographs showed questionable pleural/fissure line. Pt was treated with prednisolone, doxycycline, and nebulization and pt improved some. FNA of the spleen and medial iliac LN's were done and sent to the pathologist. Also included sets of radiographs from 8-20-22, 8-30-22 and 9-13-22 for supporting information.
Abnormal PE/Chem/CBC/UA Results: Pt is Felv Positive. BW: CBC: decreased RBC 6.12(6.54 - 12.20) and Hgb 9.2(9.8 - 16.2), neutropenia 0.13(2.30 - 10.29), eosinopenia 0.01(0.17 - 1.57), basopenia 0.0(0.01 - 0.26) CHEM: hypophosphatemia 4.3(4.5 - 10.4) Radiographs: added

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (3.81 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.77 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

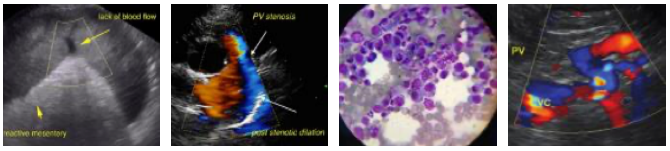
The right adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (0.85 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled, with a “moth-eaten” appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. 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



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suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measures 0.22 cm in diameter.

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 some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible and normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is questionable trace free fluid. The medial iliac lymph nodes are prominent in size, the largest measuring 2.29 cm in length. The nodes are slightly irregular in shape and subtly heterogeneous in appearance. 2-3 prominent mesenteric lymph nodes are also seen, the largest measuring 1.71 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

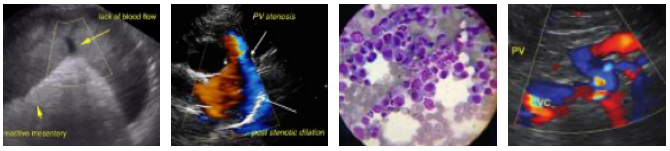
- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., lymphoma, mast cell disease) with a lower possibility of a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation).
- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis or infiltrative neoplasia.
- The small intestinal wall changes are suggestive of inflammatory bowel disease with some potential for emerging lymphoma.

Secondary Findings:

- Minor bilateral, age-related renal changes.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, age-related remodeling, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further diagnostics should be based on the pending splenic and lymph node cytology. However, considerations could include the following:



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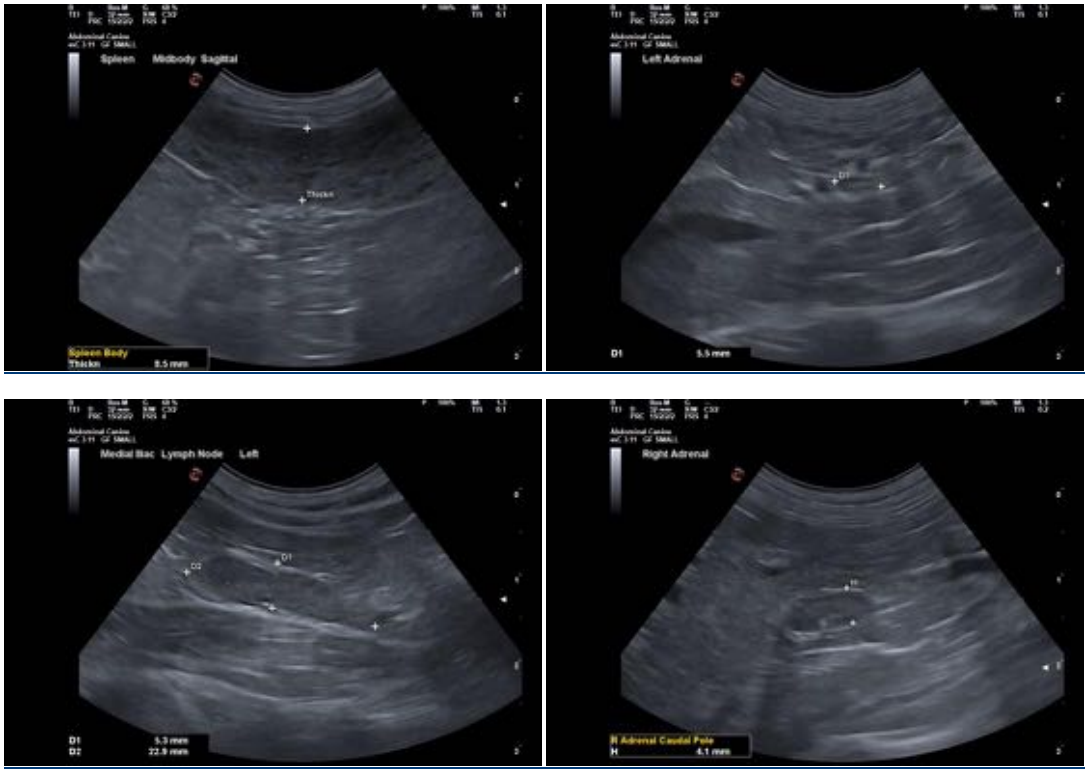
- Reticulocyte count is also recommended to determine if the patient's anemia is regenerative. If regenerative anemia is present, consider further testing for Mycoplasma.
- Bone marrow aspirate.

- If the patient has a history of gastrointestinal signs, consider the following:
  1. Malabsorption panel including serum cobalamin, folate, TLI and PLI
  2. 6-week limited antigen or hydrolyzed protein diet trial
  3. +/- GI biopsies



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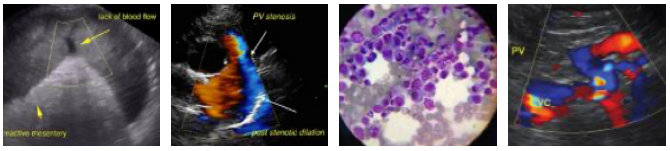

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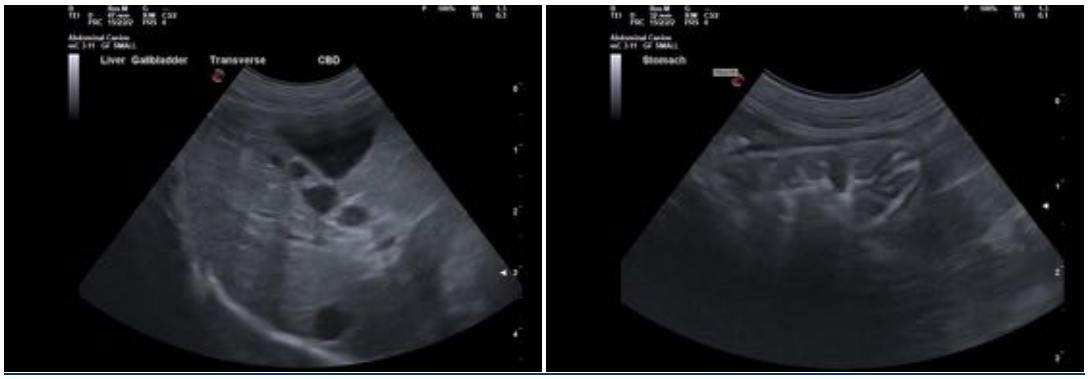

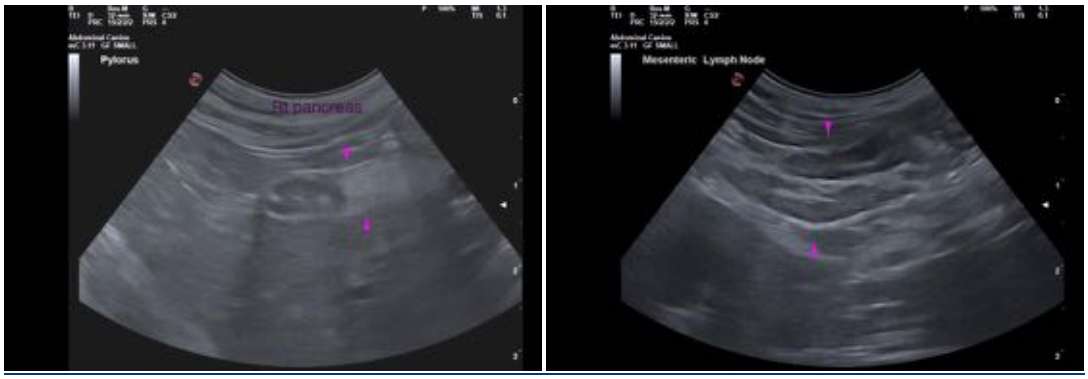

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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