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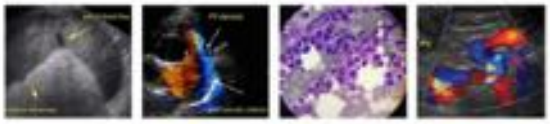

IMAGING PERFORMED BY
pawsonography@gmail.com 530-706-8340

PATIENT

Ivan Clabo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr Robin Janeway

INVOICE

11641

DATE

9.14.22

PRESENTING CLINICAL SIGNS

History: History: Dehydration, anorexia, weight loss, muscle atrophy, diarrhea Physical exam findings: dehydration and ropey intestinal palpation, grade 2/6 heart murmur

Abnormal PE/Chem/CBC/UA Results: RAD report: Conclusion The colon changes suggest moderate to severe colitis. Emerging infiltrative neoplasia (lymphoma) is a lesser differential. No indication of foreign body or obstruction. Mild chronic degenerative disease involving the left kidney. The enlargement of the right kidney could represent compensatory hypertrophy. Acute interstitial nephritis for pyelonephritis, cystic disease, or hydronephrosis are lesser differentials. Mild hepatomegaly, suggesting diffuse hepatopathy such as lipidosis, hepatitis, or lymphoma. Correlate with bloodwork. Consider further evaluation with ultrasound. Unremarkable thorax. LABS- Abnormal CBC values: severe eosinophilia (WBC 28K with very high level of eosinophils 15K (<1K) Abnormal Chemistry Values: increased Mg, decreased Sodium, increased amylase, decreased Na/K ratio, Abnormal UA Values: USG 1.060, 2+ proteinuria, negative urine C/S.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The **left kidney** is normal size (4.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (4.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The **spleen** is subjectively prominent to enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the liver and subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The **liver** is enlarged with swollen/rounded peripheral contours. The parenchyma is hyperechoic relative to the spleen and smottled in appearance. A hyperechoic, double-lined linear structure is observed in on the left side, at the cranial aspect. It is surrounded by slightly hypoechoic parenchyma, Hepatic vasculature is of normal volume with no evidence of congestion.

The **gall bladder** lumen is mildly distended. The wall is diffusely thickened (up to 0.22 cm) and hyperechoic. A small amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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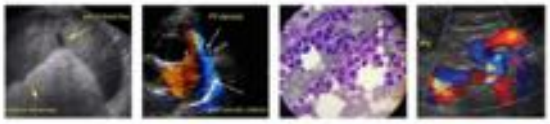

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Gastrointestinal

The **stomach and intestines** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately fluid-distended and appears hypomotile. 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 mildly thickened (up to 0.30 cm) with 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. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

Free Abdomen

The **mesentery** throughout the abdomen is hyperechoic. A small amount of slightly echogenic free fluid is present. Several enlarged, rounded, hypoechoic mesenteric **lymph nodes** are visualized, the largest measuring 4.42 cm in length. Surrounding mesentery is hyperechoic. A few prominent cranial abdominal lymph nodes are also seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

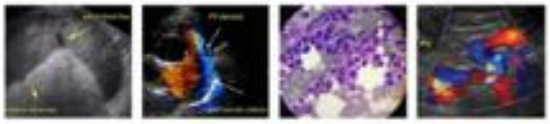
- The diffuse hepatic changes are concerning for infiltrative neoplasia (i.e., lymphoma) or severe inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis). The significance of the hyperechoic linear structure on the left side is unclear. It may represent exaggerated portal markings, a liver fluke, other.
- The gall bladder changes could be consistent with cholecystitis, infiltrative neoplasia, or less likely, edema.
- The abdominal lymphadenopathy is also concerning for infiltrative neoplasia (i.e., lymphoma). However, lymphoid hyperplasia or lymphadenopathy cannot be excluded.
- The splenic changes could be consistent with infiltrative neoplasia, antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, or splenitis.
- The diffuse peritonitis is likely secondary to hepatic pathology.

Secondary Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Minor, bilateral age-related renal changes
- Gastric ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine-needle aspirates of the liver, enlarged abdominal lymph nodes +/- spleen, if clotting status is appropriate. Twenty-five gauge-needles should be used. Three-view thoracic radiographs are also recommended to assess cardiopulmonary status. If cytology results are inconclusive, surgical



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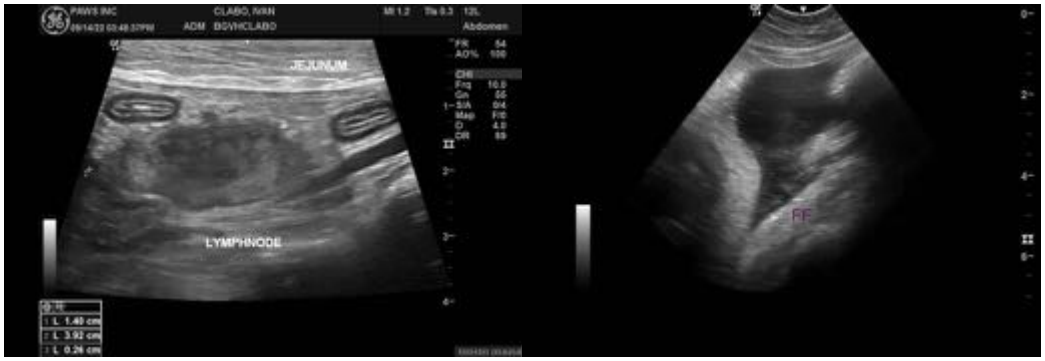
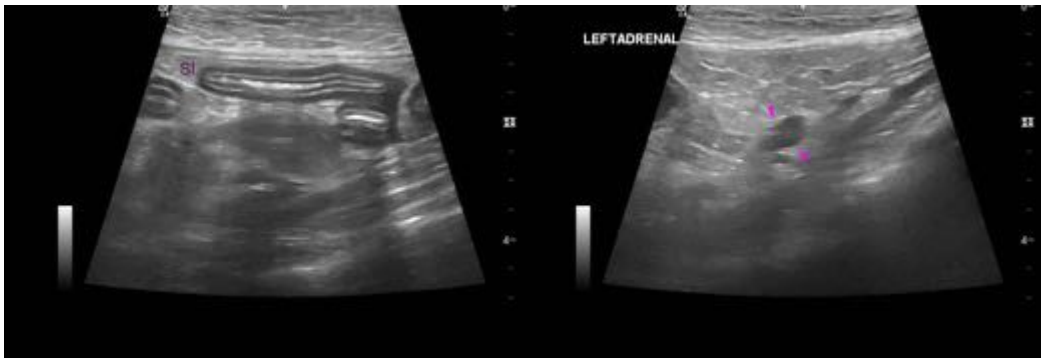
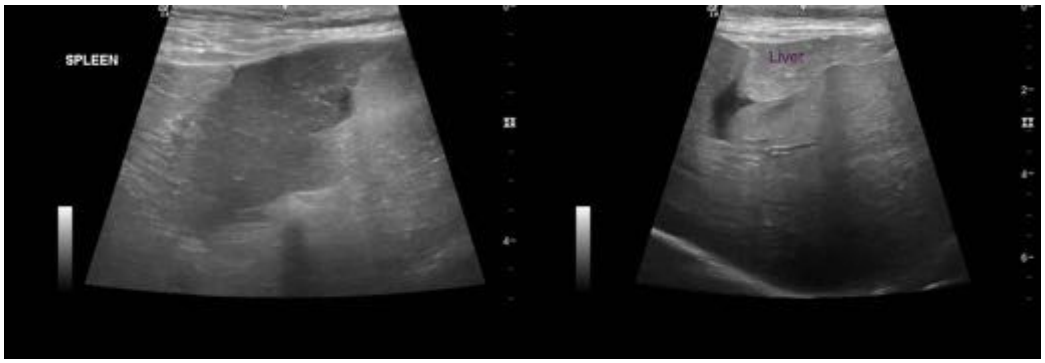
biopsies may be necessary to get a definitive diagnosis. In the meantime, symptomatic care is recommended, along with nutritional support.

Regarding the possibility of a liver fluke, consider fecal sedimentation to evaluate for eggs. Alternatively, empirical treatment with praziquantel can be considered.

In light of the bowel changes, a GI panel (send to Texas A&M) is also recommended.







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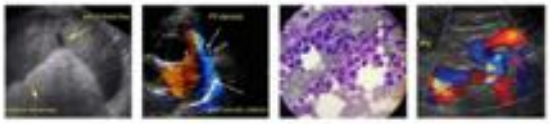

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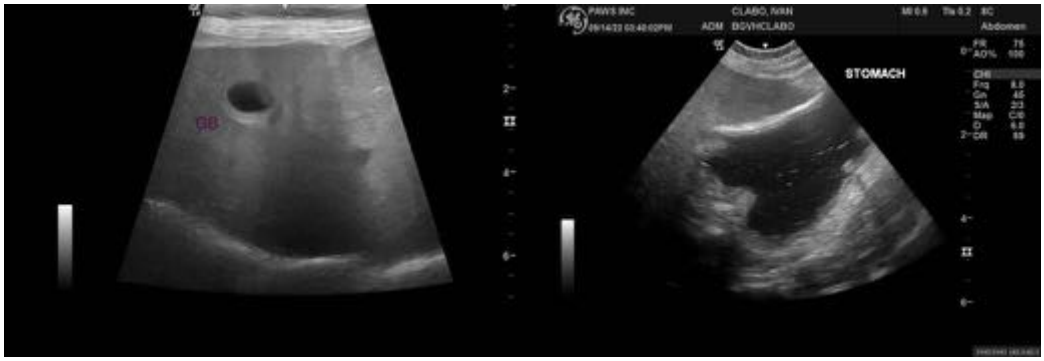

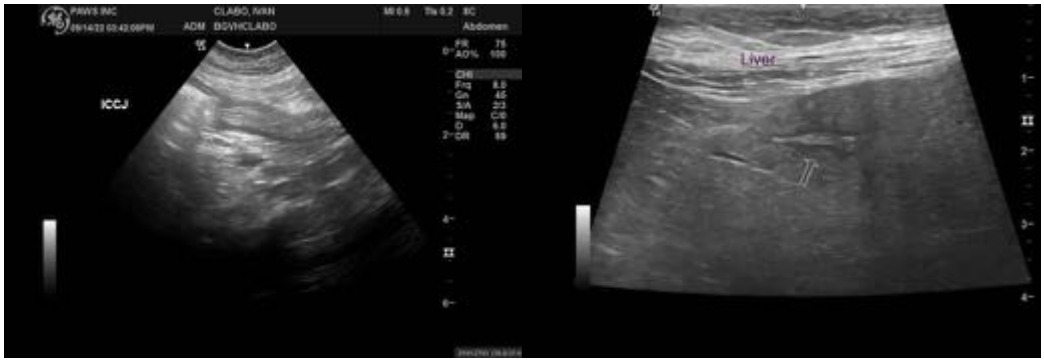

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com