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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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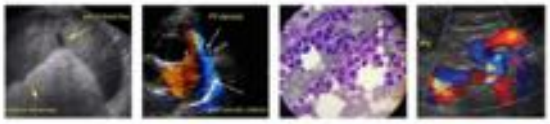


IMAGING PERFORMED BY
pawsonography@gmail.com 530-708-8340

PATIENT

Ariel Hawthorne

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

7 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Sierra Animal Wellness Center

REFERRING VET

Dr Peggy Roberts

INVOICE

11674

DATE

9.22.22

PRESENTING CLINICAL SIGNS

History: Weight loss, inappetence, had a fecal transplant in 7/22. All 4 cats in household have been treated multiple times for giardia and have had intermittent appetites since then. The other cats are back to normal since they had a fecal transplant. Blood work performed on 9/16/22 indicates an increased globulin with a low A/G ratio of 0.4. also has an elevated SDMA

Abnormal PE/Chem/CBC/UA Results:

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 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 (3.53 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. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The **right kidney** is normal size (3.96 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. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The **left adrenal gland** is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.95 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

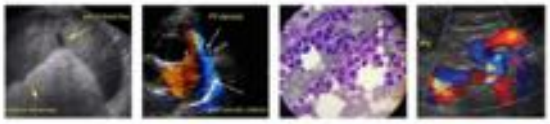
Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 mildly thickened (up to 0.30 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. There is also a mild thickening of the submucosal layer in some regions. In one segment, there is questionable loss of the normal layering pattern. Discreet



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masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The **pancreas** is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.11 cm in diameter).

Free Abdomen

There is no obvious evidence of free fluid. Several enlarged, irregular, hypoechoic mesenteric **lymph nodes** are visualized. Surrounding mesentery is hyperechoic.

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma), lymphoid hyperplasia, or lymphadenitis.
- Bowel pattern most consistent with inflammatory bowel disease with potential for emerging lymphoma.

Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine-needle aspirate of the enlarged mesenteric lymph nodes is recommended if clotting status is appropriate. If cytology results are inconclusive, further testing (i.e., flow-cytometry, PARR, surgical GI and lymph node biopsies) may be necessary to get a definitive diagnosis.

Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.

A malabsorption panel including serum cobalamin and folate, TLI and PLI (send to Texas A&M) should also be considered, due to the diffuse small intestinal changes.

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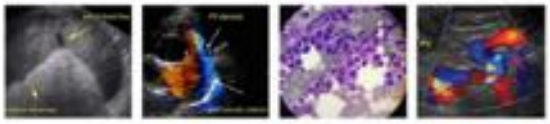

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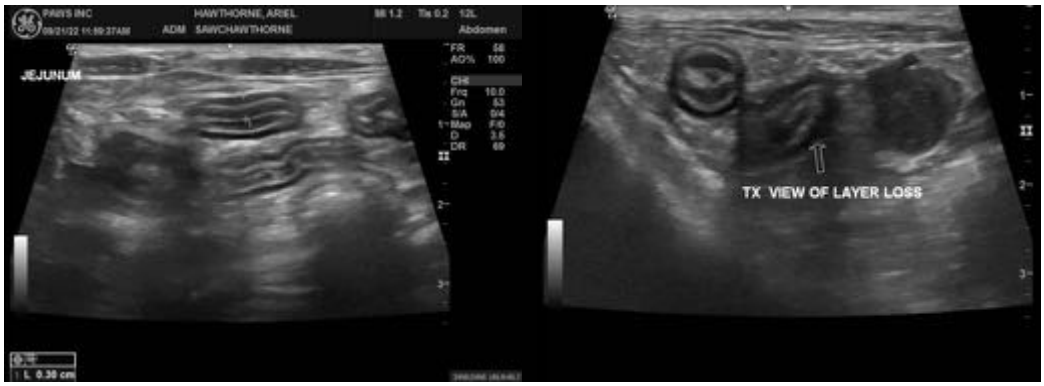

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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