

**DATE PRESENTING CLINICAL SIGNS**

9/8/21

History: Pet presented on 9/3/2021 for exam, rabies vaccine and concern about lump on back leg. Owner also mentioned pet has been eating less and vomits either bile or a hairball about once per week.

**PATIENT**

PE findings: 1.5 lb weight loss since 1.5 years ago. Enlarged right popliteal LN and prominent left popliteal LN.

Oreo Hart

Newly noted grade 2-3/6 murmur. Possible mass palpated cranial abdomen. Small mammary mass noted in caudal most gland, left side.

Current Medications: Not provided by the veterinarian.

Lab Results: PCV/TP - 20%/7.0. Severe leukocytosis at 84,000. Thrombocytopenic. Differential has unclassified cells

**SPECIES**

Feline

Radiographs: giant spleen, possible mass effect cranial abdomen, loss of serosal detail cranial abdomen.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

**BREED**

Stat Report: STAT report not requested by the veterinarian.

Domestic shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX****Urinary System**

Female, spayed

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. Luminal contents are mostly anechoic. 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.

**AGE**

7/31/2012

The left kidney is normal size (3.69 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.

**WEIGHT**

8.46 lbs.

The right kidney is normal size (3.86 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.

**INTERPRETED BY**

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

**Adrenal Glands**

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

**HOSPITAL NAME**

Frederick Road VH

**Spleen**

The spleen is diffusely enlarged (1.63 cm in width at the level of the hilus) with swollen slightly undulating peripheral contours. The parenchyma is hypoechoic and subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

**REFERRING VET**

Dr. Franchini

**Liver**

The liver is subjectively prominent 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. There is a subtle increase in portal markings. Hepatic vasculature is 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 suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**INVOICE**

12047

**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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

### ***Pancreas***

The left and right limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### ***Free Abdomen***

There is no evidence of free fluid. 1-2 prominent lymph nodes are observed adjacent to the ileocecal colic junction. In addition, a few irregular, hypoechoic superficial (i.e., subcutaneous) lymph nodes are visualized, the largest measuring 1.76 cm in length. Surrounding tissue is hyperechoic/enflamed.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

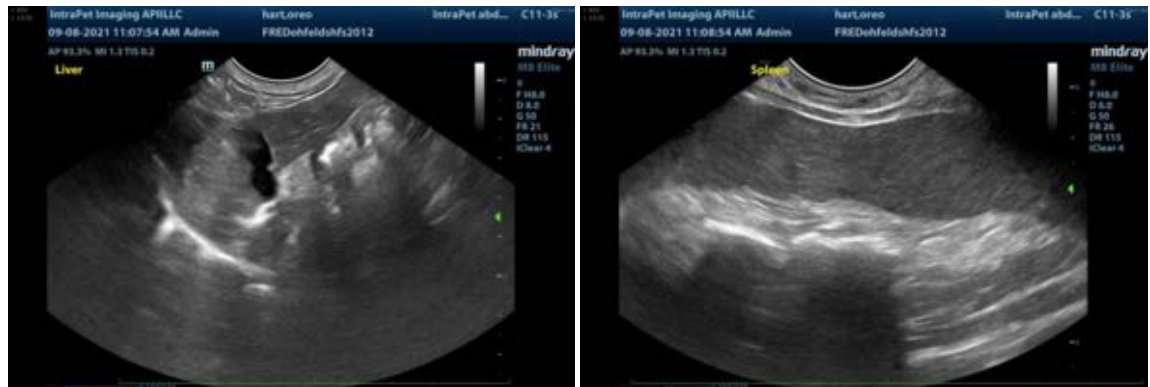
- The splenic parenchymal changes are most consistent with infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of benign pathology.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The prominent lymph nodes may represent infiltrative neoplasia, lymphoid hyperplasia or reactive lymphadenitis.

### **Secondary Findings:**

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- A CBC (send to an outside lab) with a clinical pathology review is strongly recommended, particularly given the percentage of unclassified cells on the in-house CBC.
- If the patient's clotting status improves, splenic and liver aspirates would be ideal. 25-gauge needles should be used.





**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.

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