



PATIENT

Elvis Davidson

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

11 yrs.

WEIGHT

13.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

East Cooper AH

REFERRING VET

Dr. Marci Sauls

INVOICE

12477

DATE

11/3/21

PRESENTING CLINICAL SIGNS

History: Pt was presented for having diarrhea in and out of the litter box since the end of August. Was being free fed RC Renal Dry food. Currently eats Hills Biome dry. Indoor only. No vet records/ not UTD. Pt was sent home with Metronidazole and Fortiflora. Came back in on 10/7 and was given Depo Injection and B12 injection. An ultrasound was performed by a different internist 3-4 weeks ago and cat was found to have abdominal lymphadenopathy.
Abnormal PE/Chem/CBC/UA Results: CBC - Mild eosinophilia, 1,133/uL

ULTRASONOGRAPHIC EXAMINATION OF THE

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 normal size (4.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.38 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



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moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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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 mildly thickened (up to 0.33 cm) In some segments with loss of the normal layering pattern. In other segments, there is slight disruption in the normal 1:3 muscularis: mucosal ratio and thickening fo the submucosal layer. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains unformed fecal material. No obstructive disease is noted.

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Pancreas

The left limb is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated. (0.13 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

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Free Abdomen

Trace free fluid is observed. Several enlarged, hypoechoic lymph nodes are observed in the cranial and mid-abdomen, the largest measuring 2.26 cm in length. Surrounding mesentery is hyperechoic.

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*Fine needle aspirates of the mesenteric lymph nodes were obtained at the end of the study. A small amount of free fluid was observed post-aspiration which did not change after 10 minutes of observation.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal and abdominal lymph node changes are most consistent with infiltrative neoplasia (i.e., lymphoma) with a lower possibility of benign pathology (i.e., inflammatory disease).
- The pancreatic changes are consistent with chronic active pancreatitis.

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Secondary Findings:

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- Minor age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest, if not already performed.



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- If cytologic evaluation of the abdominal lymph nodes is inconclusive, consider PARR (sent to Colorado State University) to further determine if lymphoma is present. If results do not reveal a definitive diagnosis, an abdominal exploratory with gastrointestinal and abdominal lymph node biopsies may be necessary warranted.

- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.





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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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