



PATIENT PRESENTING CLINICAL SIGNS

Midnight Rose Hyporexia with severe weight loss for 1mo. BCS 2/9. Mildly elevated liver enzymes.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *Urinary System*

BREED

Domestic shorthair The urinary bladder wall is 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.

SEX

Female, spayed The left kidney is normal size (3.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

16 Yrs. The right kidney is normal size (3.59 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

2.94 kg. *Adrenal Glands*

The left adrenal gland is normal in size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

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The spleen is severely enlarged (1.37 cm in width at the level of the hilus) with swollen, irregular, peripheral contours. The parenchyma is slightly mottled. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

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The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance with a few ill-defined nodules on the right side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is minimally distended. The wall is thickened (up to 0.30 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The walls are thickened. The duodenal papilla is also thickened (0.62 cm in width).

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Gastrointestinal

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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

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SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

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pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. A 0.54 cm irregular, hypoechoic nodule/mass effect is observed at the tip of the left lateral lobe. The remaining parenchyma is slightly hypoechoic relative to surrounding omental fat and mottled in appearance with a several small hypoechoic nodules observed in the left limb. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. A 1.48 cm rounded to irregular hypoechoic periportal lymph node is visualized. In addition, a 0.66 cm cranial abdominal lymph node is seen. A 1.62 cm cystic lymph node is also observed in the mid-abdominal region.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The severe splenomegaly is most concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of a benign process (i.e., splenitis, lymphoid hyperplasia or similar).
- The hepatic parenchymal changes are also concerning for infiltrative neoplasia (i.e., round cell tumor). However, other hepatopathies (i.e., hepatic lipidosis), inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis) should also be considered.
- The gallbladder and cystic/common bile duct wall changes are most consistent with cholecystitis and cholangitis, respectively.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia or less likely, reactive change.
- The diffuse peritonitis is likely secondary to hepatic and splenic pathology.
- Pancreatic mass effect – left limb. Neoplasia is the top differential. However, an inflammatory disease or other benign process cannot be completely excluded.

Secondary Findings:

- Mild bilateral, age-related renal changes.



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SEX

Female, spayed

AGE

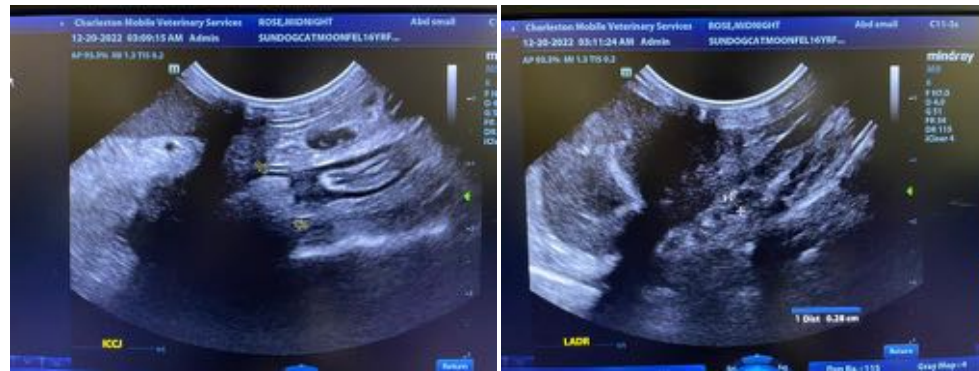
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, fine needle aspirates of the spleen and liver should be considered, if clotting status is appropriate. 25-gauge needles should be used.
- If a conservative approach is desired, symptomatic care (i.e., gastric protectants, antiemetics, appetite stimulants, broad spectrum antibiotics, nutritional support +/- corticosteroids) as empirical treatment for lymphoma/round cell neoplasia can be considered as long as the client understands the risks of treatment without a definitive diagnosis.
- Three-view thoracic radiographs are also recommended to assess for lymphadenopathy in the chest.

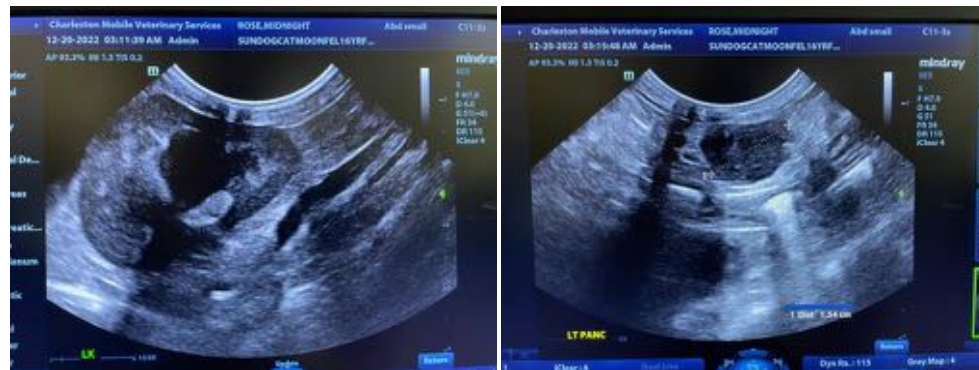


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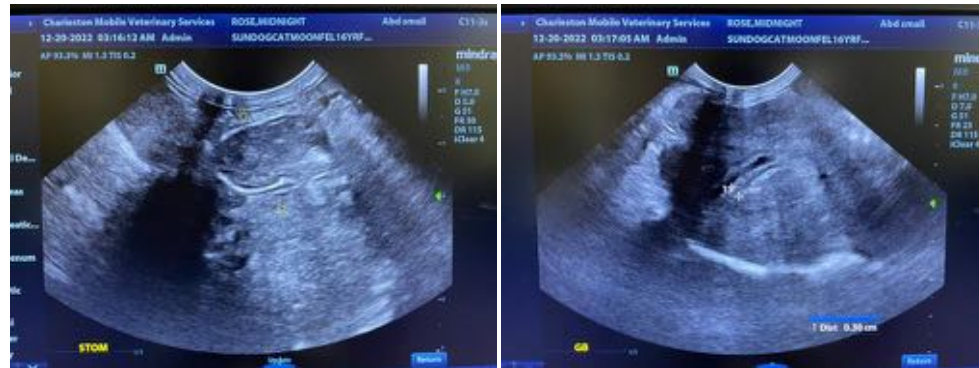
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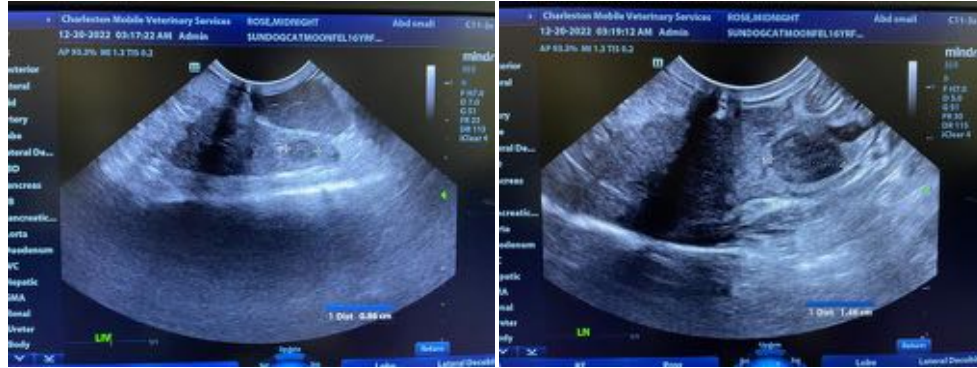
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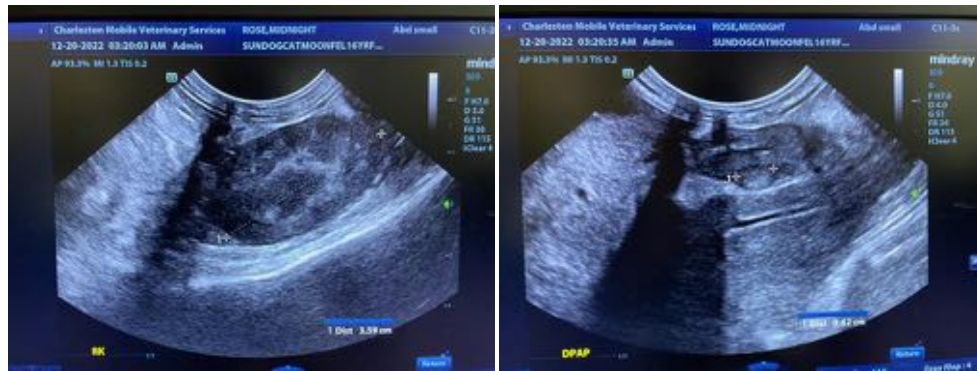
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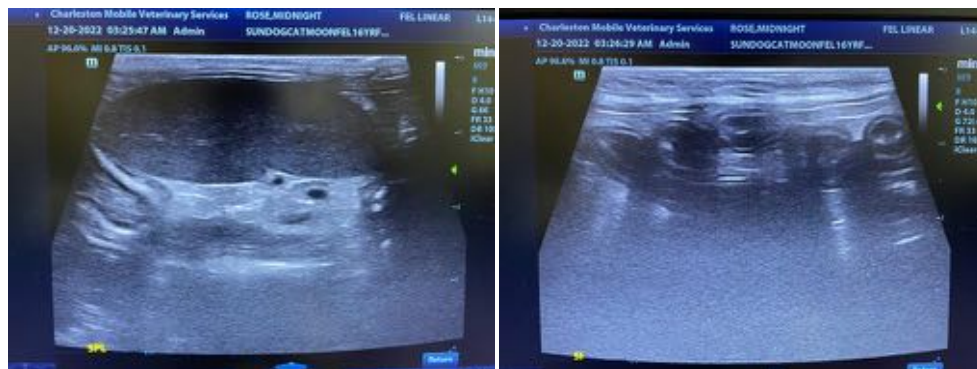
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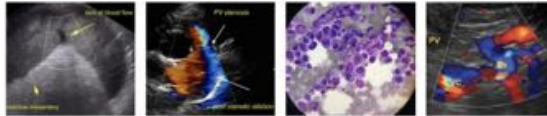
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

Domestic shorthair

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