

**PATIENT**      **PRESENTING CLINICAL SIGNS**

Meowzers Branton

Presented for evaluation of enlarged abd. LN and elevated GGT, GLOB, WBC

**SPECIES**      **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

*Urinary System*

**BREED**

Bengal

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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**

Male, neutered

The left kidney is normal size for a large breed cat (4.53 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

3/16/2015

The right kidney is normal size for a large breed cat (4.51 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

3.96 kg.

*Adrenal Glands*

The left adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Medicine)

The right adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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*Spleen*

The spleen is borderline enlarged (0.99 cm in width at the level of the hilus) with normal curvilinear peripheral contours. Using the high frequency probe, the parenchyma is mottled, bordering on "moth-eaten" in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

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*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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.34 cm 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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to moderately thickened (up to 0.32 cm) with a normal layering pattern and appropriate mural

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detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

***Pancreas***

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.27 cm in diameter).

***Free Abdomen***

Trace free fluid is observed. Several prominent mesenteric lymph nodes are observed, the largest measuring 1.64 cm in length. A few caudal abdominal lymph nodes are also seen.

***Other***

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., lymphoma). However, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or similar) cannot be completely excluded.
- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia (i.e., lymphoma).
- The pancreatic changes are consistent with chronic pancreatitis.
- The trace ascites is likely secondary to bowel, splenic, pancreatic and/or lymph node pathology.

**Secondary Findings:**

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A fine needle aspirate of the spleen is recommended, if clotting status is appropriate. If cytology results are inconclusive and an aggressive approach is desired, consider an abdominal exploratory with gastrointestinal and lymph node biopsies.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.



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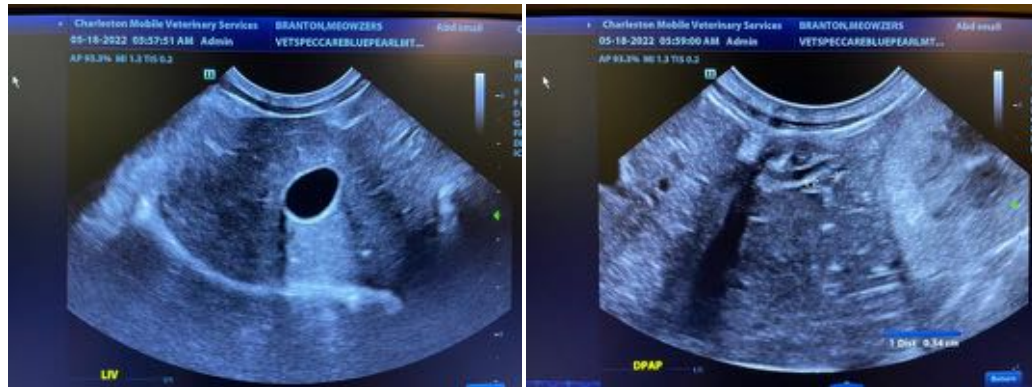
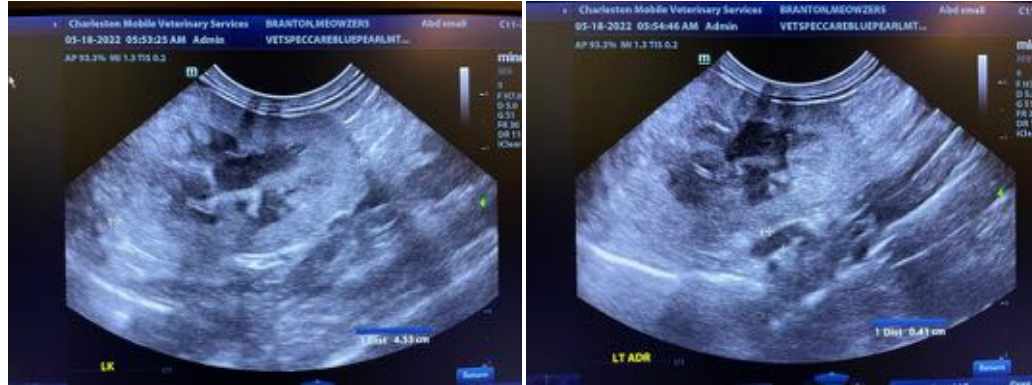
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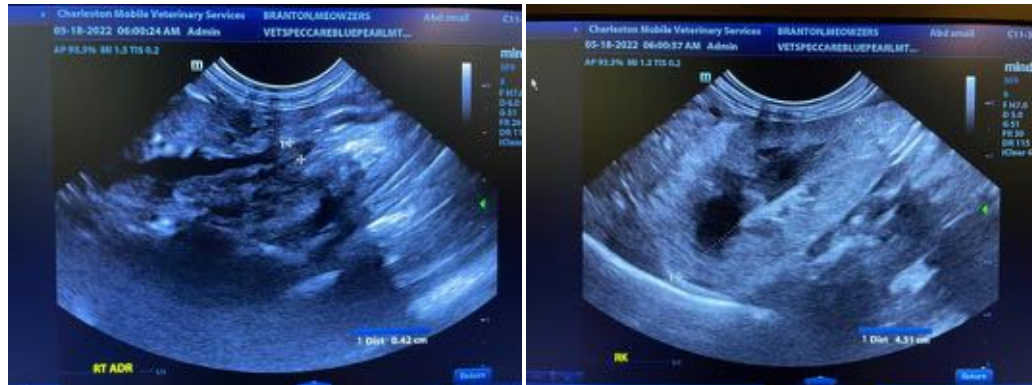


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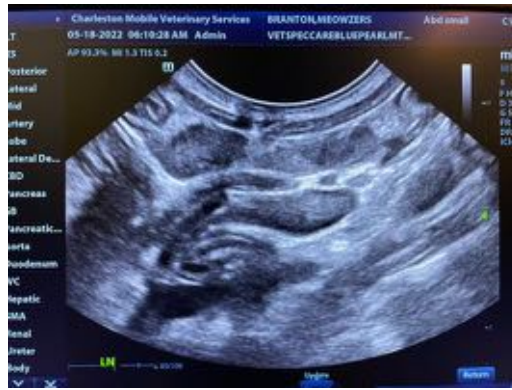
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

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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