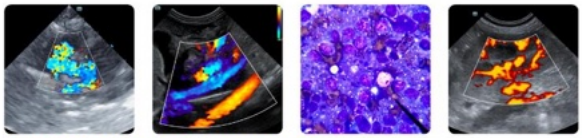

PATIENT

Katie Ann Kronenberger

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

AGE

4/17/2017

WEIGHT

9.84 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

Cats Meow

REFERRING VET

Dr. Levy

INVOICE

13702

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5/5/26

PRESENTING CLINICAL SIGNS

Discomfort on palpation of the cranial abdomen. Noted soft tissue inflammation or mass at this location. Occasional gagging and decreased appetite.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.81 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.23 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is mildly enlarged (0.96 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is diffusely mottled bordering on a "moth-eaten" appearance. Splenic vasculature appears normal with no evidence of thrombosis.

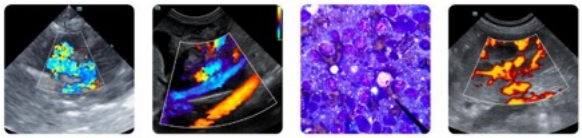
Liver

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. The portal vein to caudal vena cava ratio is approximately 1:1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.30 cm in width).

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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Pancreas

The left limb 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.

Lymph nodes

A 0.94 x 0.60 cm hypoechoic lymph node is observed just medial to the spleen. A 0.95 x 0.52 cm gastric lymph node is also seen. A cluster of enlarged, irregular hypoechoic to heterogeneous mesenteric lymph nodes are also visualized, one of the nodes measuring 2.6 x 1.5 cm. The mesentery surrounding all nodes is hyperechoic.

Free Abdomen

A small amount of free fluid is observed.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The abdominal lymphadenopathy, particularly the mesenteric lymph node changes, are most concerning for infiltrative neoplasia (i.e., lymphoma). However, lymphoid hyperplasia and lymphadenitis cannot be completely excluded.
- The splenic parenchymal changes are also concerning for infiltrative neoplasia (i.e., lymphoma). However, other considerations include lymphoid hyperplasia, extramedullary hematopoiesis, splenitis and antigenic stimulation.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- Bilateral nonspecific, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Baseline lab work including a CBC chemistry panel, urinalysis and TT4 is recommended.
2. Also consider fine needle aspirates of the spleen and enlarged mesenteric lymph nodes (assuming normal clotting status). 25-gauge needles should be used.
3. Three-view thoracic radiographs should also be considered to assess for pathology in the chest.
4. Depending on the results of the above diagnostics, consultation with a board-certified oncologist may be indicated.

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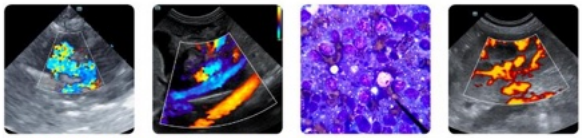

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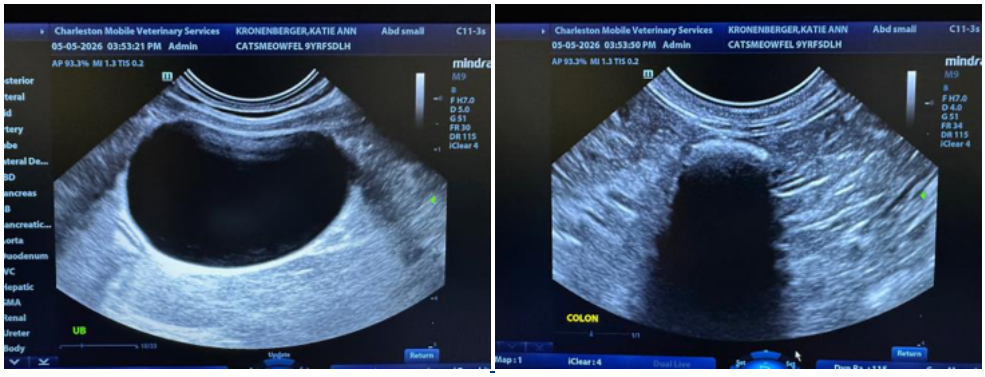

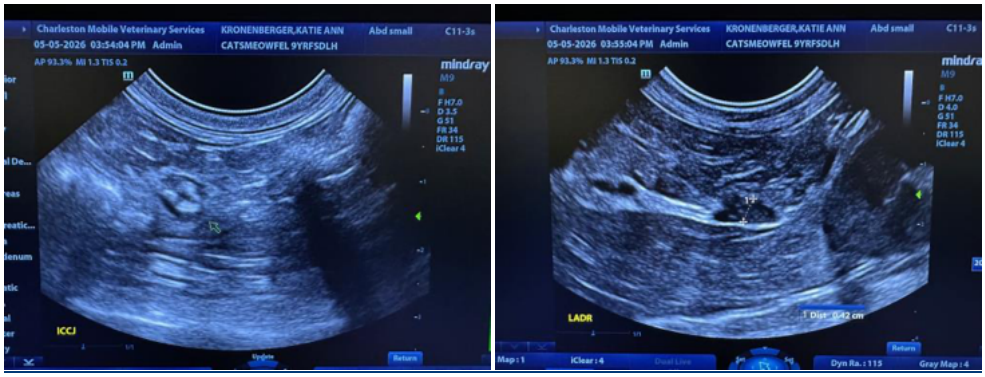

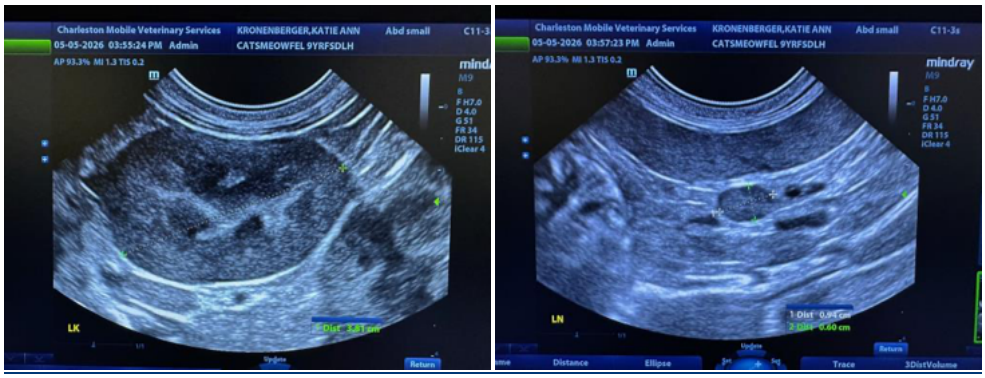

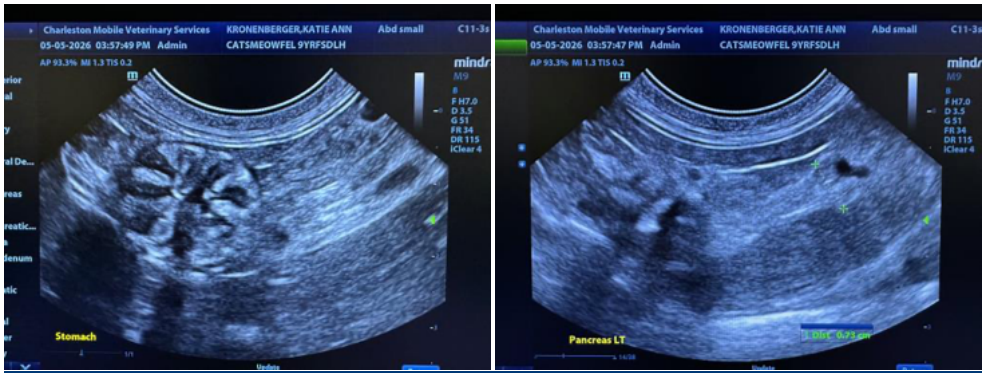

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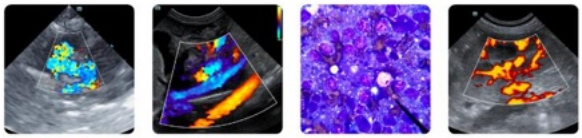

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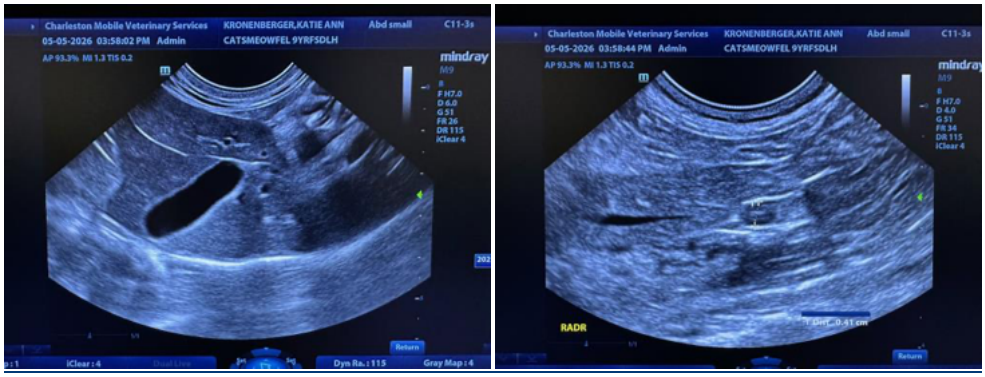

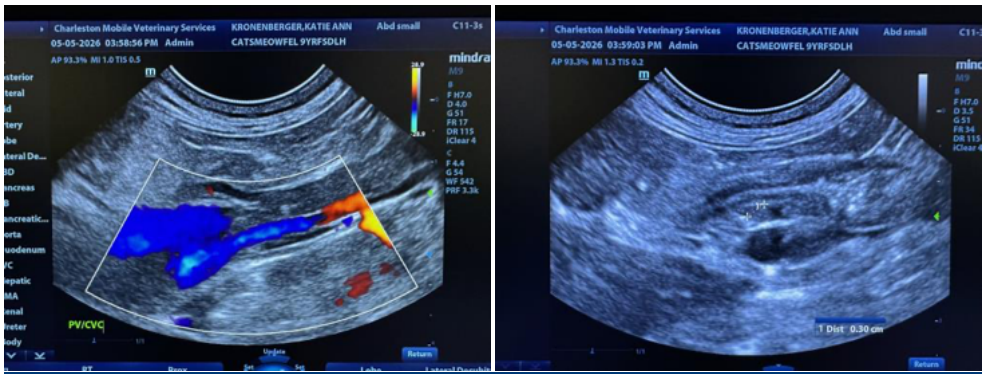

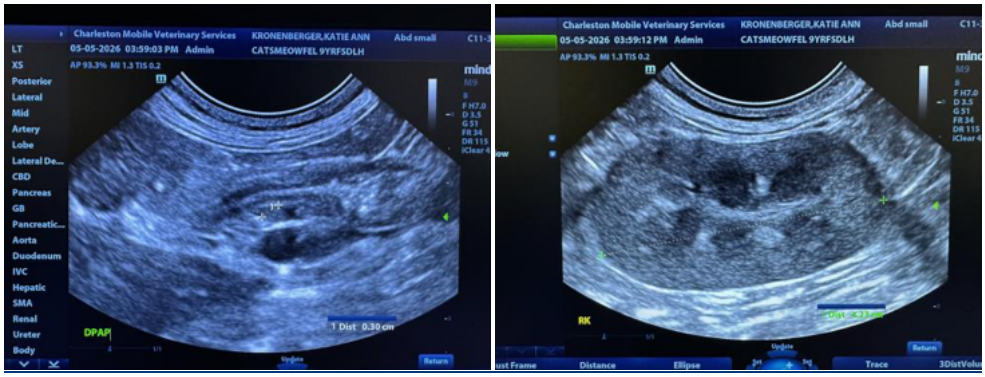

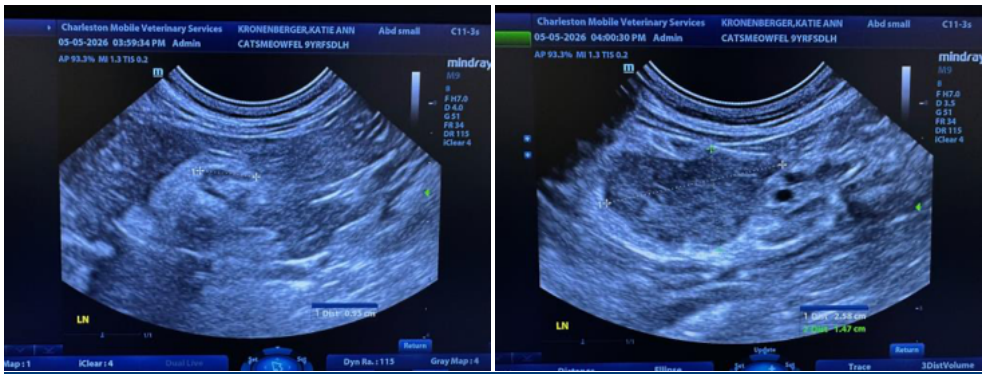

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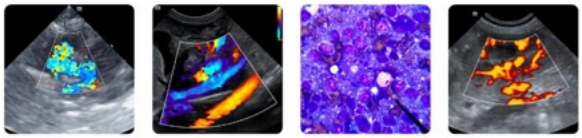

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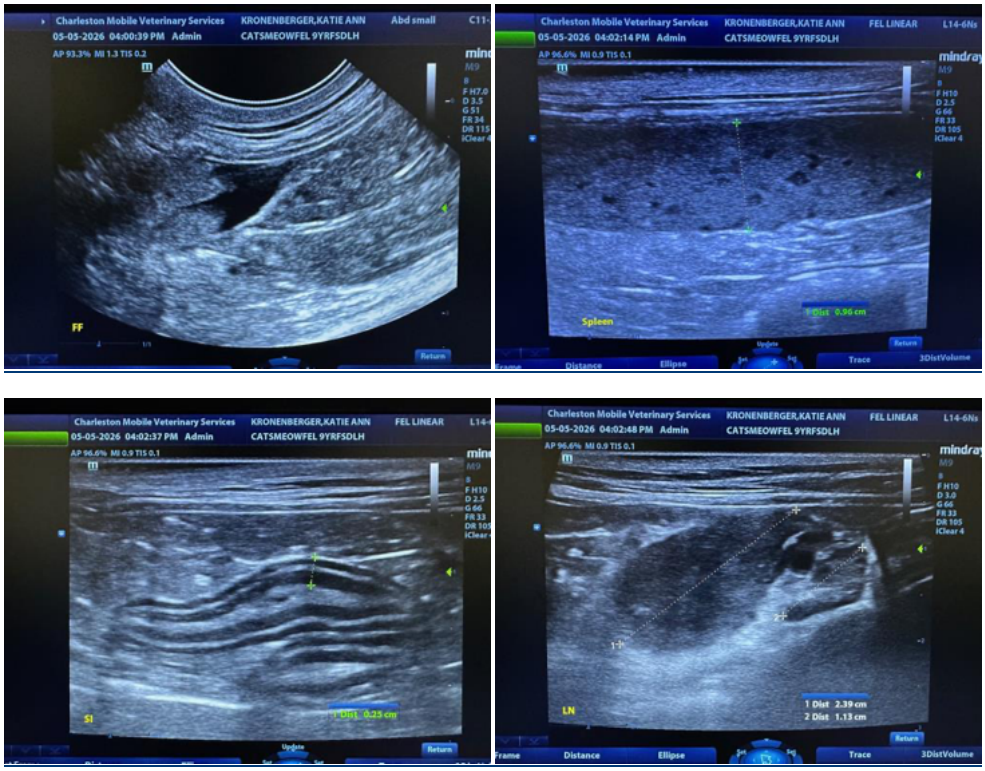

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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