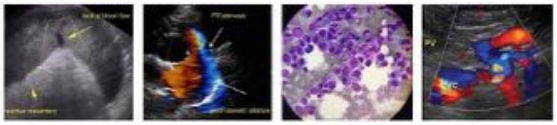


PATIENT

Tonka Lockston

SPECIES

Feline

BREED

Bengal

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

3.6 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Morris

DATE

10/26/22

PRESENTING CLINICAL SIGNS

History: -Dental procedure performed at Animal Dental Care Guelph on October 20/22. 5 teeth extracted. -O brought in to MSAH on October 25 as not doing well since procedure, not eating or drinking much, vomiting, diarrhea, noticeable weight loss. O stopped giving prescribed antibiotics on October 22 as thought was cause of vomiting. -Upon exam a grade IV/VI systolic murmur was noted, Left>Right. M2 skin tent, MM pink and moist. A large cental abdominal mass was palpated, approx 5cm x 4cm x 3cm, feels "lumpy", possible kidney. Thick intestinal loops. -Radiographs performed, recommended stat ultrasound -Givem 100mLs SQ LRS meds: onsior, gabapentin
Abnormal PE/Chem/CBC/UA Results: rads: -Thickened intestinal loops. Central mass noted, possible kidney. CBC chem/T4 WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.54 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.

The right 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 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 (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

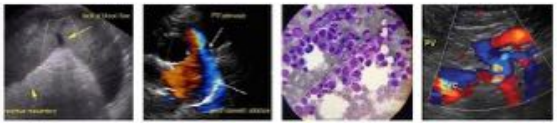
Spleen

The spleen is normal in size (0.74 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 moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.42 cm). There is questionable loss of the normal layering pattern in some segments. There is disruption in the normal 1:3 muscularis: mucosal ration with a >1:1 ratio in some regions. The ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is observed.

The mesentery throughout the mid-abdominal region is hyperechoic.

An ill-defined, hypoechoic mass effect (approximately 4 cm in length) appears to be infiltrating the lymph nodes at the mesenteric root. Surrounding mesentery is hyperechoic. In addition, 2 prominent lymph nodes are observed in the left cranial quadrant, the largest measuring 0.65 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The mass effect at the mesenteric root lymph nodes is most concerning for infiltrative neoplasia. Lymphoma is the top differential. However, a severe inflammatory process (i.e., pyogranulomatous) cannot be completely excluded. Adjacent peritonitis is present.
- Diffuse bowel wall changes are most consistent with emerging lymphoma. However, severe inflammatory bowel disease is also possible.

Secondary Findings:

- Minor bilateral, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirate of the mass effect at the mesenteric root is recommended (if clotting status is appropriate). If cytology results are inconclusive, additional diagnostics (i.e., flow cytometry, PARR or surgical biopsies of the abdominal lymph nodes and bowel) may be necessary to get a definitive diagnosis.
- Other diagnostic considerations include the following:
    1. Three-view thoracic radiographs.
    2. Malabsorption panel including serum cobalamin, folate, TLI and PLI.

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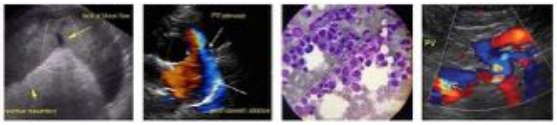

THE FOCAL ZONE
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289-808-2608 infoethefocalzone.com

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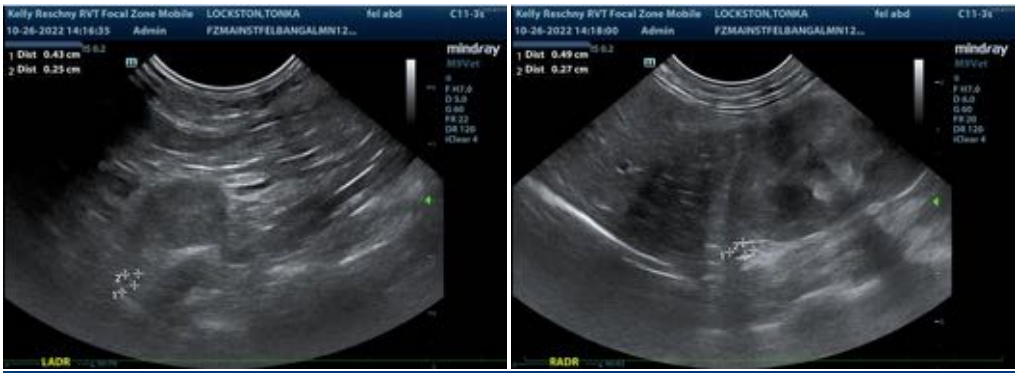

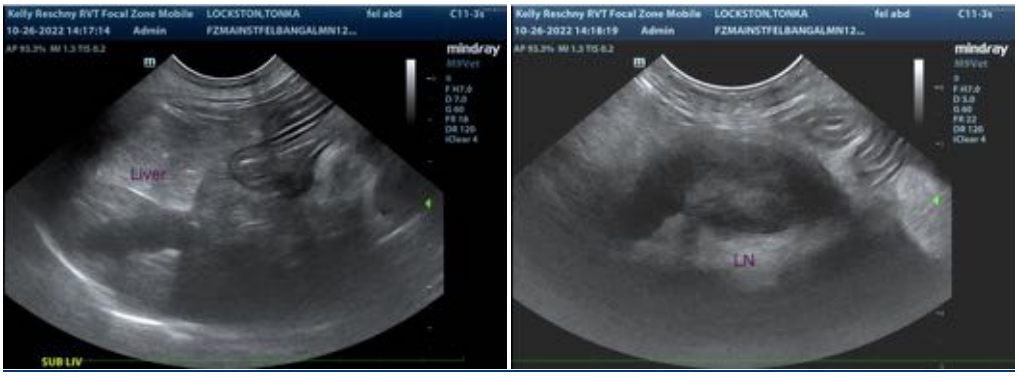

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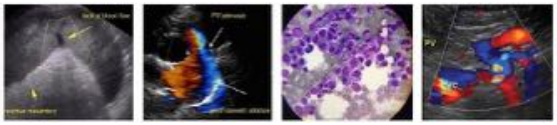

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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