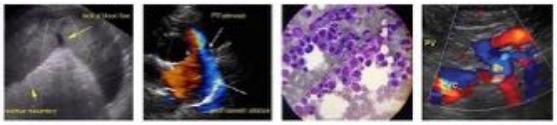


PATIENT

Dione Miller

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

17 Yrs.

WEIGHT

2.7 kg..

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Chippewa AH

REFERRING VET

Dr. Dowell

DATE

2/28/22

PRESENTING CLINICAL SIGNS

History: Has been on Mirtazipine and subcu fluids weekly. Losing weight has lost 2kg over the last few years. Has been dehydrated when in for examination, slightly depressed and not eating well. Seemed quite uncomfortable when scanning over kidneys.
Abnormal PE/Chem/CBC/UA Results: U/A july 2021 - Sp grav- 1.017, pH 6.5/. Blood pressure at that time 22/156 MAP 177 with HR 147. Urine Protein/Creatinine ratio 11/04/21 - showed proteinuria maybe pre or post renal. Bloodwork 2/17/22 - decreased Hg, MCV, MCH, Retics, ALT and elevated WBCs, neuts, albumin. SDMA high normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is normal in thickness. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is borderline small in size (3.04 cm in length) with an irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. There is a suspected cortical infarct at the caudolateral aspect. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.40 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

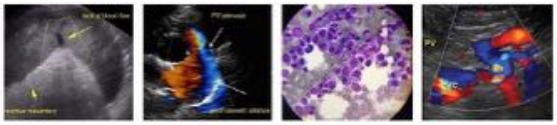
The spleen is normal in size (0.64 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, the parenchyma appears diffusely mottled. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is mildly distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. In the cranial abdomen, a greater than 4 cm segment of bowel is thickened (up to 0.46 cm) and irregular with loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. The wall also appears heterogeneous in this region.



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Shadowing luminal contents are visualized. In the remainder of the bowel, the wall is normal in thickness with a normal layering pattern and appropriate mural detail.

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

There is no obvious evidence of free fluid. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 0.95 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel mass in the cranial abdomen. Neoplasia (i.e., lymphoma, adenocarcinoma, leiomyosarcoma, leiomyoma) is suspected with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.

Secondary Findings:

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bilateral degenerative renal changes. A suspected left cortical infarct.
- The splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or emerging neoplasia.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the bowel mass is recommended (if clotting status is appropriate). If cytology results are inconclusive and there is no evidence of pulmonary metastatic disease, surgical biopsy could be considered to get a definitive diagnosis.
- A GI panel (send to Texas A&M) is also recommended.

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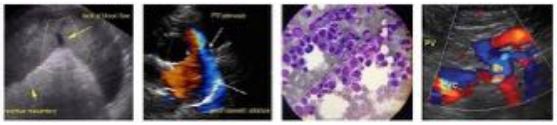

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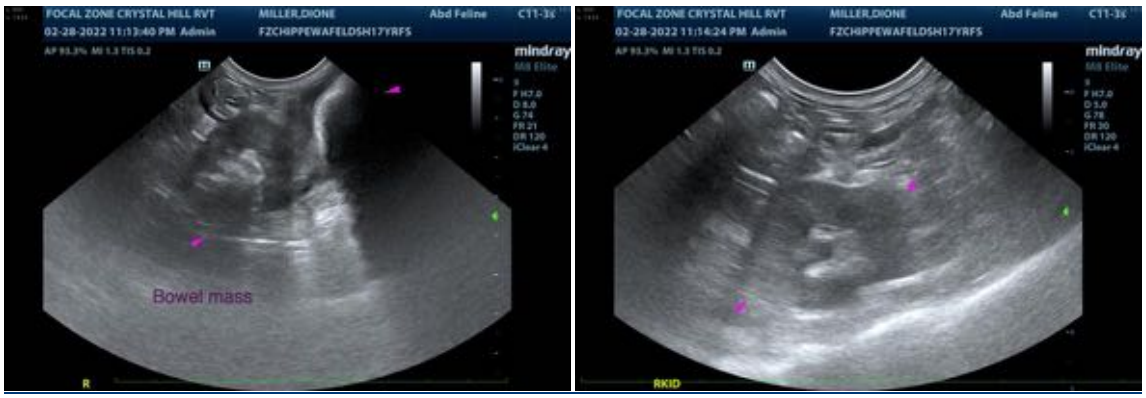

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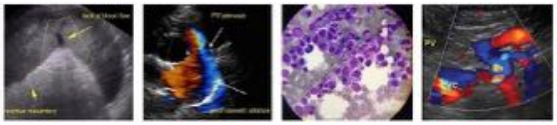

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

Andrea.nicastro@sonopath.com