SonoPath
Clinical Sonography & Telecytology
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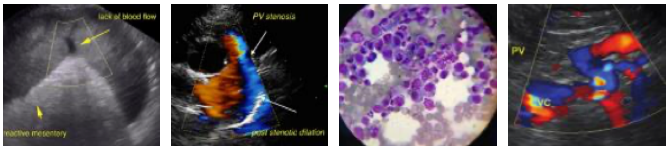


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Marky Borkowski

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
15.5 Yrs.

WEIGHT
9.8 lbs.

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

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. Hartwick

INVOICE
13491

DATE
7/5/22

PRESENTING CLINICAL SIGNS

History: Concern for re-emerging GI lymphoma, on Lactulose 1 ml TID and prednisolone. Diagnosed with two types of lymphoma in April 2021 - on palliative therapy following resection of intestinal mass. Current meds: Pepcid IV 1mg/kg, Cefazolin 22 mgs/kg IV TID, prednisolone and lactulose. Abnormal PE/Chem/CBC/UA Results: 7/3: WBC 36.58, neutrophilia, lymphocytosis, BUN 38, glob. 5.6.

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 moderately distended. A scant amount of echogenic debris is observe 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.

The left kidney is normal size (3.24 cm in length) with an irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

The right kidney is normal size (3.59 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is 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. The mesentery surrounding the kidney is hyperechoic.

Adrenal Glands

The left adrenal gland is normal in size (0.35 cm cranial; 0.28 cm caudal; 0.91 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.74 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

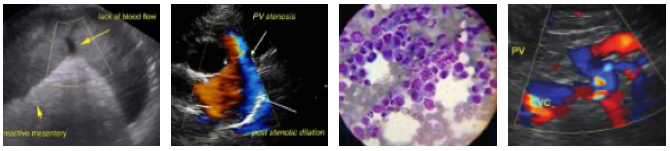
Spleen

The spleen is not definitively identified. It is unknown if a splenectomy was performed at the time of the previous surgery.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. 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 mildly distended. The wall is normal in thickness. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measures approximately 0.26 cm in diameter and can be followed to the level of the duodenal papilla, which is prominent in size (0.51 cm in width).

Gastrointestinal



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The gastric lumen is distended with ingesta, consistent with a post prandial presentation. 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 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 ileocecocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. Several prominent mesenteric and colic lymph nodes are visualized, the largest measuring 1.12 cm in length. The nodes are normal in shape and echogenicity. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis. There is evidence of cranial retroperitonitis, which may be secondary to inflammatory/infectious disease.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the renal changes, consider a urine culture and sensitivity +/- fine needle aspirate of the kidneys (if clotting status and blood pressure are normal).
- Also consider a fine needle aspirate of one of the prominent mesenteric lymph nodes, if accessible and if clotting status is appropriate.
- Thoracic radiographs should also be considered to assess for occult infection and/or neoplasia in the chest.
- Depending on the patient's clinical signs, a malabsorption panel including serum cobalamin, folate, TLI and PLI should also be considered.
- Given the CBC changes, consider a clinical pathology review.

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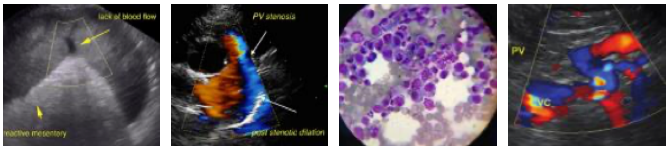

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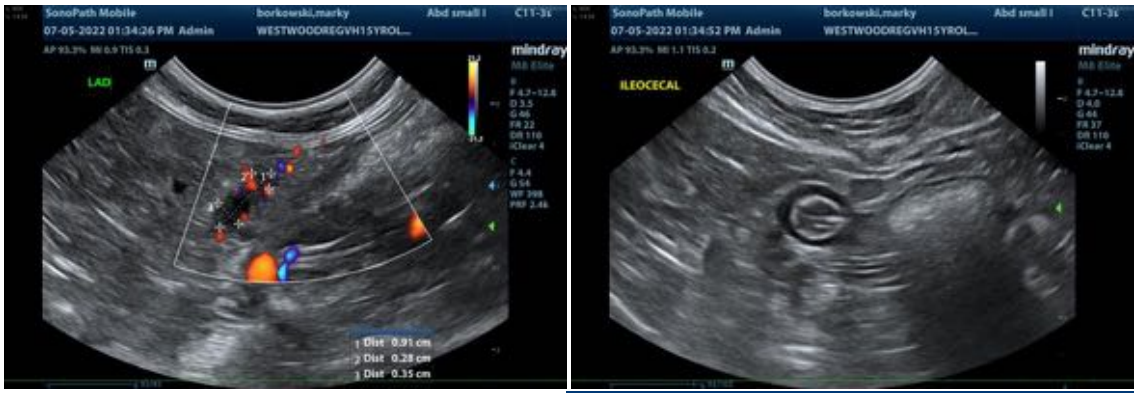

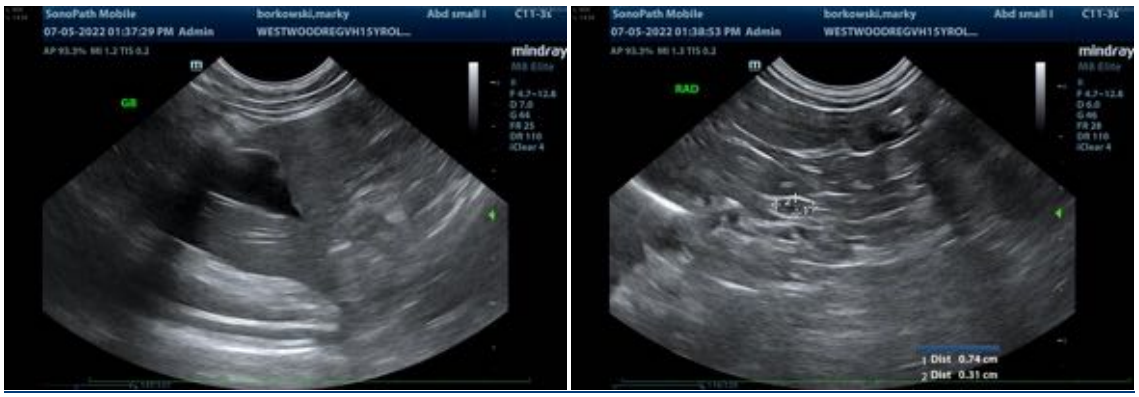

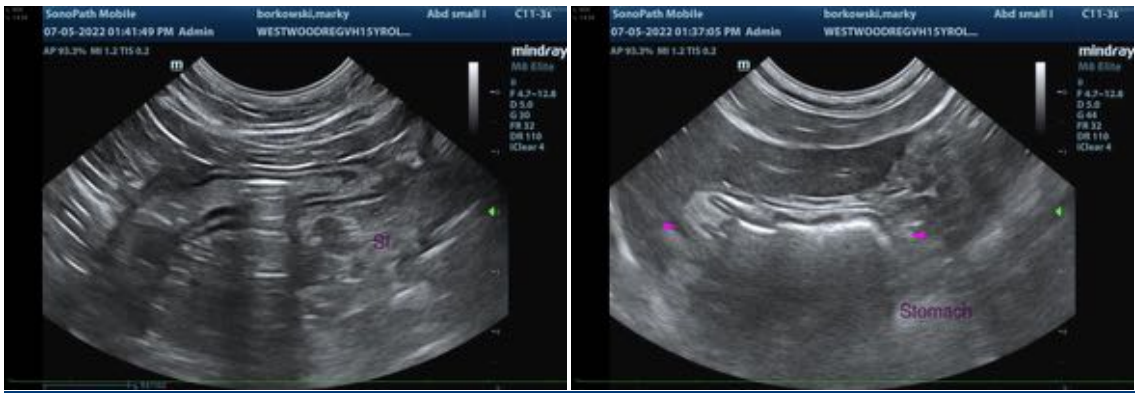

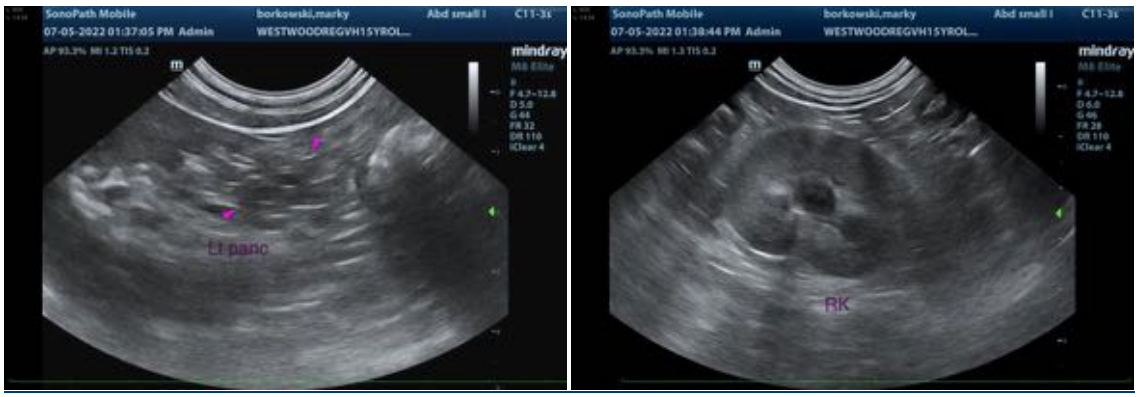

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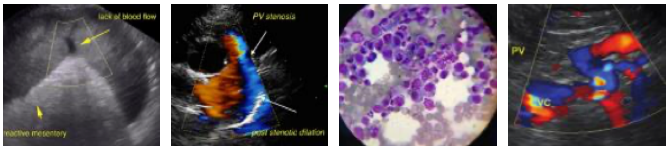

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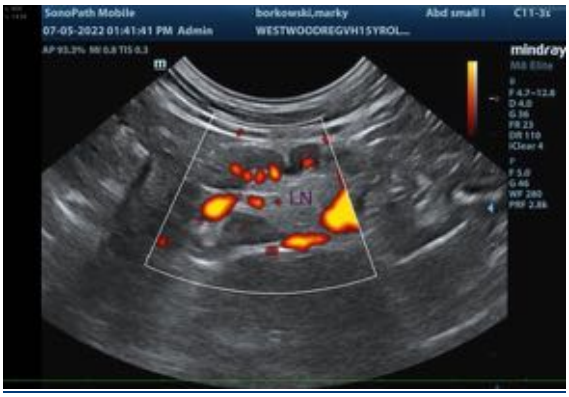

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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