



PATIENT PRESENTING CLINICAL SIGNS

Sugar Liang

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.66 kg

*Abnormal: able to palpate firm mass palpable possibly large spleen in the left cranial abdomen; no pain on palpation. *Malaise, lethargy, generalized lymphadenopathy, enlarged spleen, visceral lymphadenopathy. *Blood work CBC low WBC, neutrophils, lymphocytes, eosinophils. *Chemistry elevated ALT, mild elevation of Lipase, rest of the blood work wnl. *Radiographs Thorax smaller than normal cardiac silhouette with bronchial pattern. *Abdomen good serosal detail stomach and intestines wnl; enlarged spleen with obvious mesenteric lymph nodes; Colon small amount of fecal matter; small bladder noticed. *Collected FNA of submandibular and popliteal lymph nodes could see slightly marked occasional lymphocytes; RCB TNTC

Current Medications: Dispensed as on April 27: Prednisolone, mirtazapine, clavaseptin, famotidine

Abnormal PE/Chem/CBC/UA Results: Blood work CBC low WBC,neutrophils,lymphocytes,eosinophils *Chemistry elevated ALT, mild elevation of Lipase, rest of the blood work wnl *collected FNA of submandibular and popliteal lymph nodes could see slightly marked occasional lymphocytes; RCB TNTC Radiographic Findings *Abdomen good serosal detail stomach and intestines wnl ;enlarged spleen with obvious mesenteric lymph nodes ; Colon small amount of fecal matter ;small bladder noticed *Radiographs Thorax smaller than normal cardiac silhouette with bronchial pattern Primary Question to Be Answered in This Exam Organ involvement of tumor. Would like to review abdomen, spleen and lymf nodes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney is small/normal in size, measuring 3.67 cm. The right kidney is normal in size, measuring 4.11 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.41 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.45 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size (1.6 cm) with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. No discrete sizable focal nodules or masses are observed. Splenic vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Waterloo West AH

REFERRING VET

Dr. Makapatti

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PATIENT

Liver

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Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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Gastrointestinal

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The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted. Normal ingesta and gas cannot be definitively ruled out and should be considered especially without adequate fasting prior to the ultrasound.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

IMAGING PERFORMED BY

Amanda Stewart

Free Abdomen

There's a trace amount of free fluid.

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The lymph node is enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

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- Diffusely aggressive lymphadenopathy – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

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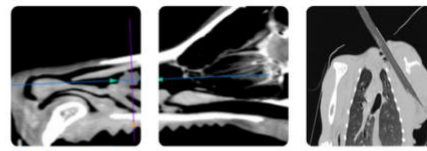
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- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

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- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.



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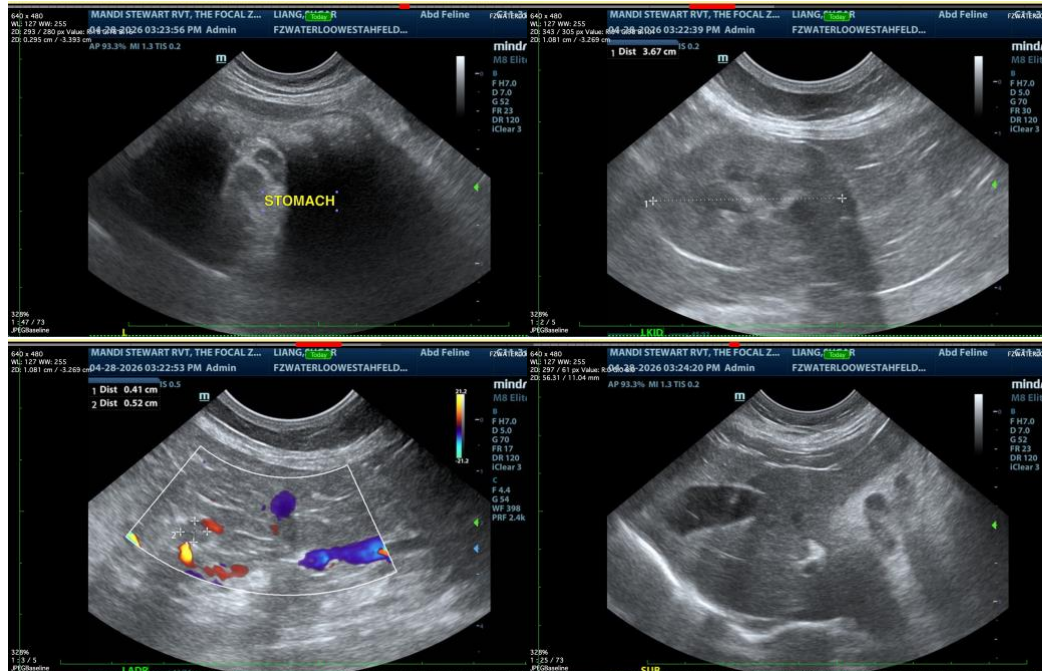
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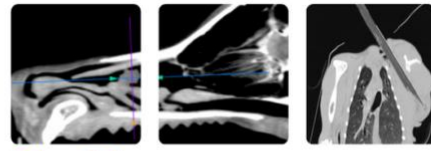
- Trace/scant Free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.
- Mild chronic kidney disease changes bilaterally.
- Gastric contents could represent normal ingesta/gas, or foreign material can't be ruled out, therefore, this finding should be interpreted in combination with patient's last meal, as well as potentially recheck imaging following an additional 12 - 24 hours of fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the concurrent lymph node, spleen, and liver changes, combined with the peripheral physical exam changes reported, infiltrative round cell neoplasia, such as lymphoma, is the top differential. Therefore, tissue sampling is recommended. If the pending cytologies don't yield a diagnosis, and/or if further staging is elected, fine needle aspirates of the spleen, liver, and enlarged intraabdominal lymph nodes can all be considered if patient's coagulation status is appropriate.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.





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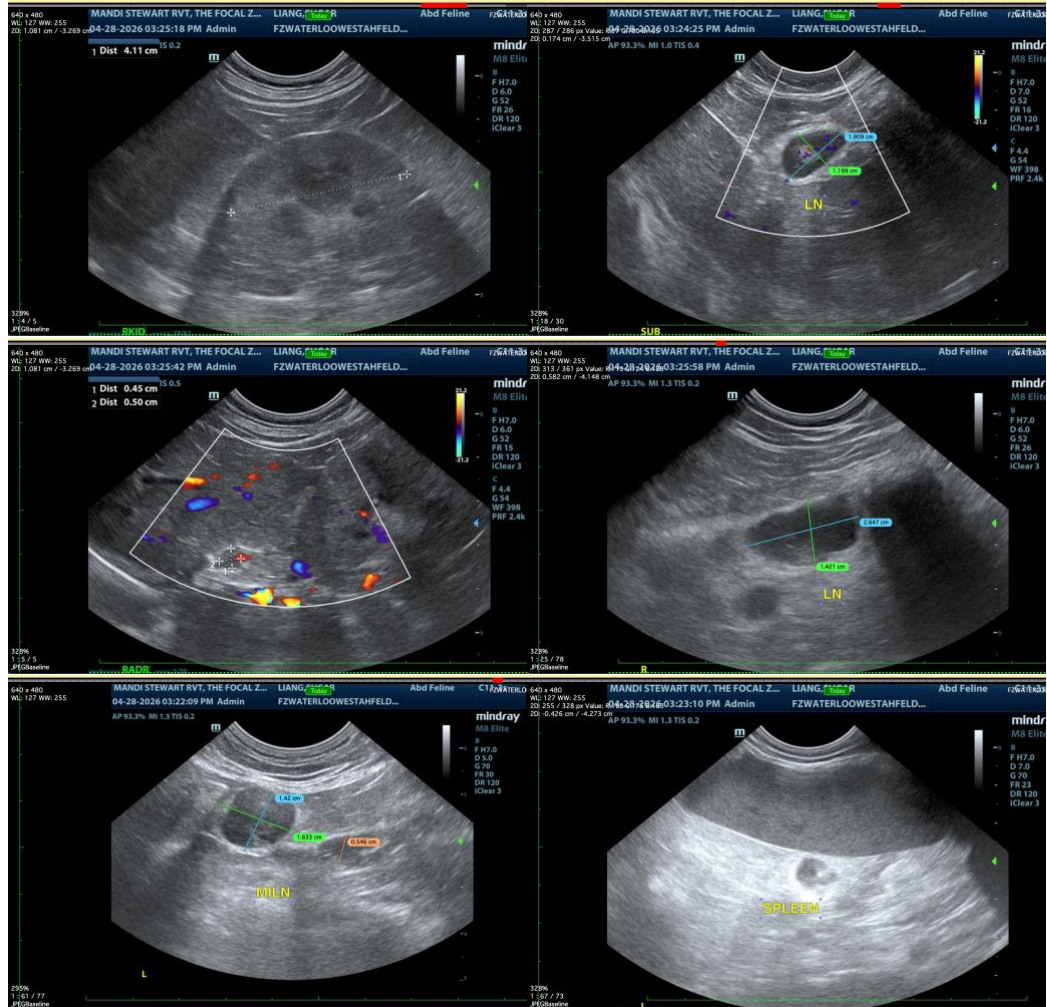
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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