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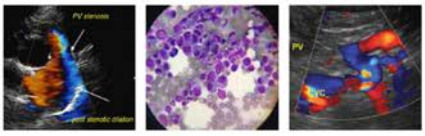

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PATIENT
Socks Lambert

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
12 Years

WEIGHT
11.32 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Cat Care of Rochester Hills

INVOICE
40022

DATE
8/1/22

PRESENTING CLINICAL SIGNS

Presented 6-17-22 for yearly PE but down in weight 2.78# Mild lethargy
Abnormal PE/Chem/CBC/UA Results: Exam findings and abnormal lab values: 6-17-22: BP 126 mmHg Treated with Convenia and B12 while awaiting results of blood work RBC 3.27 (L)- was 10.3, 10.17 HCT 20% (L)- was 51.4, 47.7 Hgb 6.4 (L)- was 16.4 MCV 61 (H)- was 50, 47 MCH 19.6 (H)- was 15.9, 15.4 Retics 46 (grey zone)- was 21. 20 Retic Hgb 23.3 (H)- was 17.3, 17.4 WBC 23,100 (H)- was 9200; 9400 Lymphs 12,243 (H)- was 4683; 3779 Monos 1617 (H)- was 101, 216 Rule-out inflammation, neoplasia (lymphoma??), FeLV/FIV SDMA 19 (H)- was 9, 7 BUN and creat within normal limits. AST/ALT/ALP/GGT within normal limits. Total Bili 0.4 (H)- was 0.1 Unconj bili 0.3 (H) Rule-out hemolysis????? PLI 1.2 within normal limits. T4 1.9 within normal limits. 6-27-22: UA: USG 1.029, pH 6.0; cysto sample with some iatrogenic hematuria Feline Triple Test- FIV, HW neg; FeLV faint positive (FeLV IFA on blood was negative) Mycoplasma PCR neg Treated with Convenia and B12 while awaiting results (since his energy level had improved) 7-20: Repeat geriatric panel- CBC stable (overall WBCs are slightly lower, but lymphs are slightly higher) bilirubin returned to normal Flow cytometry came back as reactive lymphocytosis Will be taking full body rads today **Please see attached labs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.26 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.02 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.49 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. Multifocal nodules of mixed echogenicity, primarily hyperechoic in echogenicity but containing multiple cysts of varying size, are noted. Visible vasculature and biliary tree appear normal without distension or congestion.

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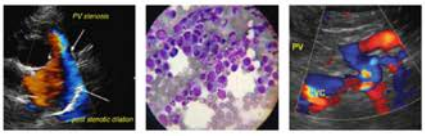

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct are tortuous, non-pathologically dilated. This is a common benign incidental aging change.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

In the mid caudal abdomen, near the root of the mesentery, there is a 2.0 cm x 4.0 cm heterogeneous vascular structure most consistent with an enlarged lymph node. Bowel mass versus other can't be definitively ruled out, but is less likely.

PRIMARY FINDINGS

- **Aggressive lymph node near the root of the mesentery –** most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- **Hypersplenism –** 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.
- **Hyperechoic hepatomegaly** – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- **Feline biliary cystadenoma –** In a senior cat, this liver lesion is most consistent with a/multiple benign biliary cystadenoma(s). Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.

SECONDARY FINDINGS

- Age related incidental bile duct tortuosity

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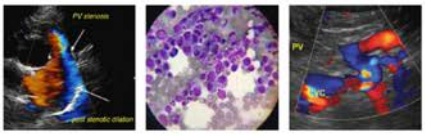

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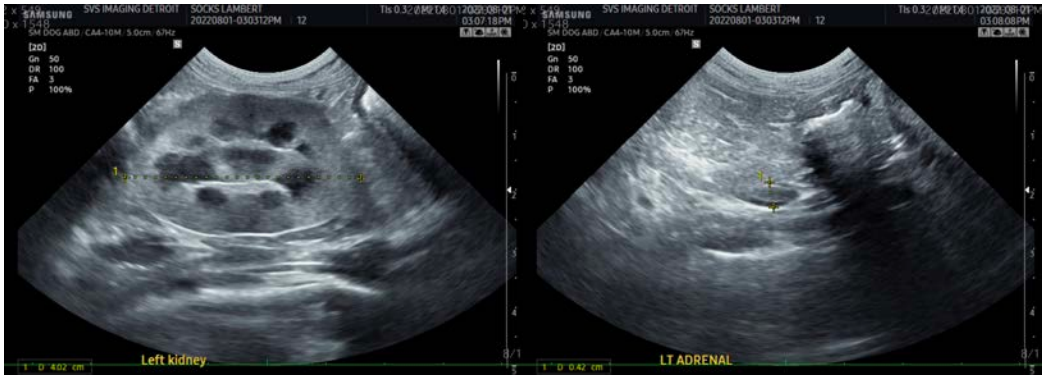
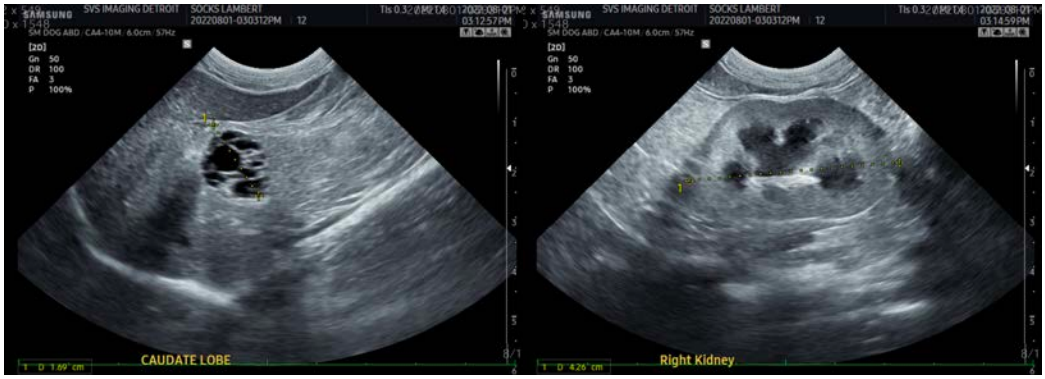
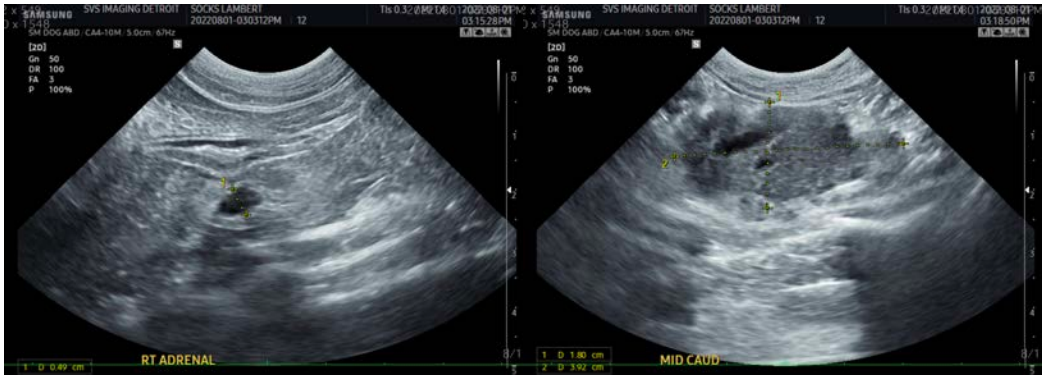
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fine needle aspirate of the spleen as well as the enlarged lymph node if patient's coagulation status is appropriate.

If a diagnosis of round cell neoplasia such as lymphoma is not diagnosed cytologically, further workup of comprehensive infectious disease could be considered, or ultimately bone marrow cytology, if necessary to obtain a diagnosis.







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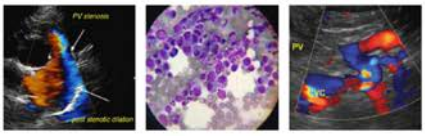

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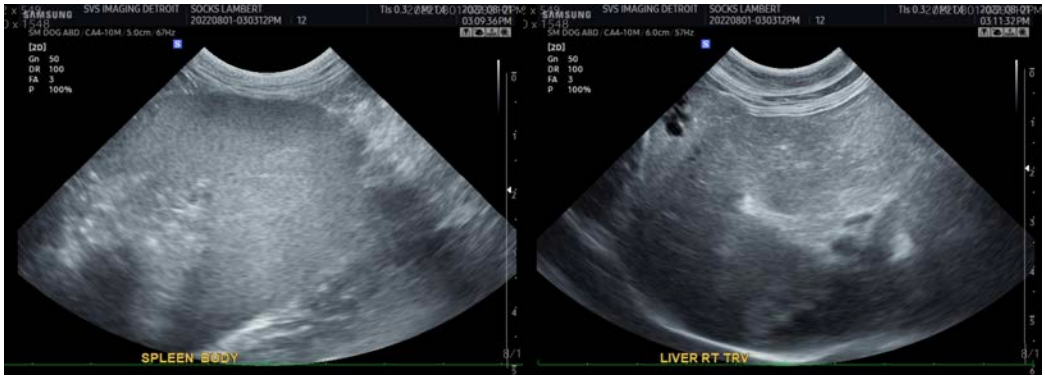

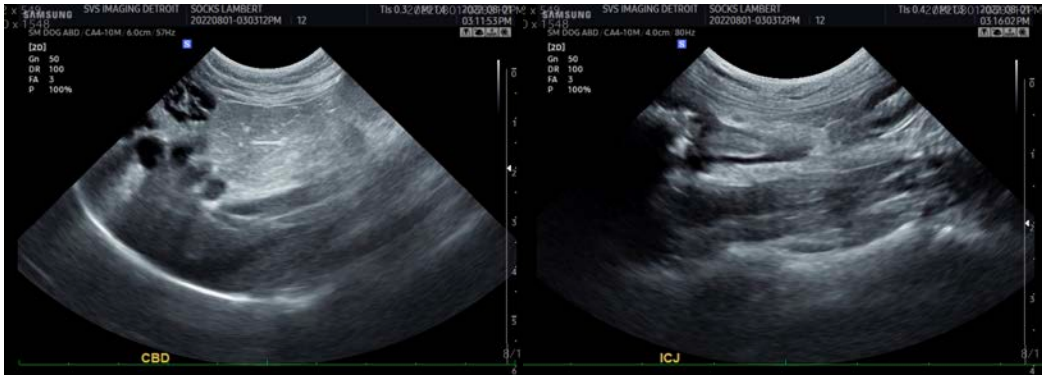

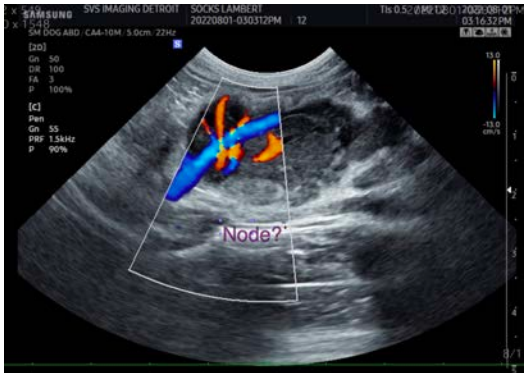

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com