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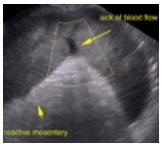
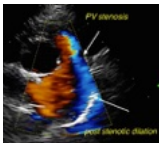
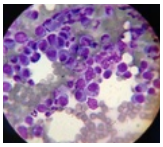
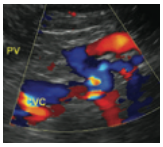
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**
Yoda Parks

**SPECIES**
Feline

**BREED**
Sphynx

**SEX**
Intact Male

**AGE**
3 yr

**WEIGHT**
4.4 kg

**INTERPRETED BY**
Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**
Erin Wicks

**HOSPITAL NAME**
Shores Veterinary Emgergency Center

**REFERRING VET**
Dr. Moser

**INVOICE**
10390

**DATE**
8/9/2023

## PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting, hiding, not eating, not drinking, lethargy, loss of balance, disoriented, and spasming in litter pan. Patient has been sick off and on since March. At that time, he had enlarged lymph nodes; all testing was WNL. He has been vomiting off and on for 2-3 weeks. Last week, patient had green liquid diarrhea. He was seen by the rDVM and started on metronidazole and centrine. He seemed to be improving but became ill again in the last 24 hours. He has not been eating or drinking and is lethargic and hiding. Owner saw him lose his balance today and he seemed disoriented. This evening, owner said he felt very hot. Owner saw him in his litter pan and he looked like his abdomen was spasming, but owner is unsure if he was trying to urinate or defecate. Owners also have a turtle and are concerned that Yoda may have drank water from the tank. Previous Health Concerns: Enlarged lymph nodes, diarrhea Current Medications: Metronidazole 50 mg, Centrine 0.2 mg.

Abnormal PE/Chem/CBC/UA Results:  Temp: 103.6 Cbc: 2.51 (low neuts and lymp) Chem: bun elevated 78 TP 8.5 albumin 2.8 glob 5.7 ratio: 0.49 Epoc: bun 74 Felv/fiv negative Rads: thickened stomach lining; empty sm; ingesta in ascending colon (plastic /hair, food) gas in descending colon.

## 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.

Kidneys are large in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. 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 measures 5.25 cm. The right kidney measures 5.02 cm.

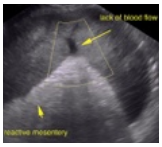
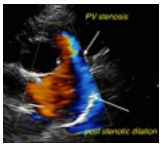
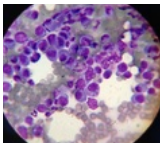
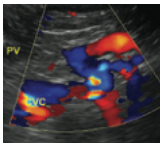
### *Adrenal Glands*
The area of the right adrenal gland is examined without evident adrenal gland pathology.

The left adrenal gland is normal in size (0.5 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

### *Spleen*
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Along the head of the spleen there is a homogenous isoechoic nodule that measures 1 cm x 1.6 cm in size and results in a mild capsular bulge. Splenic vasculature appears normal.

### *Liver*
Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The 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*
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 or foreign material. 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 or foreign material.

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.

Diffuse, lymph nodes are 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. The medial iliac, mesenteric, and cranial abdominal/hepatic nodes are all enlarged.

## ULTRASONOGRAPHIC FINDINGS

- **Feline renomegaly –** These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis, or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out but is less common in an enlarged kidney.

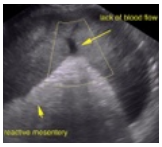
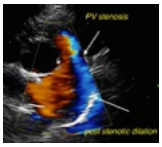
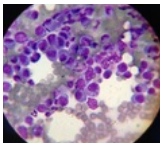
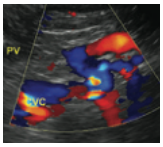
- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

- The splenic nodule/bulge at the head of the spleen is similarly concerning for infiltrative disease including possibly round cell neoplasia vs. infectious disease vs. other. Having said that a benign lesion extramedullary hematopoiesis, etc. cannot be ruled out without tissue sampling.

- **Aggressive diffuse lymphadenopathy –** most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of changes described above is concerning for infiltrative disease with lymphoma or an infectious disease such as FIP being top differentials especially given the concurrent hyperglobulinemia. Recommendations include fine needle aspirates of the liver, spleen, lymph nodes,

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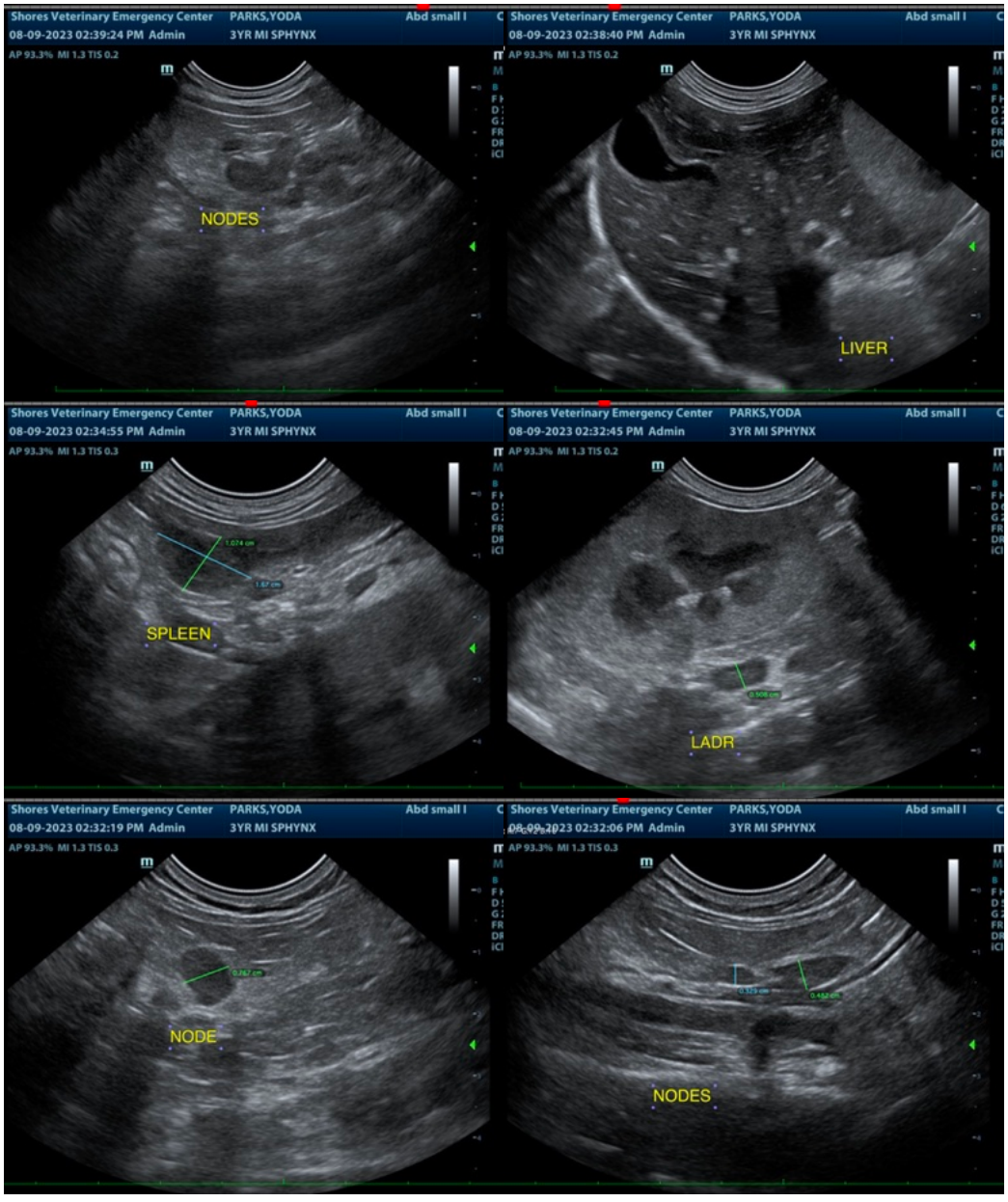
+/- kidneys if patients coagulation status is appropriate. Pending cytology results comprehensive infectious disease testing including FIP could be consider if lymphoma is not diagnosed.

Given this patient concurrent neurologic signs/ataxia CNS evaluation and potentially CSF fluid sampling could also be considered.



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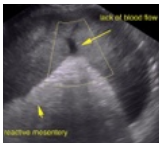
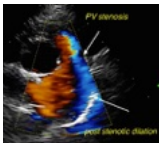
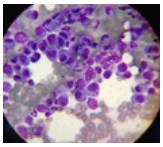
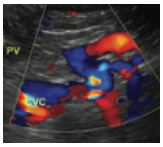

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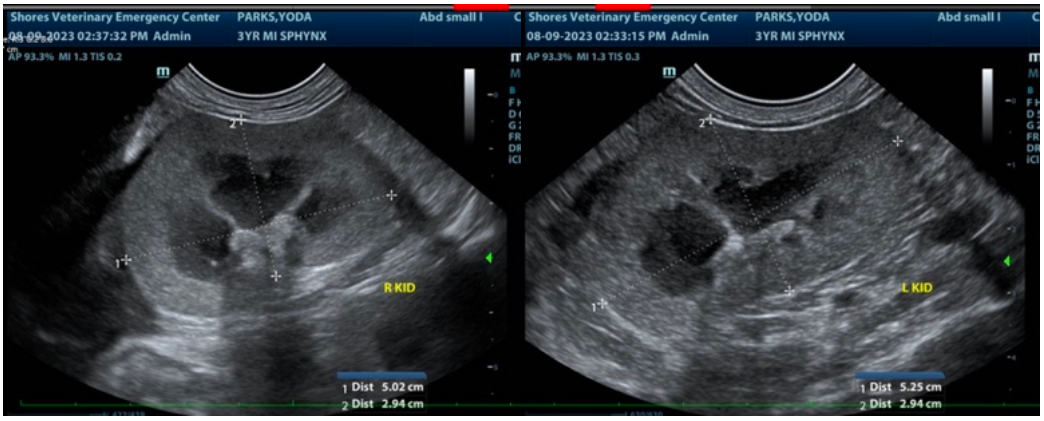


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
info@sonopath.com