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Clinical Sonography & Telecytology
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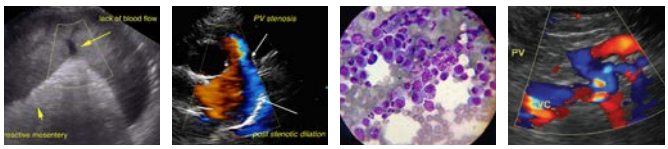

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Vinci Galeano

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
7 Years

WEIGHT
10 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jose

HOSPITAL NAME
AC of Queens

REFERRING VET
Dr. Caporale

INVOICE
33739

DATE
12/27/21

PRESENTING CLINICAL SIGNS

Hx of UTI, TX with Convenia. losing weight, no eating, active lethargic a home.
Abnormal PE/Chem/CBC/UA Results: 12/27/21 mid abdomen mass palpated ~6 cm (cranial to urinary bladder) muscle waste. CBC: WBC: 65.3 High 3.5-16.0 RBC: 5.6 Low 5.92-9.93 Neutrophils: 10448 High 2500-8500 Lymphocytes: 653 Low 1200-8000 Monocytes: 653 High 0-600 Eosinophils: 53546 High 0-1000 CHEM: Bun: 10 Low 14-36 BG: 53 Low 64-170 T4: 1.9 WNL 0.8-4.0 UA: USG: 1.035 WNL 1.015-1.060 Protein: 1+ High Blood: 3+ High Rbc: 4-10 High 0-3 Ca Oxalate Crystal 0-1 Amorphous urate Crystal 2-3 Bacteria: None seen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented moderate degenerative changes with interstitial nephrosis pattern, corticomedullary and pelvic mineralization. The right kidney measured 3.5 cm. The left kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.0 cm.

Liver

The **liver** presented slight coarse architecture and minor increased portal markings. Mild excessive hypoechogenicity noted. The gallbladder was unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Regional inflammation noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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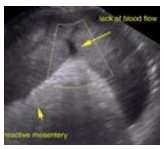
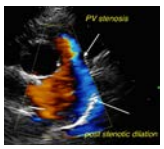
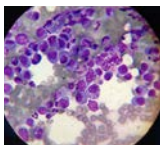
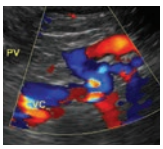

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Free Abdomen

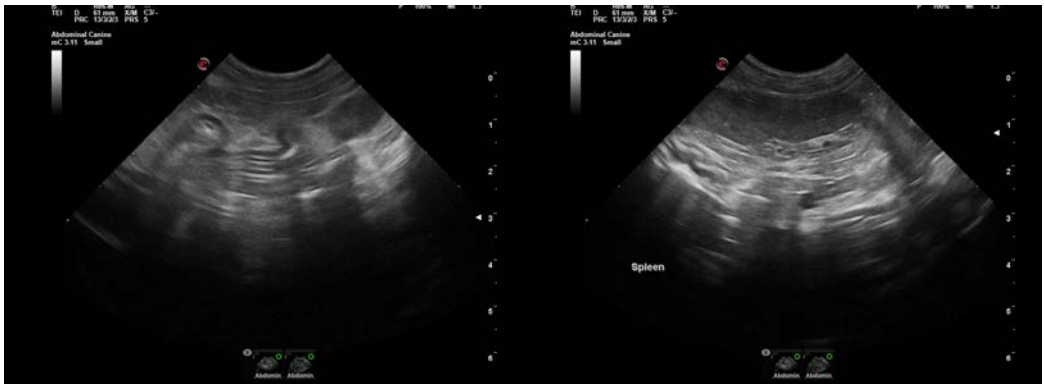
A 6.0 cm x 4.1 cm, hypoechoic, undifferentiated mass was noted in the mid abdomen, likely lymph origin. A separate enlarged lymph node measured 1.76 cm x 0.86 cm. A smaller lymph node mass adjacent to the mass was noted. Regional inflammation associated with the lymph nodes was noted.

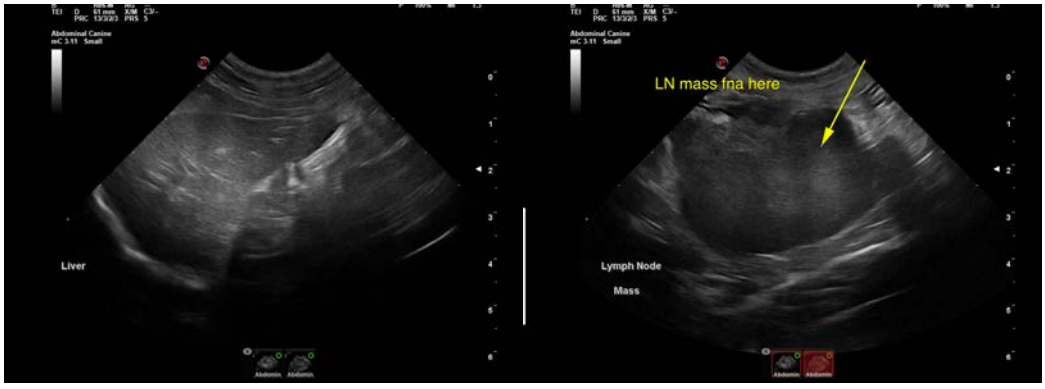
ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy/lymph node mass, other minor enlarged lymph nodes, possible early Splenohepatic involvement
- IBD GI pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the lymph node mass, spleen and liver all indicated for further definition. This is not a surgical presentation. Lymphoma likely. Other round cell neoplasia possible. Dry form FIP is a remote potential. Chest radiographs warranted to assess for concurrent thoracic disease.





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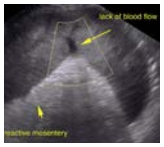
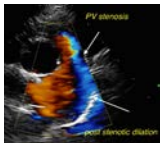
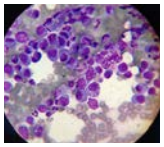
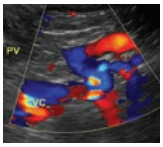

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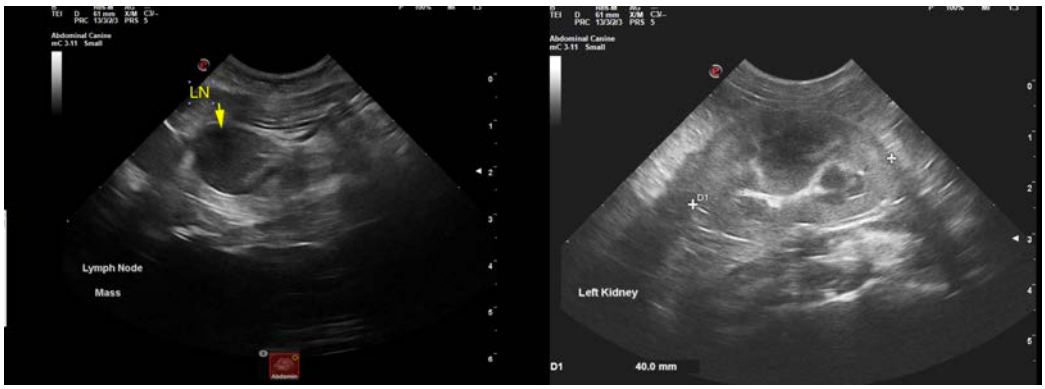

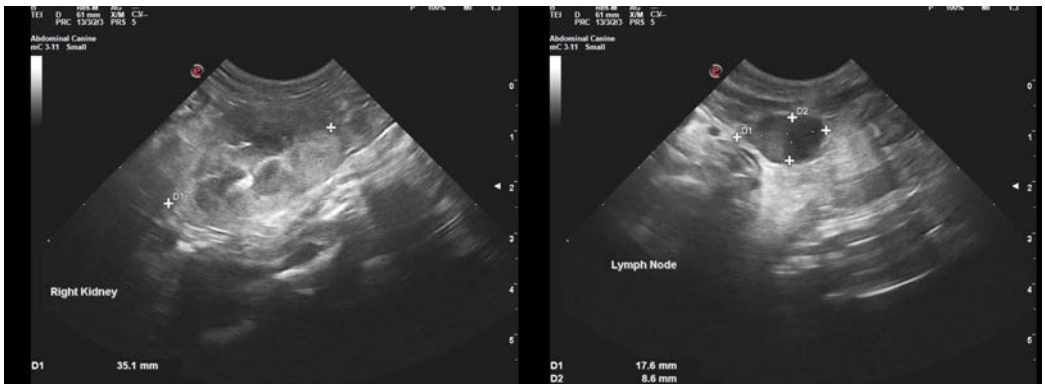

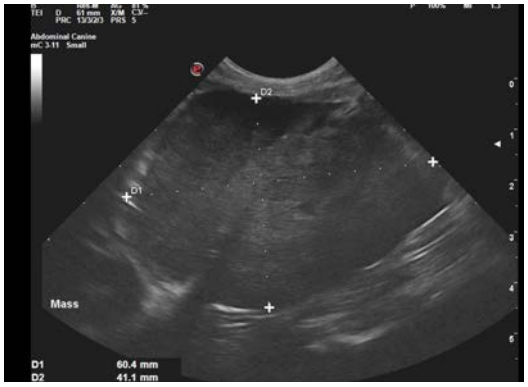

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com