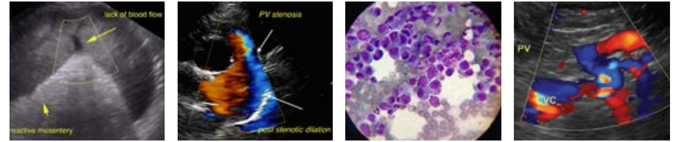
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

Midnight Snyder

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

2.3 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

39359

DATE

7/9/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for acute onset of not eating and losing weight. Previous Health Concerns: none Current Medications: none Appetite/When did they eat last: 2 days ago
Abnormal PE/Chem/CBC/UA Results: Abdominal: empty gassy bowel; gas distension in the stomach Genitourinary: enlarged kidneys Rads: gas in stomach, decreased detail in the abdomen; possible Bloodwork: T4 <0.50; CHEM: BUN 33.8; CRE 0.5; Ca 7.7; TP 10.6; GLOB 8.1; Tbili 0.8; Amy 1680; CBC: LYM 0.28; EOS 0.04; NEU% 89.1; LYM% 4.2; EOS% 0.6; RBC 1.96; HGB 3.6; HCT 10.1; MCH 18.2; PLT 58; MPV 16.6; EPOC: pO2 57.5; O2SAT 92.4; pCO2 22.9; pH 7.489; K+ 3.0; Ca++ 1.06; HCT 16 FELV/FIV neg UA: Pro 30+; PH 6.0;SG 1.040; Leuk 500+++; Ascorbic A 10; WBC 3-5; Casts hylane; Epi occasional

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 **kidneys** were swollen and irregular with thickened irregular cortices and loss of corticomedullary definition. Subcapsular halo noted, strongly suggestive for renal lymphoma. The left kidney measured 4.73 cm. The right kidney measured 5.34 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland meaursed 0.40 cm.

Spleen

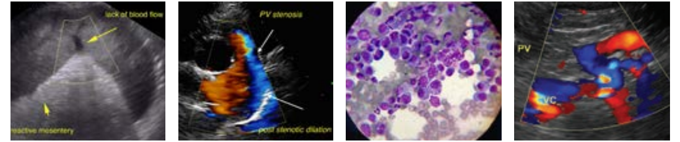
The **spleen** was mildly enlarged (8.0 mm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** was slightly swollen with minor increased portal markings. Slight irregular contour. The gallbladder and common bile duct were normal.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.



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Pancreas

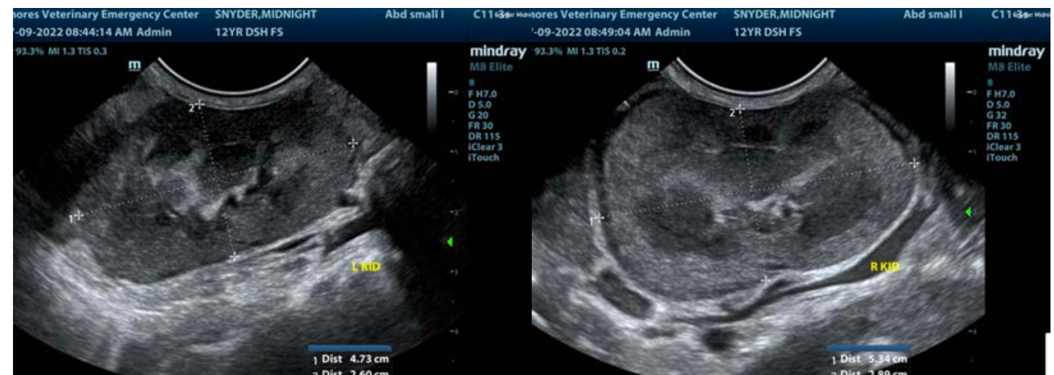
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

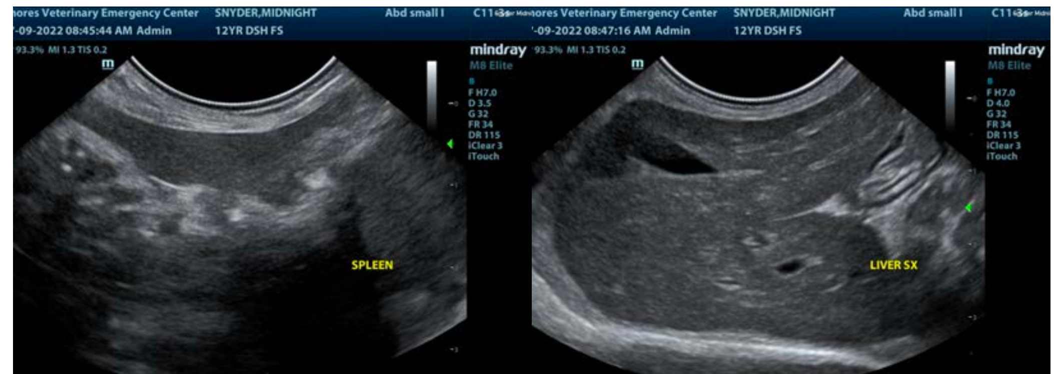
PRIMARY FINDINGS

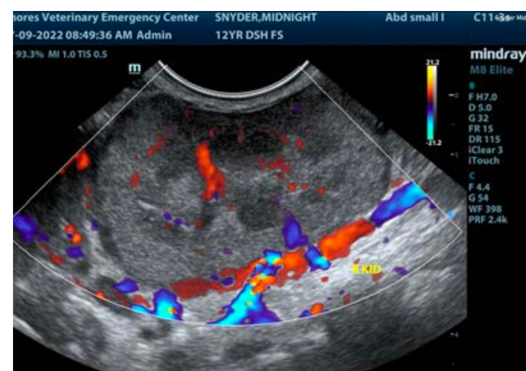
- Strong concern for renal lymphoma with potential early splenic involvement.

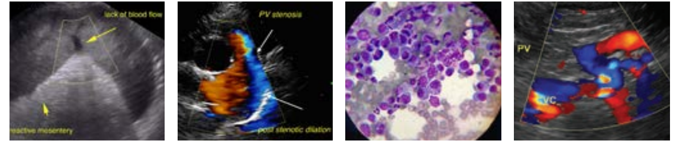
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel, blood transfusion, 25-gauge FNA warranted for confirmation. Given the anemia, bone marrow involvement likely. CBC path review, bone marrow aspirate and renal aspirates indicated.









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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.

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

info@SonoPath.com