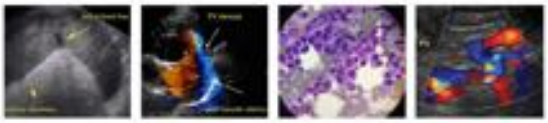


PATIENT

Jawa Eberly

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

11y

WEIGHT

10.94lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

DOCs Veterinary Hospital

REFERRING VET

Dr. J Chaney-Haebler

INVOICE

10174

DATE

4/11/23

PRESENTING CLINICAL SIGNS

O had p at Emergency approx 1 week ago. O said p had been vomiting. O said she was told p had a mass in the abdomen based on x-rays. O said p was started on prednisolone & p seems to be doing better. MEDS: Prednisolone 3mg/ml, 1.5ml by mouth every 12 hours.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses, or cystic calculi.

The left kidney has a normal shape and size (3.91 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.12 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.46 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

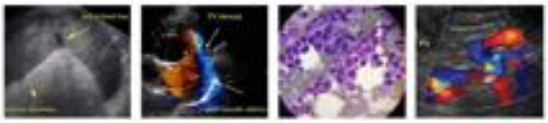
The spleen is borderline large in size measuring 1.0 cm in width at the level of the hilus, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hypoechoic and heterogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is a smooth mucosal surface, but slightly prominent/thickened and hyperechoic measuring 0.24 cm. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



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The stomach is dilated with a large amount of fluid and irregular shadowing material most consistent with ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum, and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured 0.22 cm in diameter and the jejunum measured 0.23 cm in diameter. Visualized peristalsis appears appropriate. The ileum appears particularly prominent measuring at 0.41 cm with intact wall layering.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

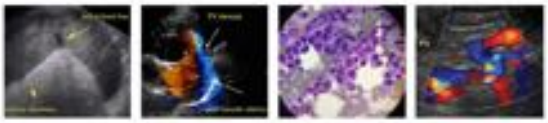
The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did reveal a small volume of free abdominal fluid. There is a severe mesenteric lymphadenopathy with large hypoechoic lymph nodes visualized measuring 1.98 cm and 2.05 cm in width. Additionally, there are enlarged lymph nodes surrounding the ileocecal junction. Examples of these measure 0.66 cm and 0.64 cm. The omentum is hyperechoic around the enlarged lymph nodes.

PRIMARY FINDINGS

- Borderline large spleen. Findings could be consistent with congestion, infiltration, or could be normal for a large cat.
- Heterogenous hypoechoic liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Thickened small intestine with prominent muscularis layer. The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Severely enlarged mesenteric lymph nodes. The severe mesenteric lymphadenopathy is concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)), etc. A fine needle aspirate with cytology is needed for further evaluation.
- Small volume free abdominal free fluid.



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SECONDARY FINDINGS

- Prominent mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- Thickened hyperechoic gallbladder wall. Findings could be consistent with lack of gallbladder distention, cholestasis, etc. I suspect this is an incidental finding at this time.
- Large ingesta visualized within the gastric lumen. Findings are most consistent with a non-fasted patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a severe lymphadenopathy present which is highly suspicious for an underlying neoplastic process (round cell neoplasia). Although, other differentials such as FIP, bartonella, etc. are possible. Recommend a fine needle aspirate of mesenteric lymph node. Additionally, the spleen is borderline enlarged if a cytologic diagnosis is not obtained off of an aspirate of the lymph nodes, you could consider a splenic and/or hepatic aspirate.

The small bowel appears somewhat thickened with intact wall layering and a very prominent muscularis layer. If cytology from the above locations is not diagnostic, consider obtaining surgical GI biopsies and biopsies of the lymph nodes and add any other abnormal structures.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

Keep in mind the current steroid therapy could mask the presence of underlying neoplasia but in this situation, I suspect that is not a significant risk.

If a definitive diagnosis can be reached, consider a consultation with a veterinary oncologist regarding treatment options and prognosis.

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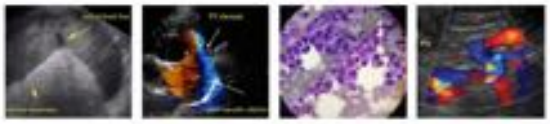

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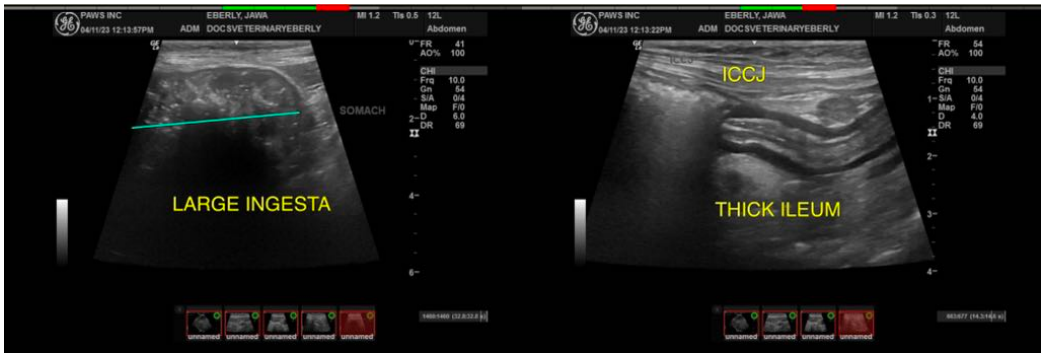

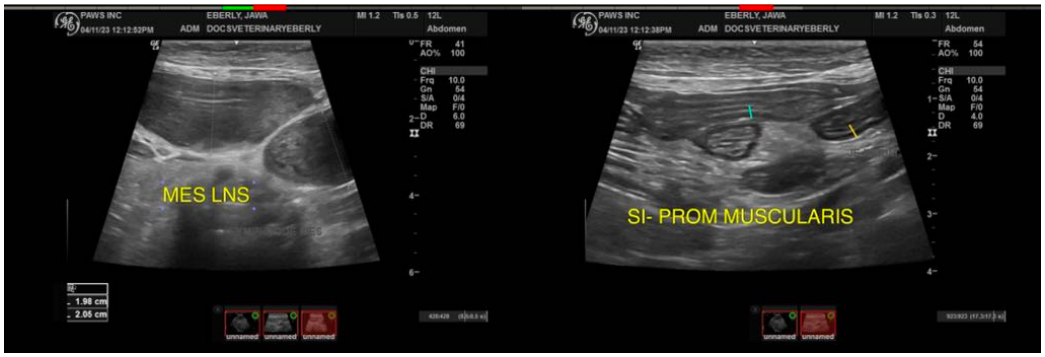

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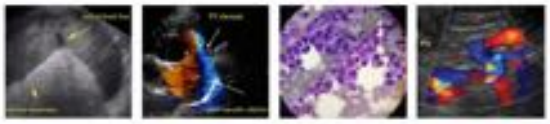

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

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