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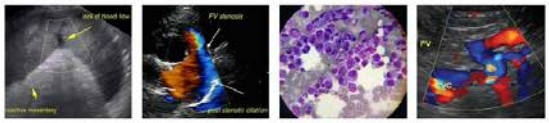

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Buster Iftiger

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years 8 Months

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

INVOICE

25710

DATE

9/21/21

PRESENTING CLINICAL SIGNS

sedated- presented for further diagnostics- CBC - Mild n/n/n anemia (RBC 5.9, Hb 8.7, Hct 28), minimal monocytosis (637), otherwise unremarkable; Thyroid hormones - T4 = 1.0; Urinalysis - USG 1.032, 1+ protein, otherwise unremarkable; Chemistry profile - Ca 13.1, ALB 2.3, otherwise unremarkable. Hypoalbuminemia R/o renal loss, GI loss, 3rd space loss (not likely in thorax based on yesterday's u/s findings) Hypercalcemia Ca x P = 78.6, risk dystrophic mineralization r/o idiopathic, hyperparathyroidism, neoplasia (e.g. carcinoma), oepn Mild n/n/n anemia R/o chronic disease Current meds: Furoseimide 10mg TID, Atenoloe 6.25mg SID, Benazepril 2.5mg BID, Clopidogrel 1/4 75mg SID, ZYrtec BP 90mmHG doppler.....d/c benazepril

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 (4.37 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.47 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.38 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 0.34 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 large and hyperechoic, measuring 1.24 cm at the hilus. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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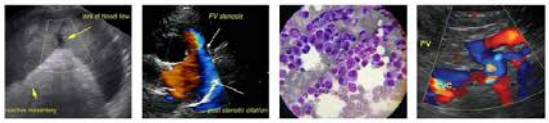

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers 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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Scant anechoic free fluid is present. Significant mesenteric lymphadenopathy is noted. Large caudal sublumar lymph nodes are visualized measuring 1.7 cm x 0.85 cm and 1.05 cm x 0.94 cm. Additionally, there is a very prominent hypoechoic lymph node in what appears to be the subcutaneous space or superficial abdomen, measuring 1.1 cm x 1.64 cm. Smaller prominent mesenteric lymph nodes are noted as well. The omentum is generally of normal echogenicity.

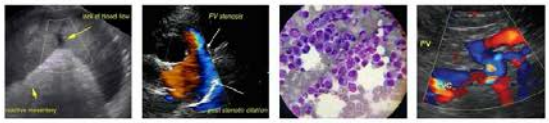
ULTRASONOGRAPHIC FINDINGS

- Moderate mesenteric lymphadenopathy, particularly in the caudal abdomen – The moderate mesenteric lymphadenopathy is most 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 recommended for further evaluation.
- Splenomegaly – The splenic changes are non-specific and can be consistent with congestion, an obese patient, or infiltrative disease. Cytology or histopathology would be necessary to obtain a definitive diagnosis.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A significant lymphadenopathy is present, causing concern for possible round cell neoplasia. Consider a fine needle aspirate of the superficial hypoechoic nodule visualized. You could also consider a fine needle aspirate of the liver and spleen. Recommend 3-view thoracic radiographs. There was free fluid on the diaphragmatic surface of the abdomen, but I cannot exclude the possibility of pleural effusion.

If a diagnosis is not obtained based on cytology and radiographs, consider measuring a PTH level, an ionized calcium +/- PHTrP, perform a good oral and rectal exam to look for any evidence of neoplasia,



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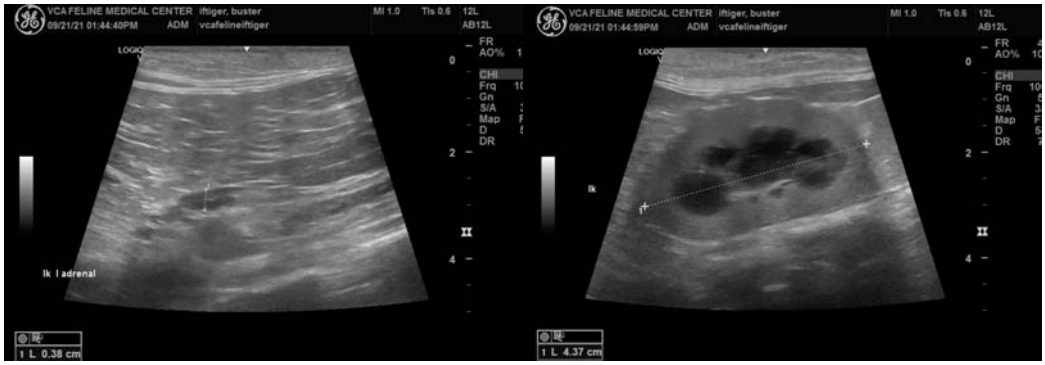
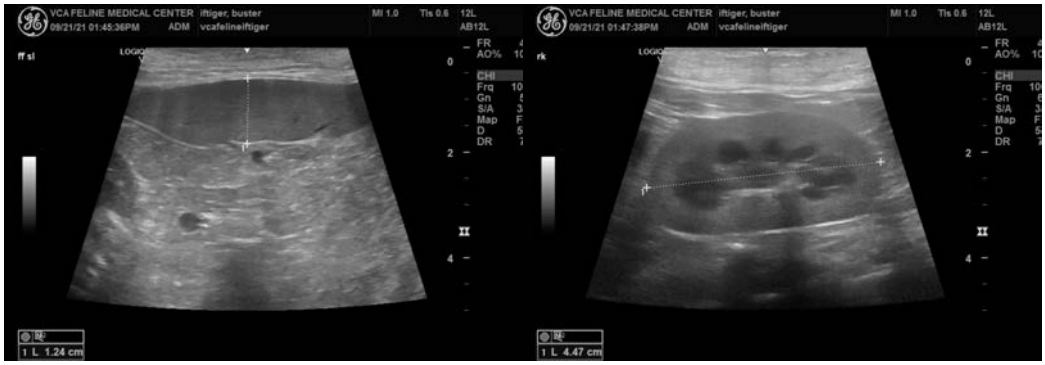
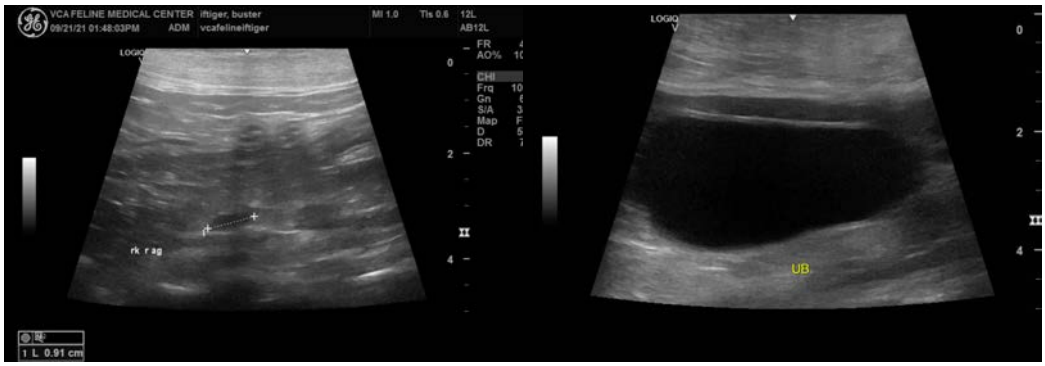
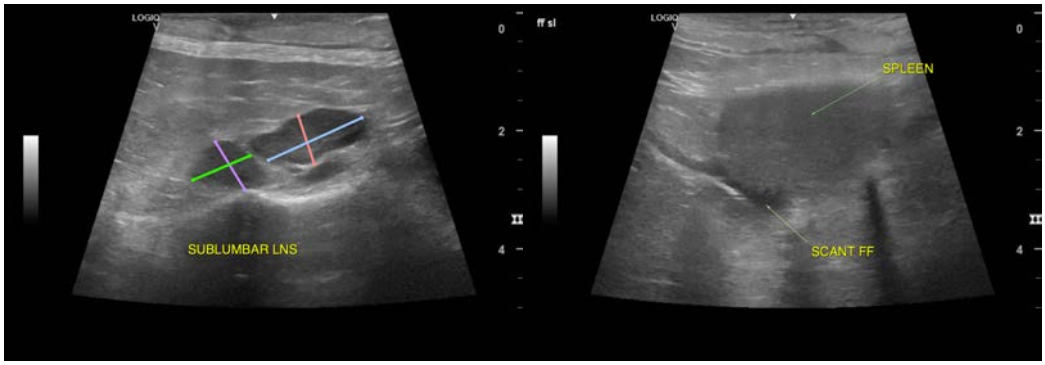
and consider additional testing to look for a cause of the hypoalbuminemia including the possibility of urine protein loss, liver dysfunction, or GI protein loss.









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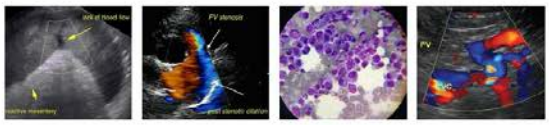

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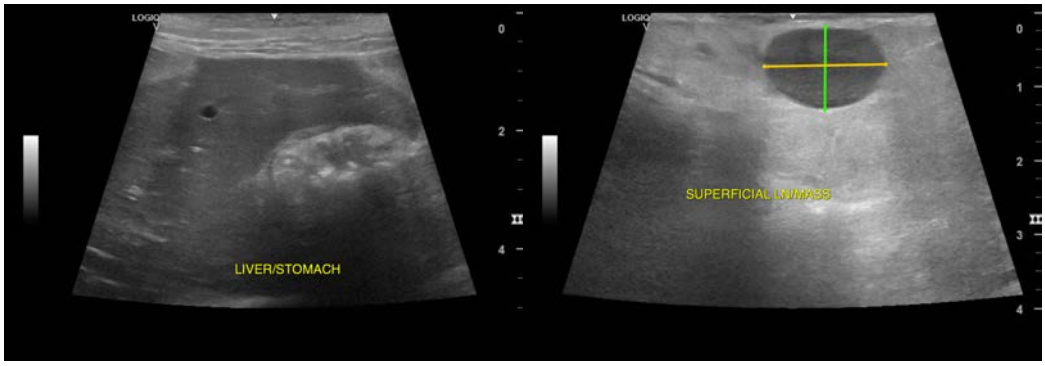

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com