



PATIENT

Sandy Decroo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

10.2 Pounds

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Dr. Michelle Bartus

HOSPITAL NAME

Valley Vet Service

REFERRING VET

Dr. Michelle Barus

INVOICE

36115

DATE

3/10/22

PRESENTING CLINICAL SIGNS

Recently seen by colleague for poor appetite and vomiting a few days. Weight loss of 2#. Appetite has returned and cat is no longer vomiting.

Abnormal PE/Chem/CBC/UA Results: SDMA 22 (0-14), GGT 11 (0-4) U/A sp. gr. >1.050 Prot 30

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well filled. The wall is smooth and regular. There is no evidence of cystoliths, polyps or a mass. A large amount of free floating sediment, most likely composed of mucus, crystals, and exfoliated cells, is most likely clinically insignificant, based on the results of the urinalysis. There are no obvious signs of cystitis.

Assuming the patient is in lateral recumbency, a hypoechoic mass effect is visualized slightly ventral to the urinary bladder. Its contours are irregular. It measures 4.8 cm in length and 2.8 cm in diameter. It is most likely a lymph node with complete obliteration of its normal architecture. A smaller mass effect, with a smooth capsule of mixed echogenicity is visualized adjacent to the larger mass. It measures 1.9 cm x 1.4 cm on one view, but 2.7 cm x 1.7 cm in another view. The latter is also suggestive of a lymph node. Two mesenteric lymph nodes are more hypoechoic and more rounded than usual. They measure 0.57 cm x 0.65 cm and 0.86 cm x 0.95 cm.

The left kidney is within normal limits in size for the patient's weight (3.9 cm). The cortex is mildly hyperechoic. However, the corticomedullary definition is quite well preserved for a cat of Sandy's age.

The right kidney measures at least 3.7 cm. The caudal pole is slightly hidden by gas in the surrounding intestinal tract, thereby affecting the ability to measure it accurately. The cortex is mildly hyperechoic. A mild loss of definition of the corticomedullary definition is observed, however, overall, it is quite well preserved for a cat of Sandy's age.

Adrenal Glands

No abnormalities are observed with the left adrenal gland. The right adrenal gland is not visualized.

Spleen

The spleen measures 19 mm, which is severely enlarged. There are multiple ill-defined, hypoechoic nodules, and the capsule is rounded. Differential diagnoses for the nodules include infiltrative disease such as lymphoma, a mast cell tumor or other round cell tumour. Aggressive reactive hypersplenism or splenitis cannot be excluded. Extramedullary hematopoiesis, nodular or lymphoid hyperplasia are much less likely differential diagnoses. An ultrasound guided fine needle aspirate is required to obtain a definitive diagnosis.

Liver

The liver is diffusely hyperechoic, which may be due to underlying hepatic lipidosis based on Sandy's decreased appetite in recent weeks, although cholangitis/cholangiohepatitis cannot be excluded

The gall bladder wall appears to be within normal limits in thickness, but is mildly hyperechoic. A mild amount of echogenic material is within its lumen. There is no edema surrounding the GB. The cystic duct is mildly to moderately tortuous, i.e. cholecystitis and cholangitis may be present.

Gastrointestinal



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The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the layers of the stomach wall. No obvious abnormalities are observed with its peristalsis.

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Multiple loops of bowel are thickened, measuring 0.39 cm and 0.30 cm, although many retain their mural detail. A portion of jejunum is visualized, measuring 0.42 cm. A loss of mural detail is present. Its appearance is highly suggestive of infiltrative disease such as lymphoma.

BREED

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There is a high index of suspicion of an intramural mass in a loop of bowel medial to the left kidney. It measures 1.9 cm in length x 1.3 cm in diameter. The surrounding mesentery is hyperechoic.

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The region of the ileo-cecal-colic (ICC) junction is poorly defined. It is thickened (0.36 cm) with a loss of normal detail.

Another lymph node with very irregular contours is observed in the region of the ICC junction. It is mildly to moderately enlarged, measuring 0.93 cm x 1.5 cm.

Pancreas

AGE

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The right limb of the pancreas is edematous. A hypoechoic nodule is present within the pancreas. It is difficult to determine whether or not it is a lymph node versus an actual nodule or possibly a cyst within the pancreas.

WEIGHT

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The left limb of the pancreas is hypoechoic, and the surrounding mesentery is hyperechoic. These changes are highly suggestive of active pancreatitis. The pancreatic duct is mildly dilated, which is considered normal in an older cat. Areas of hyperechogenicity are present in a haphazard manner throughout the left limb, which may be due to fibrosis, secondary to previous episodes of pancreatitis.

Other

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Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS

- High index of suspicion of neoplasia. The most likely diagnosis is lymphoma. However, mast cell tumor cannot be excluded. Involvement of the spleen is also suspected.
- Pancreatitis and possible secondary hepatic lipidosis are suspected, in addition to cholangitis and cholecystitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the enlarged lymph nodes and the spleen are recommended. A coagulation profile (PT/PTT) is suggested if the spleen is aspirated. If further diagnostics are not pursued, dexamethasone may be administered subcutaneously for one or two doses followed by prednisolone PO, with or without chlorambucil.

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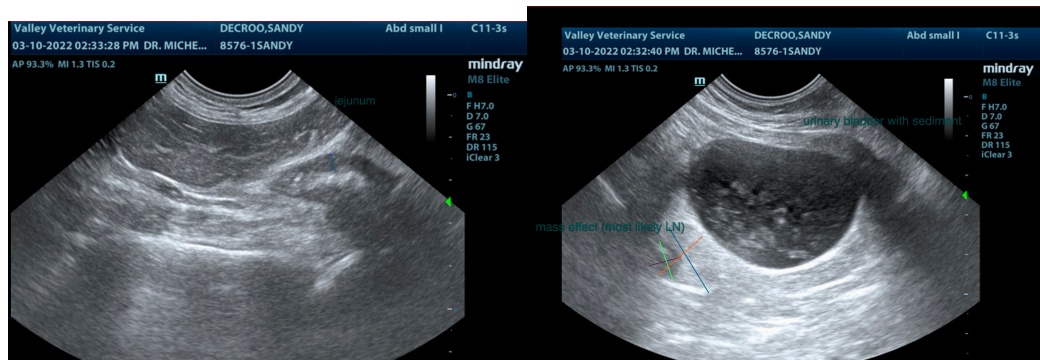
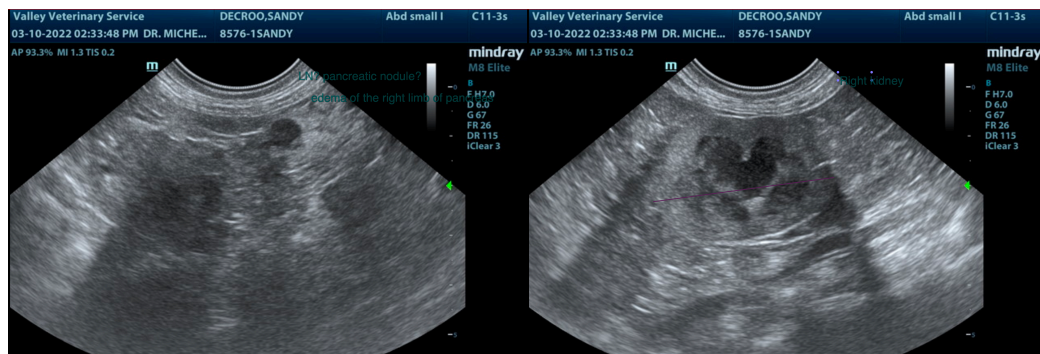
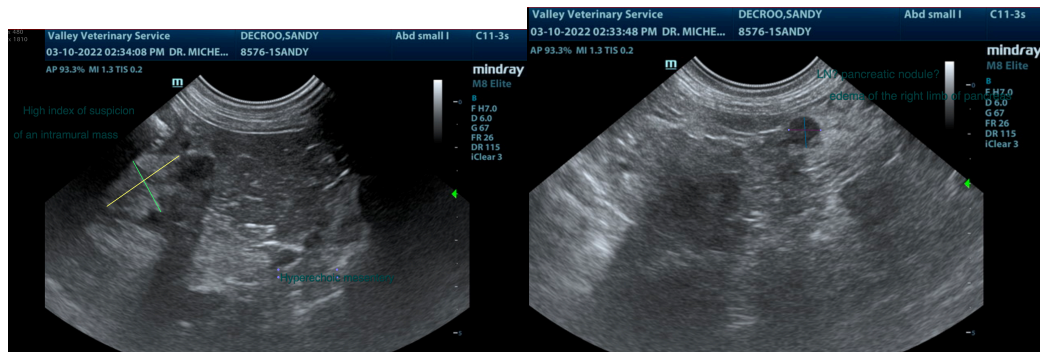
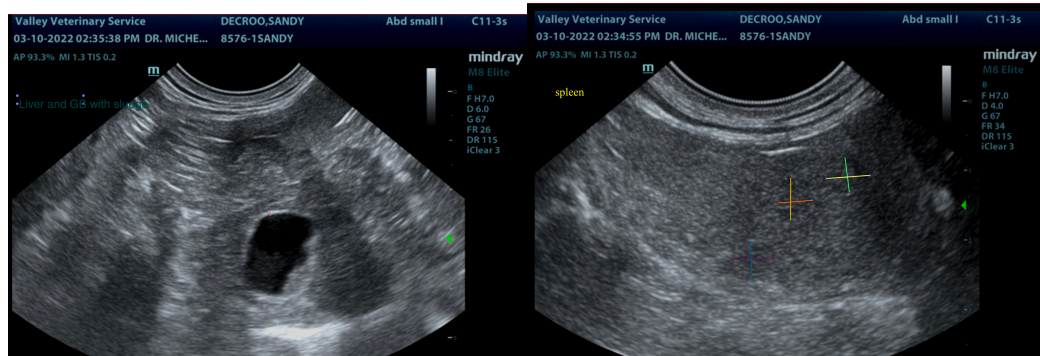
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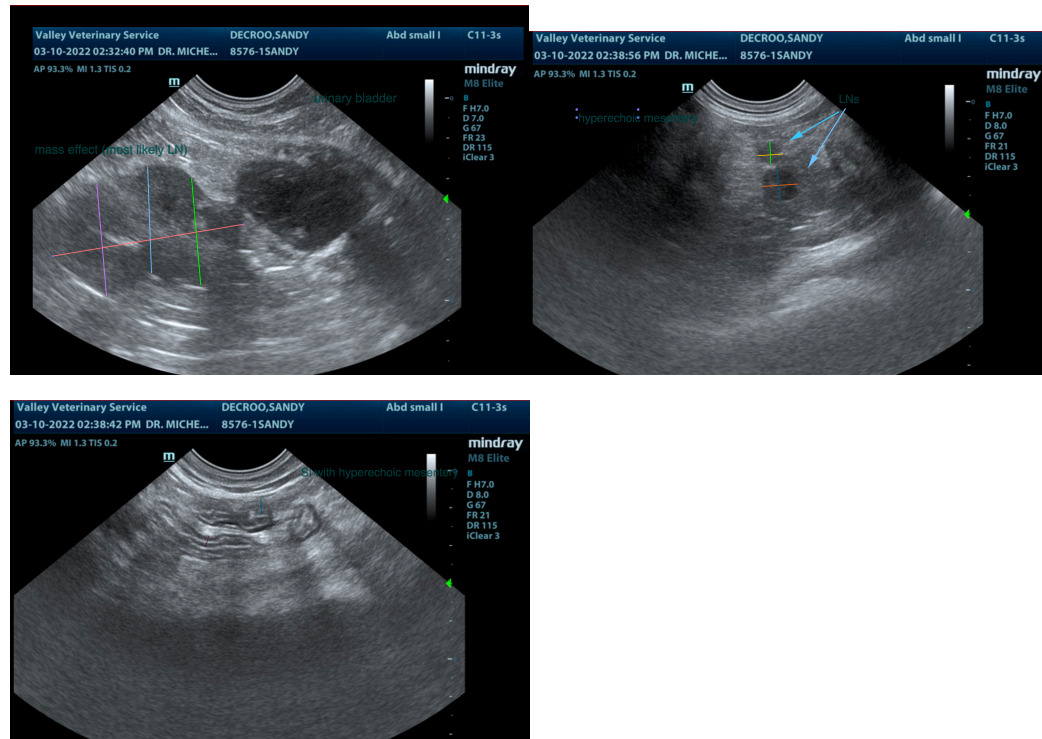
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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