

**DATE**

5/2/22

PRESENTING CLINICAL SIGNS

Pet presents 5/2 for vomiting after eating on a daily basis for the past several weeks. still eating well. No change in diet or treats. BAR, BCS: 5/93/4 dental tartar ; diseased 208 - recession and gingivitis noted, PLN: WNL. Abdomen: soft, non-painful. No palpable masses. Integument: 1 cm firm mass SQ mass noted on left ventral neck R/O lymph node involvement.

PATIENT

Irie Raum

Current Medications: None.

Lab Results: Superchem, CBC, T4 all normal today.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic IV.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Feline

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

AGE

9/2/11

Kidneys

The **left** kidney measures 3.53 cm (3.80-4.40 cm), which is mildly decreased in size and mildly rounded shape. The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. Blood flow is within normal limits. The surrounding mesentery is mildly hyperechoic.

WEIGHT

3.44 kg

The **right** kidney measures 3.92 cm (3.80-4.40 cm), which is within normal limits. The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. Blood flow is within normal limits. The surrounding mesentery is mildly hyperechoic.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Aortic bifurcation/trifurcation

No abnormalities observed.

HOSPITAL NAME

Banfield Towson

Adrenal Glands

The **left** adrenal gland measures 0.47 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

REFERRING VET

Dr.Lewis

The **right** adrenal gland measures 0.45 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

INVOICE

30059

Spleen

The spleen is within normal limits in size (width) 7.2 mm (normal = 10 mm), however, it is folded on itself. It is within normal limits in echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous, but is mildly hyperechoic. No abnormalities are observed with the hepatic vessels visualized. The mesentery surrounding the stomach and liver is mildly to moderately hyperechoic. The gallbladder (GB) wall is within normal limits in thickness and echogenicity. A mild amount of echogenic material within the GB. The cystic and common bile ducts are not visualized, however, there are no signs of an obstruction.

Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis. The mesentery surrounding the stomach and liver is mildly to moderately hyperechoic.

The duodenum measures 0.25 cm, which is within normal limits. The definition of the wall layers is preserved. Many segments of the small intestines are within normal limits, however, a few loops are thicker than usual at 0.49 cm and a loss of definition of the wall layers is observed. Other segments show preservation of the definition of the wall layers, however, they are not "crisp". A few loops of dilated bowel with ingesta and fluid are observed. Peristalsis is decreased.

The ileo-cecal-colic junction is within normal limits.

Gas is present in the transverse colon.

The colonic wall is not thickened and mural detail is considered normal. Formed stools are present within the colon.

There are no obvious signs of a mass, foreign body, or an obstruction in the gastrointestinal tract.

Pancreas

The left limb is very mildly heterogeneous, but not overtly hypoechoic. The surrounding mesentery is mildly hyperechoic. Mild pancreatitis cannot be excluded, however, the hyperechogenicity may also be due to inflammation of the gastrointestinal tract.

The right limb is not well visualized due to gas in the surrounding GI tract.

Other

Lymph nodes (LN)

Lymphadenomegaly

Gastric lymph node measures 0.66 cm: mildly "plump". Within normal limits in echogenicity and echotexture. Mesentery surrounding the lymph node is mildly hyperechoic.

Hepatic lymph node measures 0.50 cm in diameter x 0.60 cm in length. Within normal limits in echogenicity and echotexture. Mesentery surrounding the lymph node is mildly hyperechoic.

Mesenteric LN is of mixed echogenicity measuring 1.6 cm in diameter x approximately 5 cm in length. It has irregular contours. The area surrounding the LNs are well vascularized, however, a safe window to aspirate is available.

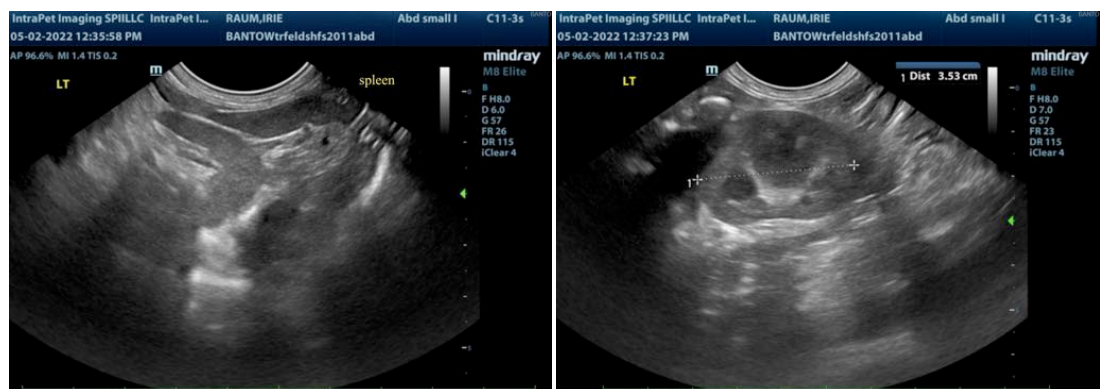
Abdominal effusion is not visualized.

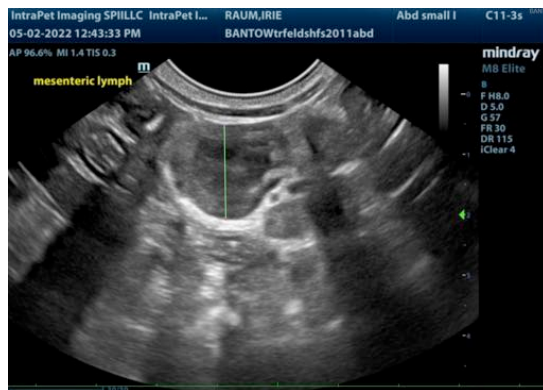
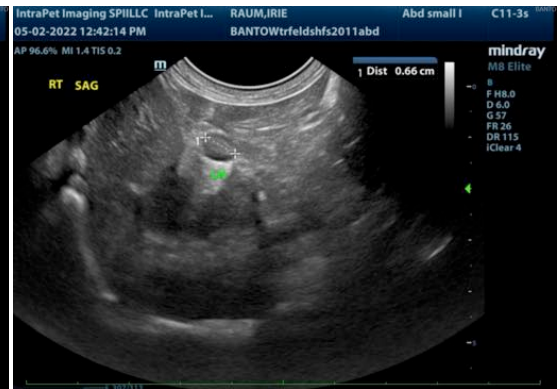
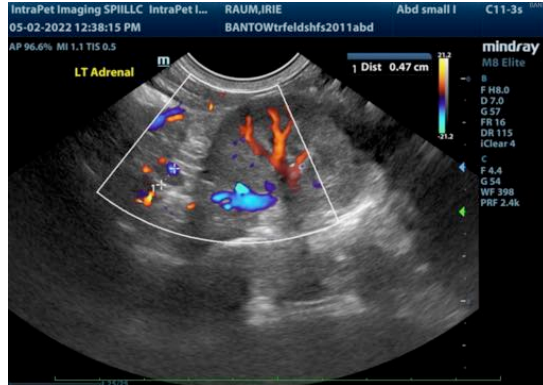
ULTRASONOGRAPHIC FINDINGS

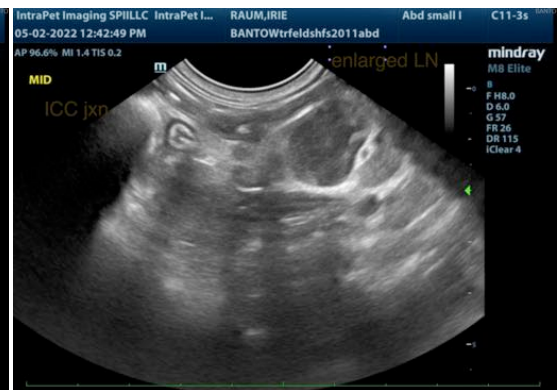
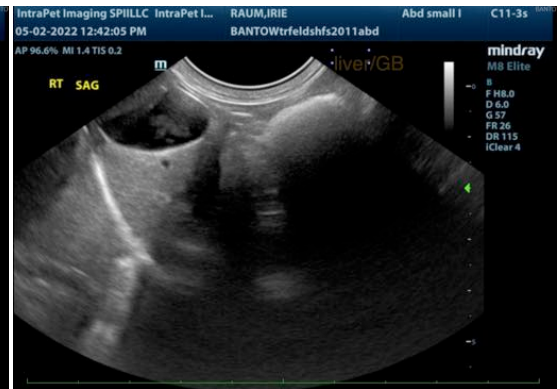
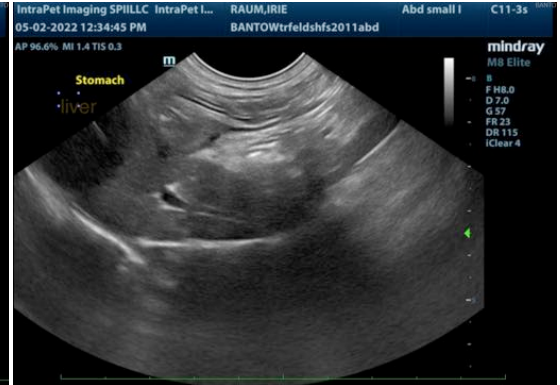
- High index of suspicion of infiltrative disease of the certain segments of the gastrointestinal tract and lymph nodes. Differential diagnoses include lymphoma or possibly a mast cell tumor. Although less likely, very severe inflammatory bowel disease with reactive hyperplasia of the lymph nodes cannot be excluded.
- Subclinical or “smoldering” mild pancreatitis cannot be excluded, however, the hyperechogenicity of the mesentery surrounding the left limb may also be due to inflammation of the gastrointestinal tract, rather than the pancreas.
- The diffuse hyperechogenicity of the liver may be due to a vacuolar hepatopathy due to underlying illness. Cholestasis, cholangitis/cholangiohepatitis or possibly cholecystitis, with a secondary bacterial infection are considered less likely. If pancreatitis and cholangitis/cholangiohepatitis. “triaditis” may be present. It is also possible that Irie has suffered from IBD, which has now transformed into lymphoma.
- Mild renal changes are present, which are suggestive of age related degeneration.

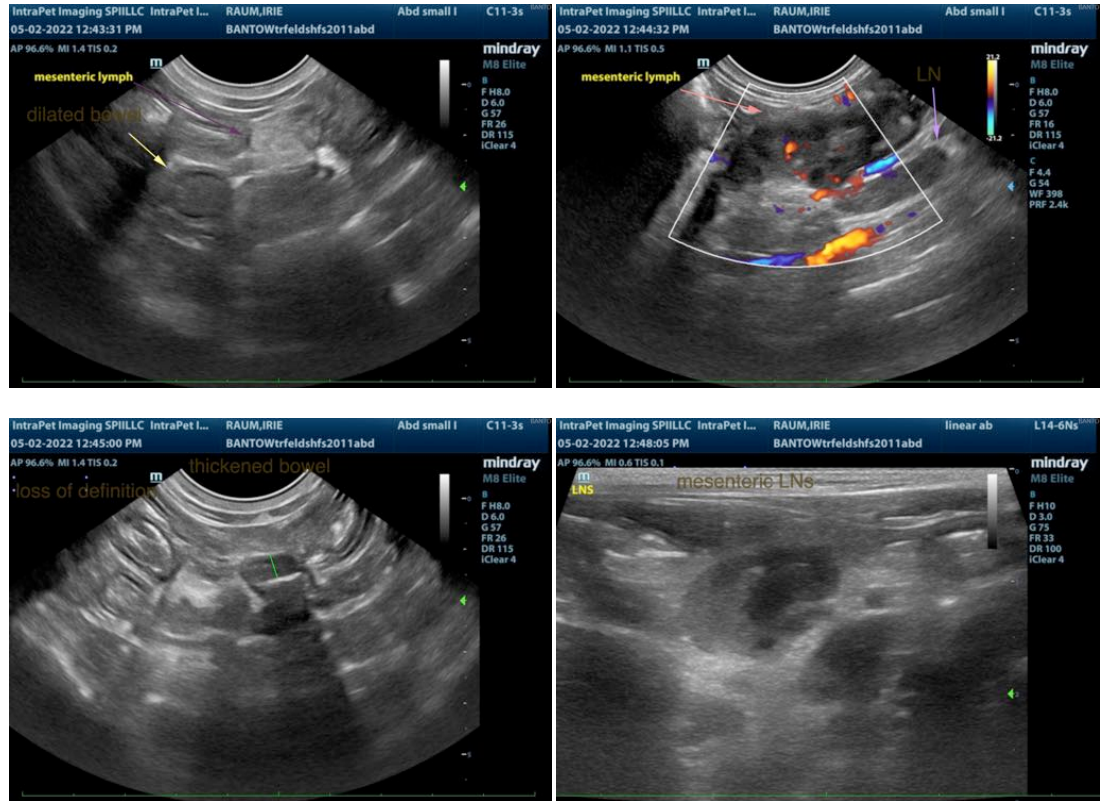
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of multiple enlarged and abnormal lymph nodes are highly recommended. If further diagnostics are not pursued, although not ideal, empirical treatment for lymphoma or severe inflammatory bowel disease is suggested. For example, deworm Irie with a dewormer (if she goes outdoors or lives with pets that go outdoors), and prednisolone (1 mg/kg/day), and then tapered to the minimum effective dose. Diet does not have to be changed providing Irie is eating well, however, her weight, body condition and muscle condition scores should be monitored to avoid development of cachexia and sarcopenia.









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.

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