



PATIENT PRESENTING CLINICAL SIGNS

Nala Osmo Unexplained weight loss, ocular disease-scheduled for enucleation and dental but concerned regarding weight loss

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

The urinary bladder is well distended. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A small amount of moderate, both free floating and aggregated, is present. There is no evidence of cystoliths, polyps or a mass.

DSH

Kidneys

SEX

The **left** kidney measures 4.40 cm. The capsule is smooth. The cortex is very mildly hyperechoic and a very 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 not hyperechoic.

Neutered Male

AGE

10 Years

The **right** kidney measures 4.44 cm. Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

WEIGHT

11.7 Pounds

Adrenal Glands

Not visualized, however, the regions where they should be located do not reveal any abnormalities.

INTERPRETED BY

Lisa Carioto, DVM,
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ACVIM

Spleen

The spleen is at the high end of the normal reference range in size 10.3 mm (normal = 10 mm). A moderate miliary or "lacy" echotexture is observed with the linear probe. The capsule is smooth and curvilinear. Occasional hyperechoic pinpoint foci are noted throughout body; these may be due to mineralization, fat and/or fibrosis. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

IMAGING PERFORMED BY

Dr. Elaina Petrone

Liver

HOSPITAL NAME

Long Branch AH

There are no obvious signs of hepatomegaly. The liver's borders are smooth, but mildly rounded. It is heterogeneous, composed of a very coarse and granular echotexture. It is hyperechoic, i.e. it is isoechoic to the spleen. The portal walls are hyperechoic and more prominent than usual. Perivascular cuffing is also noted surrounding some of the larger blood vessels. This may be associated with the accumulation of fat, mineralization, and/or fibrosis. No abnormalities are observed with the hepatic veins.

REFERRING VET

Dr. Elaina Petrone

The gallbladder (GB) is not dilated, but contains a small amount of free floating echogenic material. The GB wall appears mildly thickened and hyperechoic. A circumferential hypoechoic "halo" is observed surrounding the GB, which is suggestive of edema and/or free fluid. The wall of the cystic duct is hyperechoic and tortuous, but is not dilated. The common bile duct is not visualized. There are no obvious signs of an obstruction.

INVOICE

38128

DATE

6/1/22



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SPECIES

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Gastrointestinal

A large amount of ingesta is present within the lumen of the stomach. Although the gastric wall is within normal limits in thickness and the wall layers are well defined, fogging of the mucosa is present. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The jejunum is mildly thicker than usual, measuring between 0.28 cm – 0.31 cm. The muscularis is thicker than usual, and mild to moderate fogging of both the mucosal and muscularis layers is present. Granular, hyperechoic ingesta is present within the lumen of the jejunum.

Gas is present within the transverse colon.

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

Pancreas

No abnormalities are observed with the architecture, smooth contours, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

Other

Lymph nodes

Two mildly enlarged, prominent jejunal LNs are noted (0.42 cm in diameter x 0.80 cm in length and 0.34 cm in diameter x 1.43 cm in length. The first is very mildly hypoechoic. Their appearance is suggestive of reactive hyperplasia. The surrounding mesentery is very mildly hyperechoic. A lymph node in the region of the pancreas is also prominent and has a similar appearance.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- **Spleen:** The diffuse “lacy” or miliary appearance is suggestive of lymphoma or other round cell neoplasm. Reactive hypersplenism and splenitis remain potential differential diagnoses, therefore, an ultrasound-guided fine needle aspirate is strongly recommended.
- **Liver and gallbladder:** Although lymphoma remains a differential diagnosis, one cannot exclude cholangitis/cholangiohepatitis and cholecystitis. A suppurative cholecystitis is also possible based on the tortuous cystic duct and possible edema or fluid surrounding the GB.
- **Gastrointestinal and lymph nodes:** The abnormalities are suggestive of inflammation, for example, inflammatory bowel disease. Although a loss of definition of the wall detail is not observed, one cannot exclude lymphoma. The appearance of the lymph nodes is suggestive of reactive hyperplasia. Other possibilities include emerging GI lymphoma.
- **Kidneys:** Very mild age-related degenerative changes are noted. Mild renomegaly with mild rounding of the kidney’s shape may be an age-related change, yet, early infiltration with LSA is also possible. Although obvious signs of pyelonephritis are not identified, this diagnosis should not be excluded based on the absence of sonographic signs.



PATIENT

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- **Urinary bladder:** The free floating sediment within the lumen of the urinary bladder is most likely composed of mucus, crystalline material and exfoliated cells. The debris is likely clinically insignificant given the lack of inflammatory changes to the bladder wall, however, findings should be correlated with clinical signs and a urinalysis.

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are suggested/recommended

BREED

DSH

- Fine needle aspirates of the spleen, liver and lymph node(s)
- Urine culture and sensitivity to exclude pyelonephritis as a complicating factor.
- Feline infectious peritonitis is less likely but could cause weight loss and ocular abnormalities.
- FeLV/FIV test
- Ultrasound of the eyes to assess the retinas.
- A fine needle aspirate of the aqueous humour may be considered prior to enucleation if the above are not conclusive for lymphoma or other disease process.

AGE

10 Years

WEIGHT

11.7 Pounds

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IMAGING PERFORMED BY

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REFERRING VET

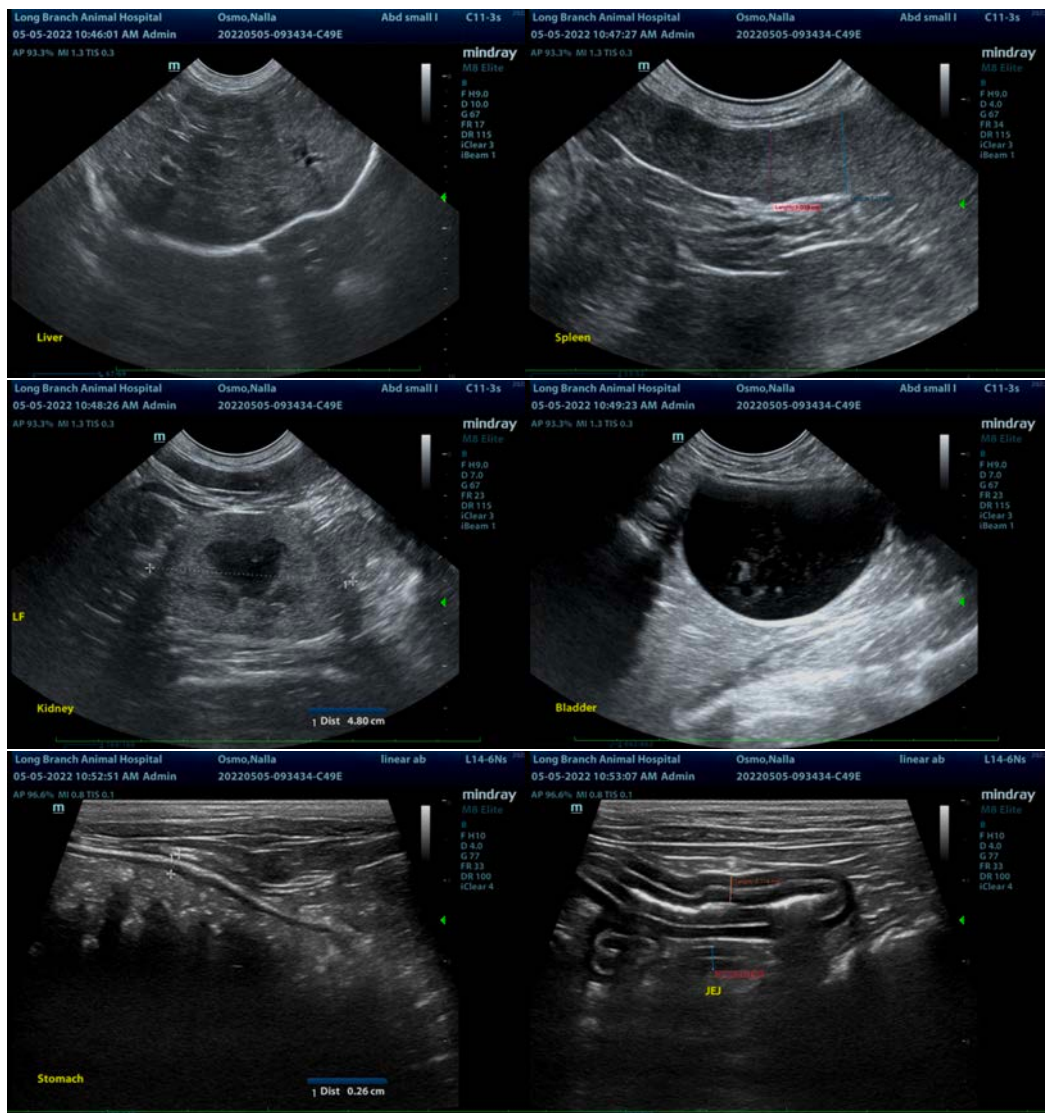
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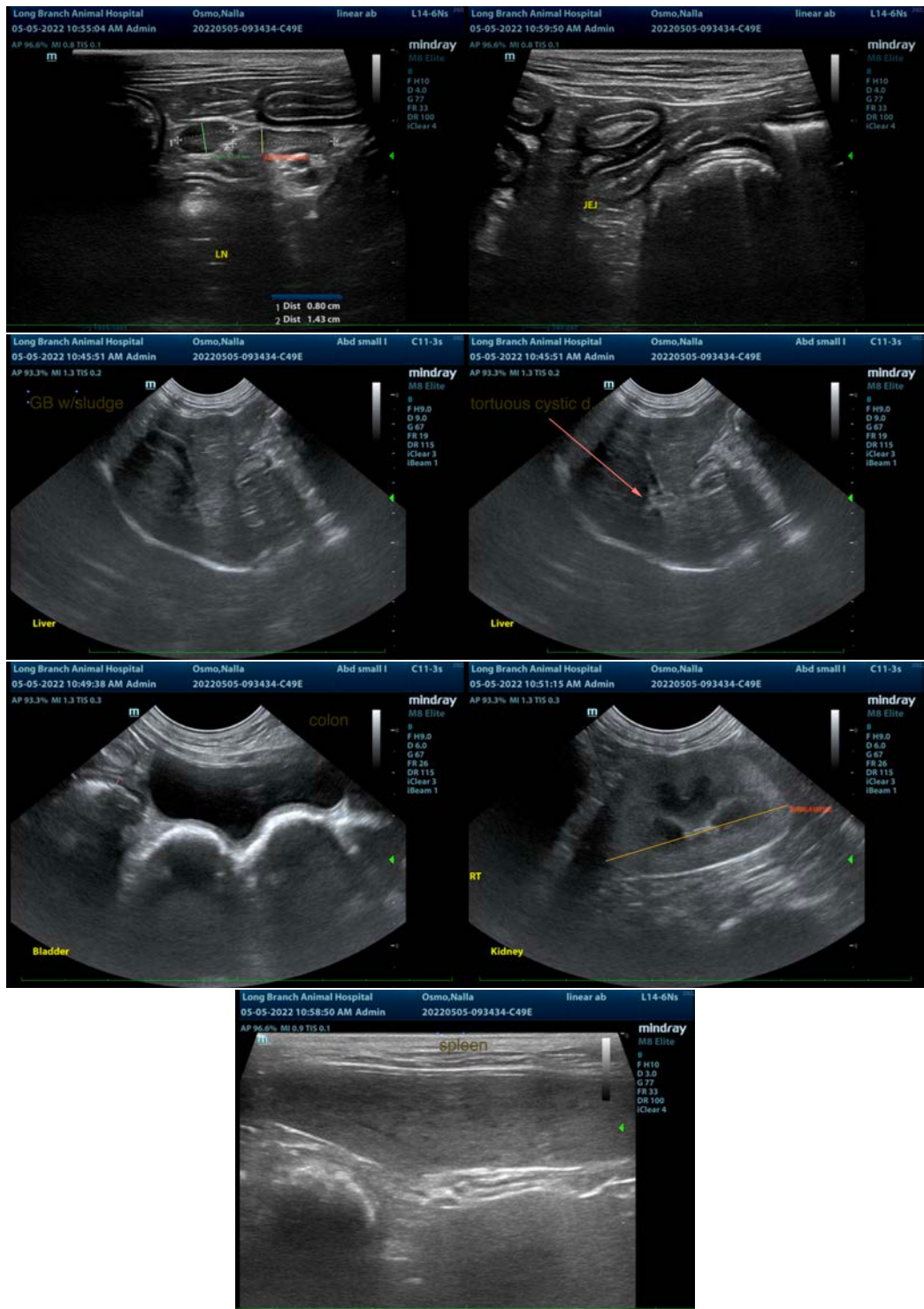
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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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