



PATIENT	PRESENTING CLINICAL SIGNS
Chadley Stringer	Weight loss. Current meds: Clavamox Abnormal PE/Chem/CBC/UA Results: WBC 24.2, Neuts18392
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	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.
DSH	Kidneys
SEX	The left kidney measures 3.53 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.
Neutered Male	The right kidney measures 3.56 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. Blood flows within normal limits. The surrounding mesentery is not hyperechoic.
AGE	Aortic bifurcation/trifurcation No abnormalities observed.
10 Years	Adrenal Glands
WEIGHT	The left adrenal gland measures 0.31 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.
13 Pounds	The right adrenal gland measures 0.32 cm at the cranial pole, 0.30 cm at the caudal pole. It measures 0.38 cm at its largest width. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
INTERPRETED BY	Spleen
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The spleen is within normal limits in echogenicity, echotexture, and the capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. It is at the high end of the normal reference range or very mildly enlarged in size 10.8 mm (normal = 10 mm).
IMAGING PERFORMED BY	Liver
Shari Reffi, CVT	Mild hepatomegaly is suspected, however, this is better characterized at the time of the ultrasound or radiographically. The liver's borders are smooth and vary between sharp to very mildly rounded. It is diffusely hyperechoic, i.e. it is hyperechoic to the falciform fat. No abnormalities are observed with the echotexture or hepatic vessels.
HOSPITAL NAME	INVOICE
Basking Ridge AH	39569
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Dr. Rotella	7/15/22
INVOICE	The gallbladder (GB) is moderately distended. A small amount of free floating and gravity dependent echogenic material (sludge) is present within the GB. The wall is mildly thickened and hyperechoic. The cystic duct is not dilated, but mildly tortuous. The common bile duct measures 0.21 cm. There are no signs of an obstruction. The parenchyma surrounding the GB is not hyperechoic.
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PATIENT

Chadley Stringer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

13 Pounds

Gastrointestinal

A small amount of fluid and gas are present within the lumen of the stomach. The gastric wall is at the high end of normal reference range measuring 0.55 cm. In the “normal region of the stomach”, fogging of both the mucosa and muscularis is observed, and the muscularis and submucosa are thickened compared to normal. Marked thickening of the mucosa of the stomach is noted. The thickening appears to originate at the level of the body. In one region, the mucosa measures 1.64 cm, the muscularis measures 0.83 cm and an obliteration of the definition of wall layers is noted. Peristalsis is decreased.

The junction between the pylorus and proximal duodenum is thickened. The submucosa is more prominent than usual. As the duodenum is followed, a focal area of severe thickening and loss of wall layering of the muscularis is visualized (1.44 cm). The duodenum then traverses into more normal anatomy (albeit thickened with prominent layers).

The wall thickness of the jejunum is diffusely increased (0.32 cm – 0.38 cm). Although the definition of the wall layers is preserved, the muscularis is significantly thickened and fogging of both the mucosa and muscularis is present. The submucosa is also more prominent than usual.

The segment of jejunum extending into the ileal portion of the ileocecal colic junction is thickened, however, the definition of wall layering is conserved.

Fecal matter is present in the colic portion of the ileocecal colic junction.

The mesenteric lymph nodes are slightly prominent and the mesentery is more echogenic than what is considered normal.

The colonic wall is not thickened and mural detail is considered normal.

Pancreas

The left and right limbs have a very mild coarse echotexture, which is most likely to age related changes, however, previous episodes of pancreatitis cannot be excluded. They are mildly to moderately hypoechoic to the surrounding mesentery, however, the contours are smooth and regular and there are no overt signs of edema. The mesentery surrounding the pancreas is mildly to moderately hyperechoic. There are no obvious signs of neoplasia.

Other

Lymph nodes

A few hypoechoic gastric lymph nodes are observed. The largest one measures 0.50 cm in diameter x 0.86 cm in length. The mesentery surrounding the lymph nodes is moderately hyperechoic.

A pancreatic lymph node in the region of the left limb is enlarged and hypoechoic.

The mesenteric lymph nodes are within the normal reference range in size, but are slightly prominent (hypoechoic) and the mesentery is more echogenic than what is considered normal.

Abdominal effusion is not visualized.

Heart No obvious abnormalities observed

ULTRASONOGRAPHIC FINDINGS

- **Gastrointestinal tract.** High index of suspicion of neoplasia involving the stomach and small intestines (duodenum, jejunum, possibly ileo-cecal-colic junction). Differential diagnoses include, lymphoma or other round cell tumour. Underlying inflammatory bowel disease (IBD)

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

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PATIENT	may be present in areas that are mildly thickened (ileo-cecal-colic junction), as both IBD and lymphoma may be present concurrently in some cats.
Chadley Stringer	
SPECIES	<ul style="list-style-type: none"> Liver: <i>Subclinical cholestasis, cholangitis/cholangiohepatitis</i> and secondary <i>hepatic lipidosis</i> (HL) are suspected. Lymphoma tends to cause hypoechogenicity of the liver, i.e. infiltrative disease is considered less likely, however, hypoechogenicity is not always present if secondary HL and/or other inflammatory hepatic diseases are present.
Feline	
BREED	<ul style="list-style-type: none"> Gallbladder: Gallbladder sludge with tortuosity of the cystic duct. Cholecystitis cannot be excluded. Furthermore, a suppurative component may be present based on the neutrophilic leukocytosis.
DSH	
SEX	<ul style="list-style-type: none"> Pancreas: Subtle changes are present that are suggestive of <i>mild, smoldering pancreatitis</i>.
Neutered Male	<ul style="list-style-type: none"> Note, <i>underlying, subclinical triaditis</i> may have been present.
AGE	<ul style="list-style-type: none"> Lymph nodes: <i>Lymphadenomegaly</i> and <i>hyperechogenicity of the surrounding mesentery</i> may be due to either <i>reactive hyperplasia</i> due to chronic inflammation, however, early signs of <i>infiltrative disease</i> cannot be excluded.
10 Years	<ul style="list-style-type: none"> Spleen: The spleen is at the high end of the normal reference range to very mildly enlarged. This may occur due to splenitis, reactive hyperplasia and extramedullary hematopoiesis. Overt signs of infiltrative disease with lymphoma or other round cell tumour are not appreciated. However, changes can be very subtle and a fine needle aspirate is sometimes required to exclude neoplasia with certainty.
WEIGHT	
13 Pounds	

INTERPRETED BY **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The following are suggested/recommended
IMAGING PERFORMED BY	The stomach wall and wall of the duodenum are thick enough that there is a good chance that fine needle aspirates and cytology will yield a diagnosis. However, the client should be prepared for the possibility of a non-diagnostic result.
Shari Reffi, CVT	+/- Fine needle aspirates of the spleen and liver, ideally following a coagulation profile, or at least one dose of vitamin K (0.5 mg/kg SQ), at least 30 minutes prior to performing the procedure.
HOSPITAL NAME	To avoid a non-diagnostic result, endoscopy and biopsies of the stomach, and both the small and large intestines, even if no history of diarrhea, would be performed. Since the muscularis layer is involved in certain areas, taking a second biopsy of the same region will allow for a deeper biopsy and increased likelihood of obtaining the muscularis layer.
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REFERRING VET	Referral to a board certified oncologist to discuss treatment options.
Dr. Rotella	If further diagnostics are not pursued, empirical treatment for lymphoma. For example, prednisolone at 1-1.5 mg/kg/day x 14 days, and then tapered to the minimum effective dose.
INVOICE	+/- chlorambucil
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DATE	Treatment of nausea
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PATIENT +/- appetite stimulant (often not necessary due to steroids)

Chadley Stringer
Small, frequent meals

SPECIES +/- Supplementation with cobalamin

Feline

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DSH

SEX

Neutered Male

AGE

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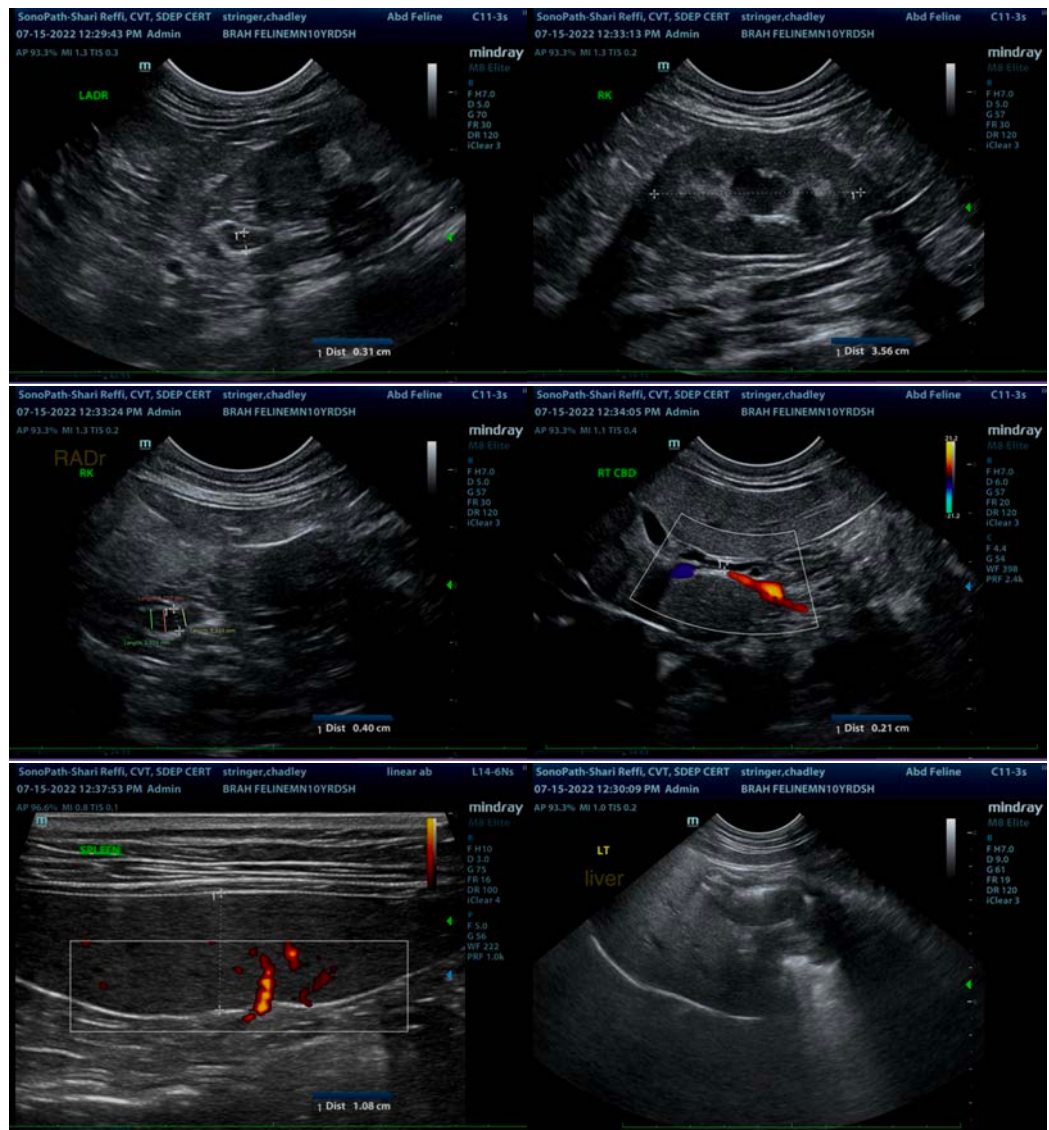
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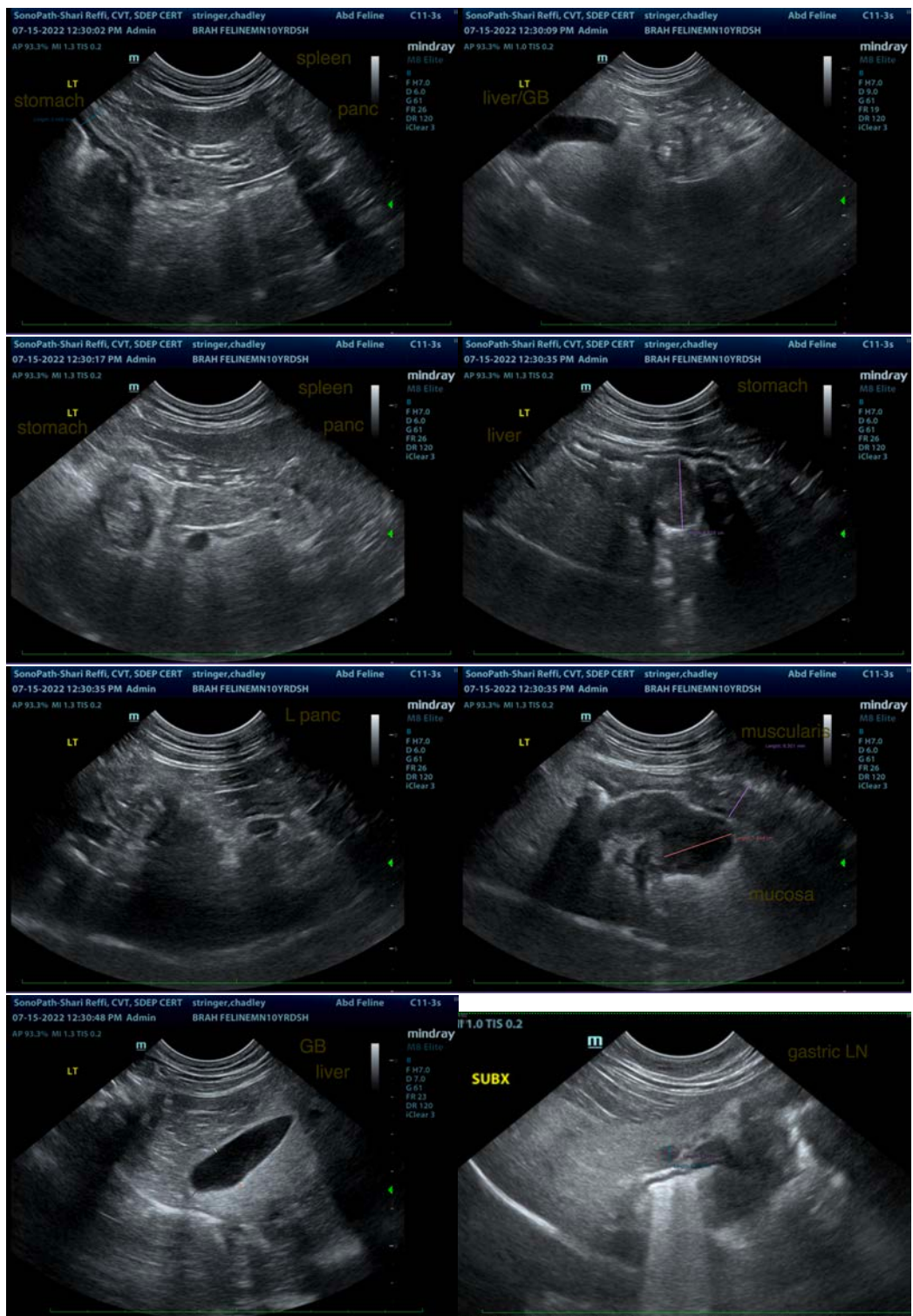
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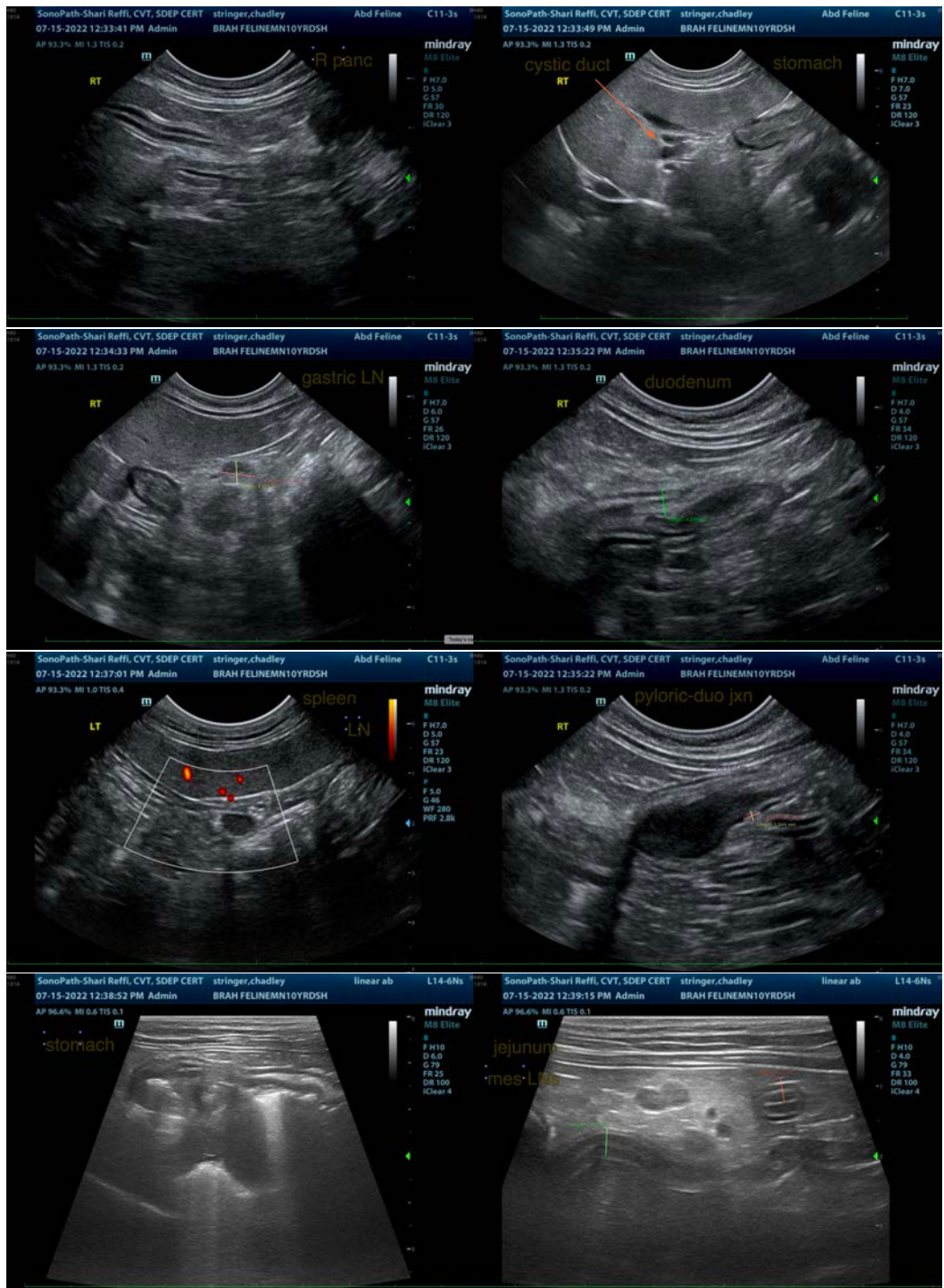
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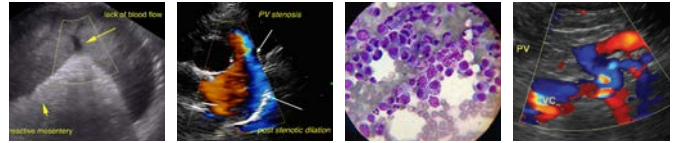


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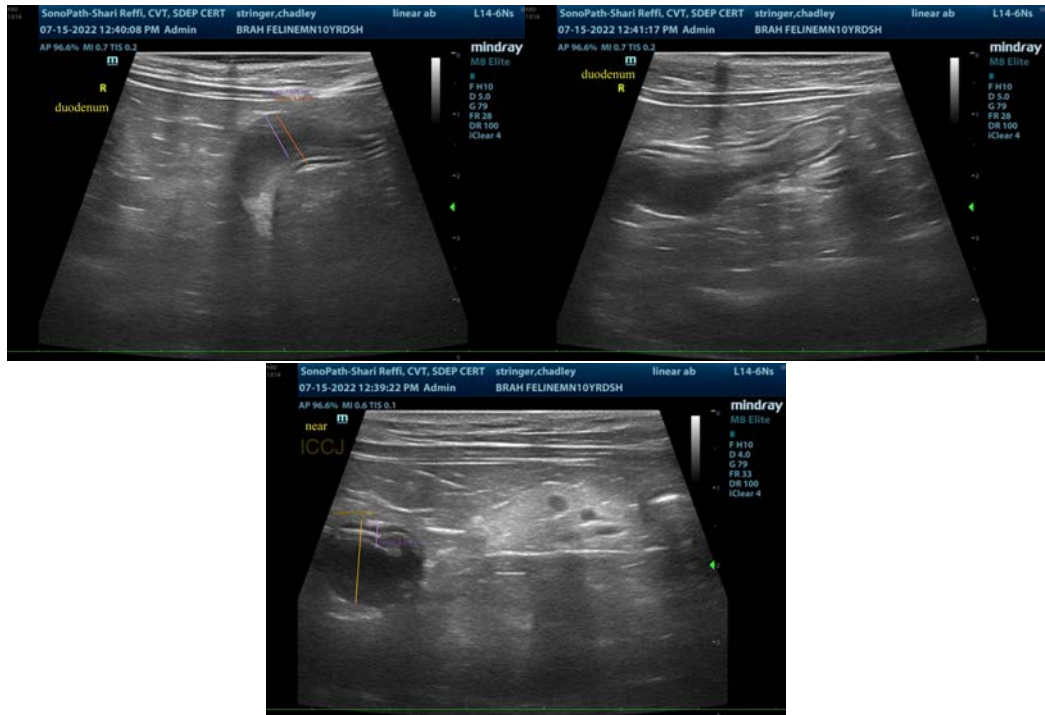
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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