

PATIENT PRESENTING CLINICAL SIGNS

Tinto Freccia
History: Chief Concern: P is not eating well, o thinks teeth bother p. Has lost a lot of weight in the past 4-6 months. p used to weigh 17 lbs on 8/5/2020. p not vomiting. Diagnosis: Weight loss - becoming a very finicky eater LN are WNL- grade 1/4 periodontal =Abdomen palpates normally with no palpable masses- NSF on exam to explain weight loss.
SPECIES
Abnormal PE/Chem/CBC/UA Results: BW performed on June 27, 2022 was WNL.

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

Urinary System

The **urinary bladder** is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A small amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

SEX

Neutered Male

Kidneys

AGE

14 years

The **left kidney** measures 3.46 cm (3.80-4.40 cm). The capsule is smooth. The cortex is hyperechoic, i.e. it is isoechoic to the spleen. A mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, in addition to a diverticular nephrolith at the cranial pole. There is no evidence of pyelectasia. Multiple triangular shaped, hyperechoic, cortical lesions are observed, which are consistent with infarcts. The largest one is present at the cranial pole and measures approximately 2 cm. Blood flow is decreased. The surrounding mesentery is not hyperechoic.

WEIGHT

10 Pounds

The **right kidney** measures 3.61 cm (3.80-4.40 cm). The capsule is smooth. The cortex is hyperechoic. A mild to moderate loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present.

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Aortic bifurcation/trifurcation No abnormalities observed.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

The **left adrenal gland** measures 0.41 cm in one view, but up to 0.50 cm in another. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

HOSPITAL NAME

Valley VC

The **right adrenal gland** measures 0.55 cm. 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. Lopez

Spleen

The spleen is within normal limits in size 9.6 mm (normal = 10 mm), however, a diffuse, subtle, miliary echotexture is present. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

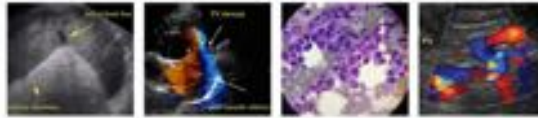
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Liver



PATIENT

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BREED

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AGE

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WEIGHT

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There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and is within normal limits in echogenicity. A small hyperechoic nodule measuring 0.22 cm in diameter x 0.23 cm in length is noted. It is suggestive of nodular hyperplasia, fibrosis, fat or mineralization, i.e. it is not considered clinically significant. The walls of the portal veins are hyperechoic, causing them to appear more prominent. No abnormalities are observed with the other hepatic vessels.

The **gallbladder** (GB) wall is within normal limits in thickness and echogenicity. A small to moderate amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. 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.

Jejunum: The wall is thickened at 0.31-0.37 cm. A complete loss of the normal definition of the wall layers is noted, with severe thickening of the mucosa. Granular and echogenic ingesta is present in the lumen. A segment of jejunum measures up to 0.64 cm. Its mucosa is severely hypoechoic and irregular, and complete obliteration of the normal wall layering is present. Other loops of bowel are within normal limits in architecture and thickness.

The ileo-cecal-colic junction: No major abnormalities are observed.

The colonic wall is not thickened and mural detail is considered normal. Gas and granular, semi-formed stools are present in the colon.

Pancreas

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

Other

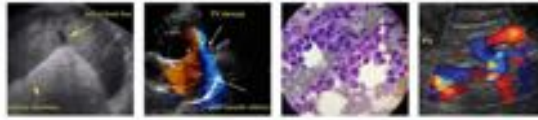
Lymph nodes

Multiple mesenteric LNs are enlarged (0.70 cm, 0.67 cm, 0.81 cm) and hypoechoic with irregular borders. The surrounding mesentery is hyperechoic.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- **Gastrointestinal (GI) tract:** High index of suspicion of infiltrative disease, (lymphoma or other round cell tumour). A chronic enteropathy is considered much less likely.
- **Gallbladder:**



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- Small amount of gallbladder sludge; most likely clinically insignificant. However, gastroesophageal reflux disease (GERD), can occur in some patients.
- Signs of cholecystitis are not appreciated.
- Obtaining a history regarding signs of GERD from the client is suggested.
- Treatment with an anti-acid or proton pump inhibitor may be required.

SPECIES

Feline

- **Spleen:** Lymphoma cannot be excluded, however, extramedullary hematopoiesis, splenitis or reactive hyperplasia remain possible differential diagnoses.

BREED

Domestic Shorthair

- **Lymph nodes:** Mild lymphadenomegaly due to possible mild reactive hyperplasia, however, infiltrative disease cannot be excluded.

SEX

Neutered Male

- **Kidneys:** Age-related changes and infarcts are noted bilaterally. The left kidney is more severely affected compared to the right.
- **Urinary bladder:** Although the free floating sediment is most likely clinically insignificant, it should not be disregarded due to the renal changes noted.

AGE

14 years

- **Adrenal glands:** Subjectively, both adrenals are enlarged for a cat. Infiltrative disease, (lymphoma) may be present.

WEIGHT

10 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tissue biopsies are required to obtain a definitive diagnosis, and in some cases, immunohistochemistry and PARR.

However, fine needle aspirates of the thickened loops of jejunum, enlarged lymph nodes and spleen may be attempted. The clients should be forewarned of possible non-diagnostic results.

A urinalysis and urine culture and sensitivity to exclude pyelonephritis

Analgesia for visceral pain, such as buprenorphine (0.005-0.01 mg/kg sublingually every 8-12 hours) for a minimum of 7-10 days. Continue for 3-4 weeks if an improvement is noted; the dose and frequency may be weaned to the minimum effective dose during that time.

+/- gabapentin

Supportive care (maropitant, mirtazapine, SQ fluids, etc.)

If signs of gastroesophageal reflux disease are present, 10-14 day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h)

+/- TLI, serum cobalamin, and folate, to assess for underlying maldigestion and malabsorption disease and dysbiosis

+/- supplementation with cobalamin

Stimulate Tinto to eat anything he desires.

Small, frequent meals

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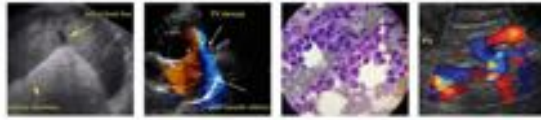
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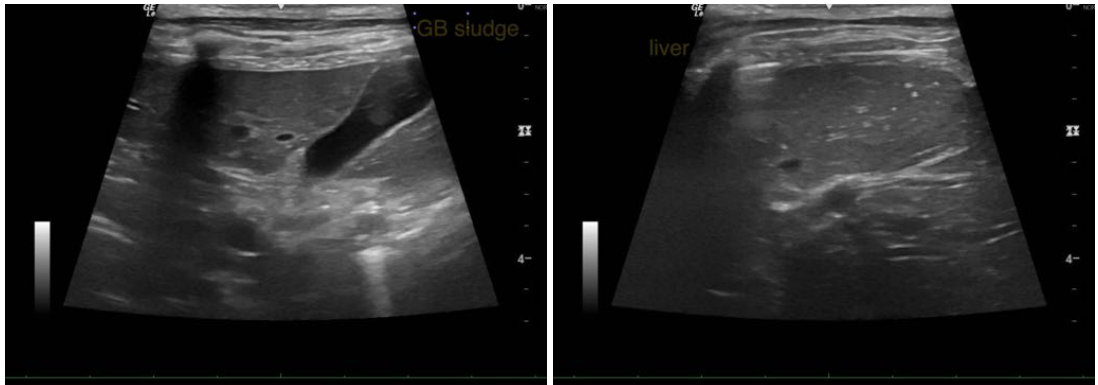
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If further diagnostics are not pursued empirical therapy prednisolone (1 mg/kg/day) may be considered, in addition to a second immunosuppressive drug, such as chlorambucil.

Consultation with an internist or oncologist is suggested.

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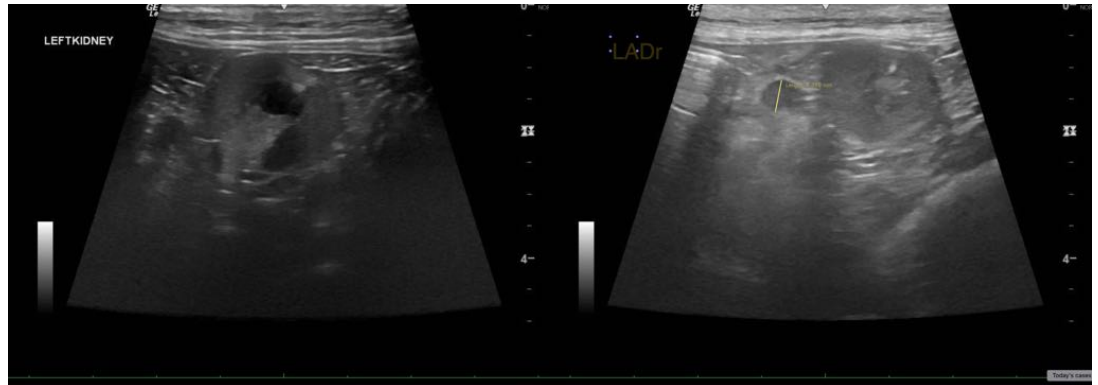
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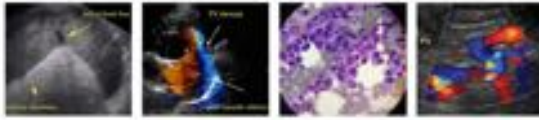
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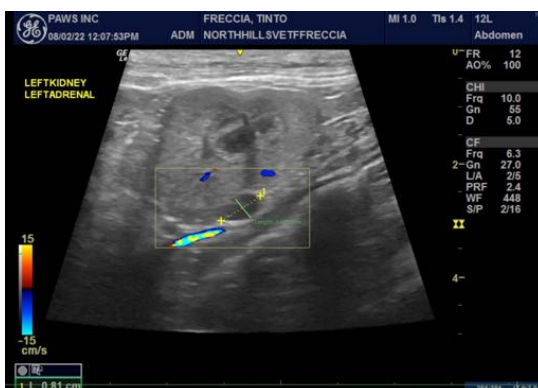
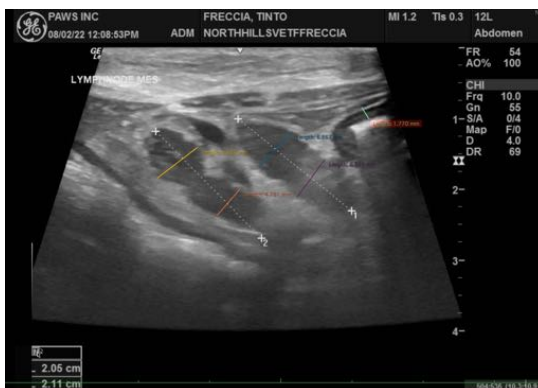
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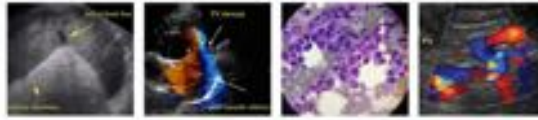
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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