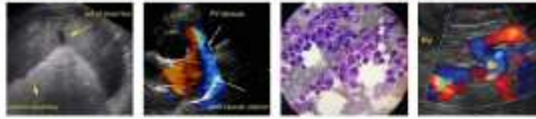


PATIENT

Maylin Torres

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 years

WEIGHT

10 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

13209

DATE

1/28/22

PRESENTING CLINICAL SIGNS

decreased appetitie and vomiting
Abnormal PE/Chem/CBC/UA Results: SDMA36, ALP 9, - aspirates on enlarged LNs done in house

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

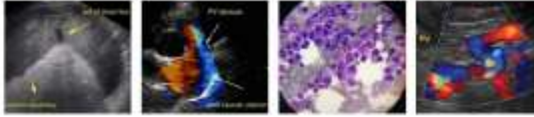
The spleen exhibited borderline enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.0 cm - 1.1 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.



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The small intestine exhibited generalized intact wall layering and primarily maintained a 1:3 muscularis / mucosa ratio. Subjective propensity for mild yet variably prominent small Intestinal mucosa to the level of the ileocolic junction, which exhibited intact and sonographically unremarkable wall layering.

The proximal colon just distal to the ileocolic junction exhibited mild hypoechoic mural hypertrophy with loss of discernable wall layering. An additional focal nonspecific small potential mural lesion was noted in the distal descending colon adjacent to the urinary bladder, measuring 0.37 cm in diameter. The proximal colon wall width measured 0.39 cm.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

A large, midabdominal mass, likely indicative of marked mesenteric root lymphadenopathy, was present. The mass exhibited a hypoechoic to heterogeneous echogenicity and asymmetrical margination. The omentum around the mass was mildly echogenic suggestive of reactive change or inflammation. The mass measured approximately 6.0 cm x 4.5 cm. Additional hypoechoic to swollen colic focal gastric and pancreaticoduodenal lymph nodes were present. An example of a colic lymph node measured 1.4 cm x 1.2 cm. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

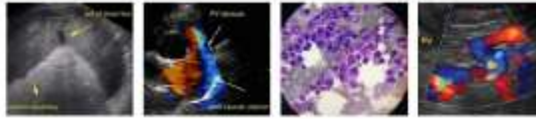
Primary Findings

- Severe hypoechoic to swollen midabdominal mesenteric root lymphadenopathy with concurrent hypoechoic to swollen colic, focal gastric, and pancreaticoduodenal lymph nodes
- Nonspecific gastroenteritis pattern
- Emerging proximal colon mural mass, concurrent focal small nonspecific distal colon mural nodule
- Mild chronic renal changes
- Borderline splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for a definitive diagnosis, the enlarged mesenteric, as well as colic, gastric, and potential pancreaticoduodenal lymph nodes are most consistent with neoplastic criteria such as lymphoma or other. Potential for non-neoplastic etiologies such as severe lymphadenitis / granulomatous lymphadenitis is possible yet thought less likely. If neoplastic process is confirmed, emerging multicentric neoplasia involving the Intestinal tract with potential for early splenic involvement would be suspected.

Ultrasound-guided FNA of the spleen, assuming normal clotting status and using a 25-gauge needle, could be considered for further staging pending lymph node cytology. Three view chest radiographs are suggested if not done. Continued as-needed GI supportive care is recommended.



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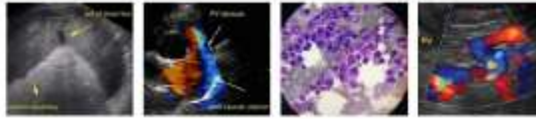

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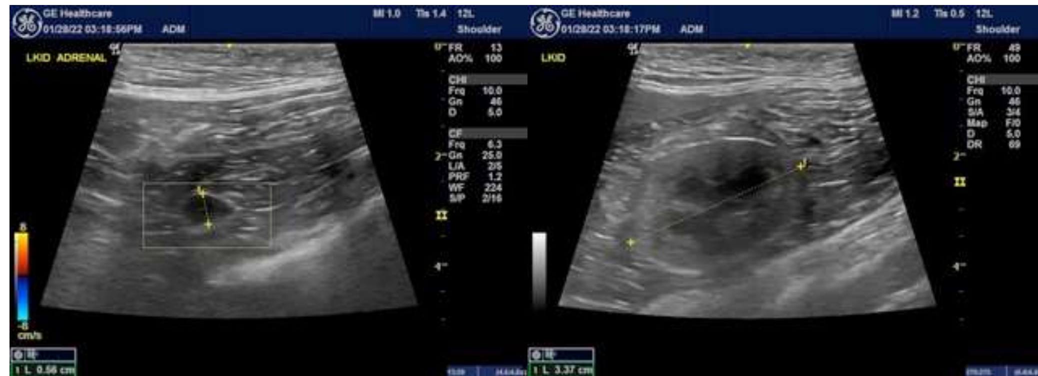

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com