

**PATIENT**

Shoi-Ming Johnson

SPECIES

Feline

BREED

Siamese Mix

SEX

MN

AGE

7 years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Westerhof

INVOICE

12486

DATE

10/29/21

PRESENTING CLINICAL SIGNS

Diarrhea for several months, lethargic, feels warm, not eating, losing weight, trouble walking
Abnormal PE/Chem/CBC/UA Results: ALP-7, ALT-13, TBIL-4.5 Jaundice

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes was noted. The sediment is likely consistent with minor cellular or crystalline debris.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size, which is nonspecific yet not overtly consistent with adrenal pathology. Potential for normal patient variant or mild stress hyperplasia is possible. The left adrenal gland measured 0.57 cm width. The right adrenal gland measured 0.66 cm width.

Spleen

The spleen presented generalized enlargement with reduced echogenicity and coarse echotexture. The capsule contour was rounded and asymmetrical or scalloped. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.3 cm - 1.4 cm width. No distinct splenic masses or nodules were noted.

Liver/ Gallbladder

The liver was mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with anechoic content and subtly prominent gallbladder walls. No evidence of peripheral inflammation or effusion was noted. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.15 cm width.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid was present. The gastric body wall width measured 0.27 cm.

The small intestine presented intact yet generalized mild prominent wall layering owing to generalized propensity for increased muscularis layer. The jejunum wall width measured 0.28 cm. The ileocolic wall width measured 0.43 cm. No overt intestinal masses or loss of wall layering were noted.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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

Multiple, midabdominal mesenteric to mesenteric root lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic, and smoothly marginated. A normal width: length ratio was maintained (<0.5). An example of lymph node size was 1.0 cm x 0.3 cm. No effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Mild hepatosplenomegaly with decreased hepatosplenic parenchyma echogenicity
- Mild nonobstructive common bile duct dilation
- Mild gastric stasis
- Enteropathy with generalized prominent muscularis layer
- Mid abdominal hypoechoic to mildly swollen mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

High concern for potential multicentric round cell neoplasia i.e., lymphoma, mast cell neoplasia, or other, involving the liver, spleen, gastrointestinal tract, and mesenteric lymph nodes. Potential for IBD with associated mesenteric lymphadenitis and benign reactive or inflammatory hepatosplenic changes are also possible.

Assuming normal clotting status, ultrasound-guided hepatosplenic FNA and lymphatic FNA, if accessible using a 25-gauge needle, is warranted for screening cytology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are suggested if not done to assess for or rule out concurrent thoracic pathology.

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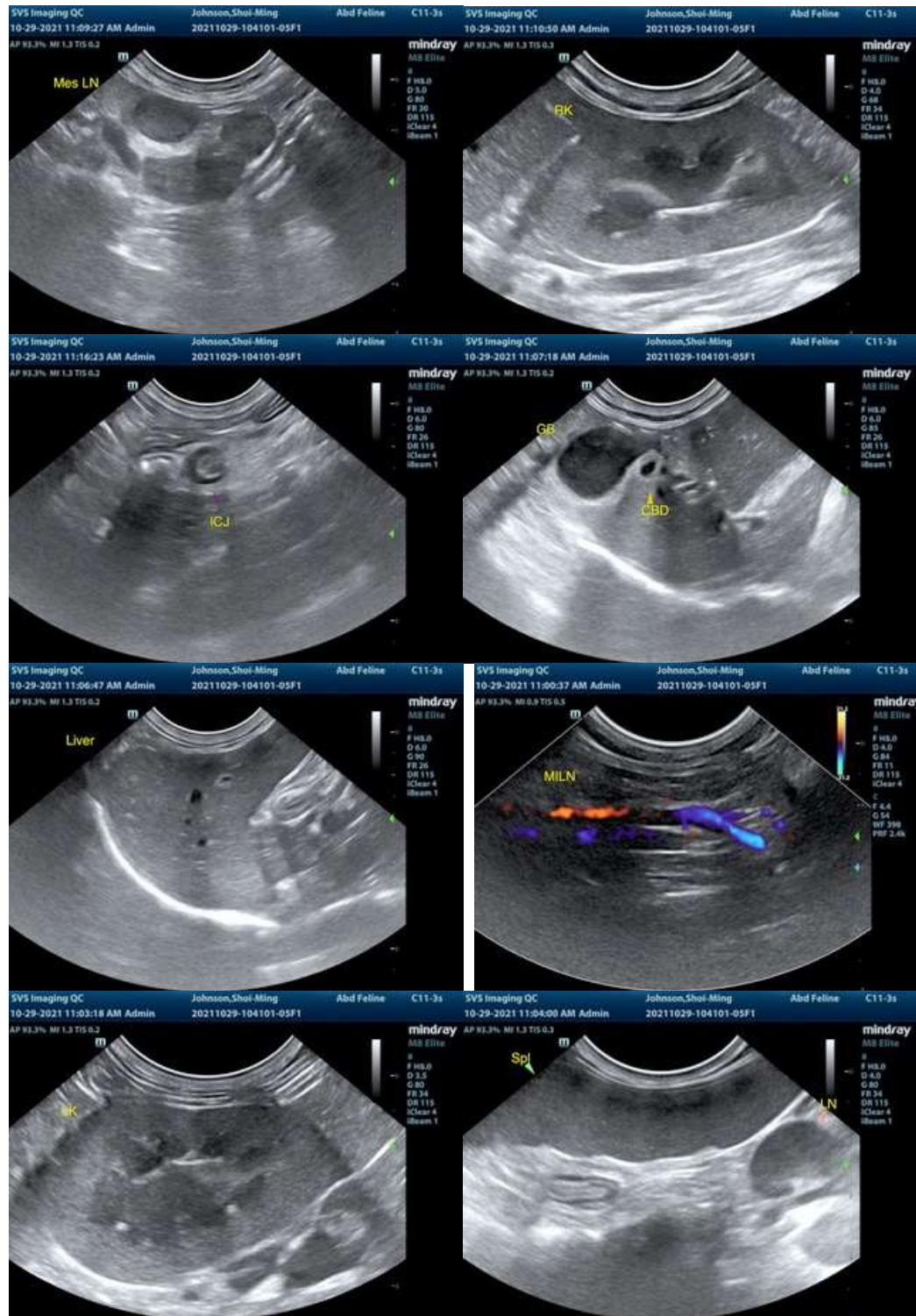
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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