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Clinical Sonography & Telecytology
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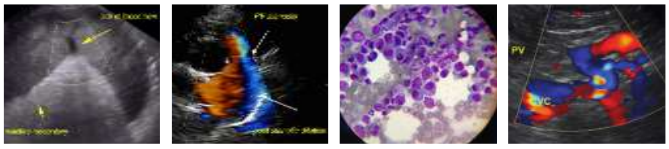

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tybolt Mandelli

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

17 years

WEIGHT

8.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

American AH

REFERRING VET

Dr. Stockmal

INVOICE

13281

DATE

2/9/22

PRESENTING CLINICAL SIGNS

Vomiting, weight loss, concern for pancreatitis. Based on in-house u/s 12/2021 sl. enlarged MILN. Was on Pred, weaned off.
Abnormal PE/Chem/CBC/UA Results: Neuts 18984, monos 1356, T4 1.3

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 left kidney was borderline enlarged with moderately hyperechoic renal cortex and medulla echogenicity. A hypoechoic halo was present at the periphery of the cortex. Mild dilation of the renal diverticuli was present. The left kidney measured 4.5 cm in length.

Normal renal size with asymmetrical margination was present in the right kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 3.4 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 0.59 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size, measuring 0.60 cm width.

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.

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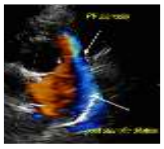
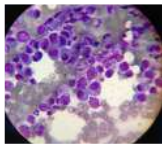
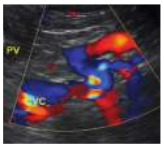

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Gastrointestinal

The stomach exhibited regional mild to moderate wall thickening exhibiting decreased mural echogenicity and loss of discernable wall layering primarily in the ventral to caudal gastric body. Gastric wall width in the area of wall thickening measured up to 0.88 cm in width. The lumen was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent muscularis layer, as well as a focal area of mild to moderate muscularis hypertrophy. Small intestinal wall in the area of focal muscularis hypertrophy measured 0.46 cm. The small intestine was empty without evidence of mechanical / metabolic ileus.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

A solitary, medial iliac lymph node was present. The lymph node exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph node was bordered by echogenic to reactive mesentery. The lymph nodes measured 2.2 cm length and 1.6 cm width. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left kidney renal lymphoma pattern
- Right kidney chronic interstitial nephrosis
- Regionally thickened to hypoechoic gastric walls
- Focal small intestinal muscularis layer hypertrophy
- Hypoechoic moderate medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, primary concern is for multicentric neoplasia involving the left kidney, potential right kidney, regional gastric wall, and potential focal small intestinal tract, as well as medial iliac lymphadenopathy.

Assuming normal clotting status, ultrasound guided FNA of the left kidney cortex and medial iliac lymph node, using a 25-gauge needle, is warranted for screening cytology. If accessible, ultrasound guided FNA of the gastric wall could also be considered, yet may not be possible.

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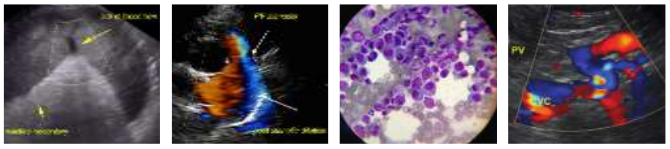

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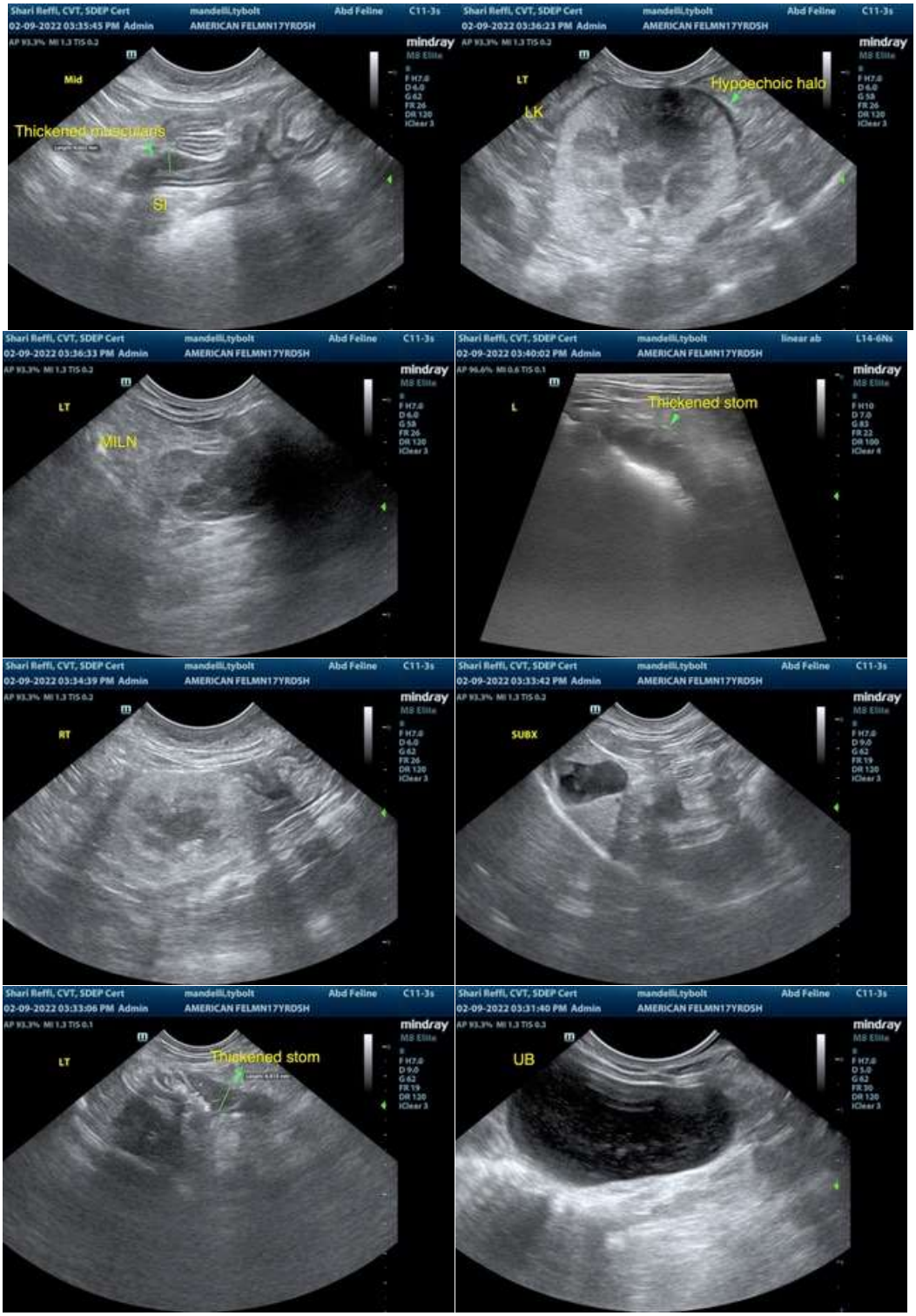
Potential for low-grade to chronic concurrent pancreatitis, which may present as sonographically normal may be possible yet Is thought less likely. Empirical gastrointestinal support is recommended. A guarded prognosis is warranted.



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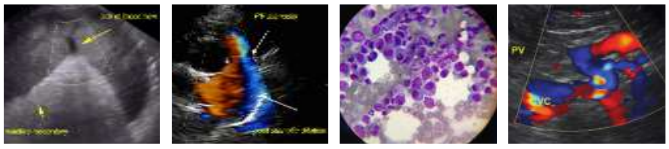

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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