



PATIENT

Chloe Paslaki

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

8.6 lbs.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

Meredith Leoni, DVM

INVOICE

14351

DATE

7/21/22

PRESENTING CLINICAL SIGNS

Presented 7/18/22 for anorexia. On PE P was found to be dehydrated with a 1.4# weight loss since 2/22. AXR showed both kidneys are grossly enlarged. P also has a IV/VI systolic murmur. BW showed stage 3 CKD and hypercalcemia. Great concern for renal cancer. other r/o's are glomerulonephritis. O understands treatment for poss neoplasia (fluids and steroids) may make treatment complicated and prognosis likely poor longterm, but would still like to try and get answer to make informed decision on next steps. P also getting UA, BP, and possible renal FNA while here for AUS. P had prior AXR in 2016 which showed normal kidney size. SDMA 45, Creat 4.1, BUN 79, Phos 10.6, Ca 13.1 Anion gap 29

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. 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.

The kidneys were 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. Minor pyelectasia was present in both kidneys. The left kidney measured 5.0 cm in length. The right kidney measured 5.9 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

The spleen exhibited 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 0.87 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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. Minor retained anechoic fluid was present in the pylorus.



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The small intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. A segment of small intestine suspected to be in the area of the distal jejunum possibly extending into the area of the ileum exhibiting mild to moderate mural hypertrophy, decreased mural echogenicity, and loss of discernable wall layering with wall width measuring up to 0.57 cm width.

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 lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by perilymphatic to peri intestinal reactive mesentery. An example lymph node measured 2.6 cm x 1.6 cm. No free fluid was noted.

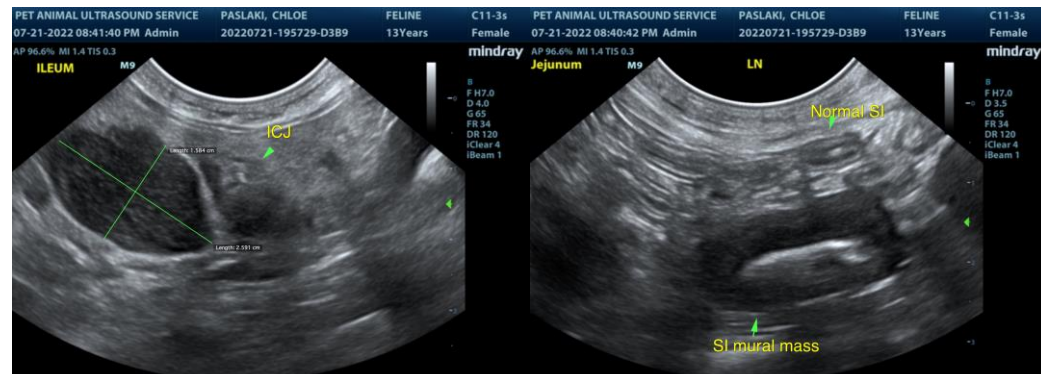
ULTRASONOGRAPHIC FINDINGS

- Bilateral renal lymphoma pattern
- Small intestinal mural mass
- Multiple hypoechoic to swollen mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, multicentric round cell neoplasia consistent with probable multicentric, likely high-grade lymphoma involving the bilateral kidneys, segmental intestinal tract and mesenteric lymph nodes is highly likely.

Further assessment may include, assuming normal clotting status, renal cortex and lymph node FNA for screening cytology and potential for oncology consultation. This case does not appear to be surgical. Three-view chest radiographs are suggested. FIP is considered a less likely differential diagnosis, given the patient's age. A very guarded to unfavorable prognosis is warranted.





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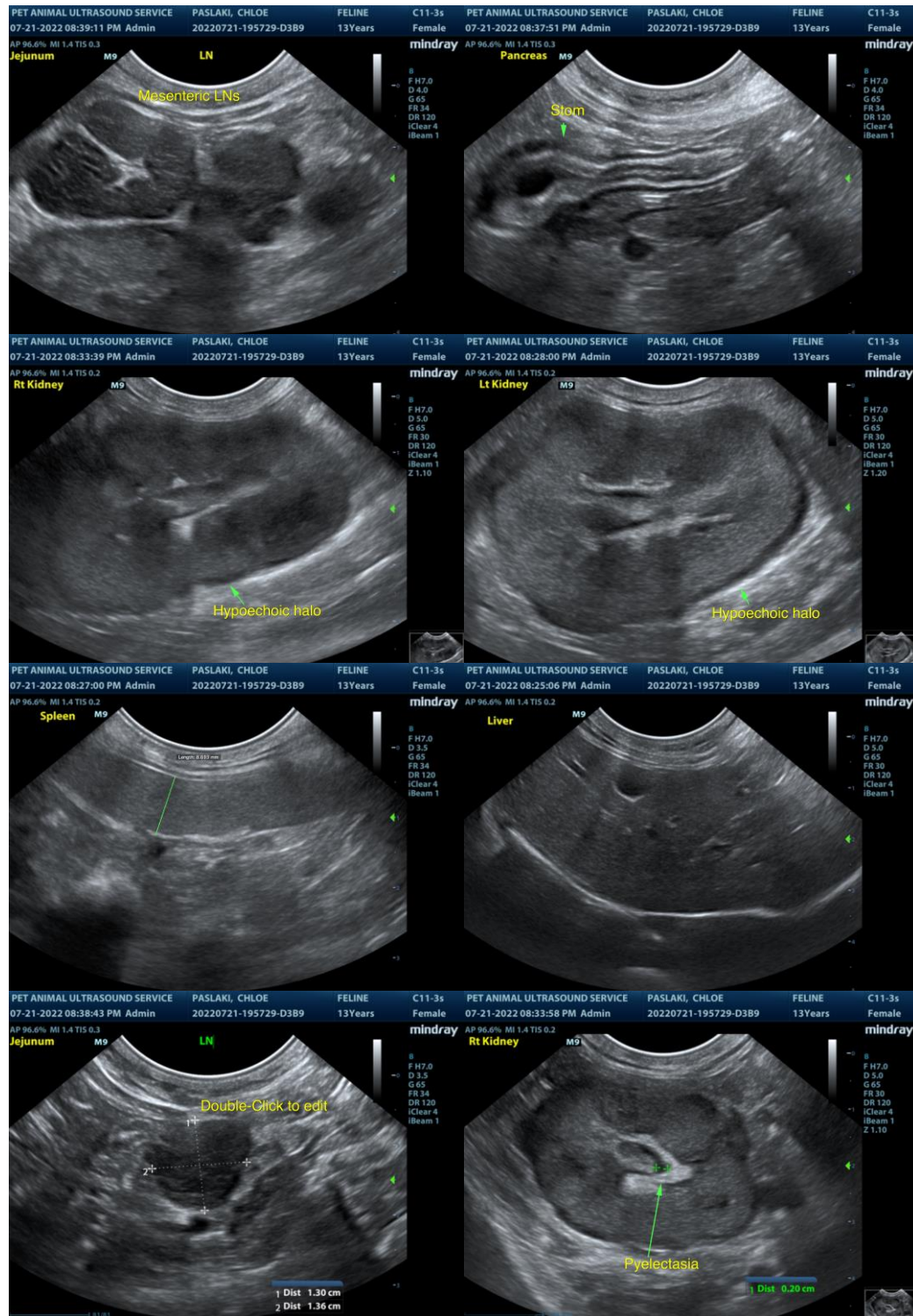
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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