



PATIENT

Hemmingway Storto
(Emp Pet)

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5 years

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

INVOICE

12160

DATE

9/1/21

PRESENTING CLINICAL SIGNS

ADR, not eating, has worsened significantly in past 3 days. Sedated with Torbugesic and hub of Dexdomitor (nervous/fractious out of house). FIV +. Treated for UTI last week with temp. of 105, kidneys palpated large, but much more pronounced now.

Abnormal PE/Chem/CBC/UA Results: PE: once sedated, firm, visible bilateral renomegaly. BCS 3-4/9 Chem (last week) WNL. CBC last week: low normal Plt (manual count), WBC 5,200 L, Hct 24%. CBC (today) WBC 2,950, Hct 18.5%, Plt 40k.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 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. Bilateral medullary mineralization was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to a periadrenal omental artifact and bilateral renomegaly.

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 1.0 cm in width.

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, retained ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine exhibited primarily intact wall layering with 1:3 muscularis/mucosa ratio. A focal area of marked hypoechoic mural hypertrophy and associated paralytic ileus was noted in the mid to caudal abdominal intestinal tract. Wall width in the abnormal intestine measured up to 1.4 cm width with loss of discernable wall layer detail.

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

Associated hypoechoic to mildly swollen mesenteric lymph nodes were noted adjacent to the abnormal intestine. An example measured 0.92 cm diameter. Mild regional peri intestinal reactive mesentery was noted. A small pocket of scant peritoneal free fluid was noted in the cranial abdomen around the caudal margins of the liver.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral renal lymphoma pattern
- Mild hepatomegaly with subtle reduced parenchyma echogenicity
- Intestinal mural mass with likely associated regional mesenteric lymphadenopathy
- Minor retained gastric ingesta / chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the sonographic abnormalities in this case are strongly consistent with multicentric neoplasia, specifically multicentric lymphoma involving the bilateral kidneys and segmental intestinal tract with potential associated metastatic lymphadenopathy and possible early hepatic involvement. Further assessment assuming normal clotting status and using a 25-gauge needle may include; renal cortical intestinal mural mass and hepatic FNA for cytology and further staging with potential for oncology consult and immediate chemotherapeutic intervention. However, given these findings, and in light of the patient's clinical signs, a likely unfavorable prognosis is warranted.



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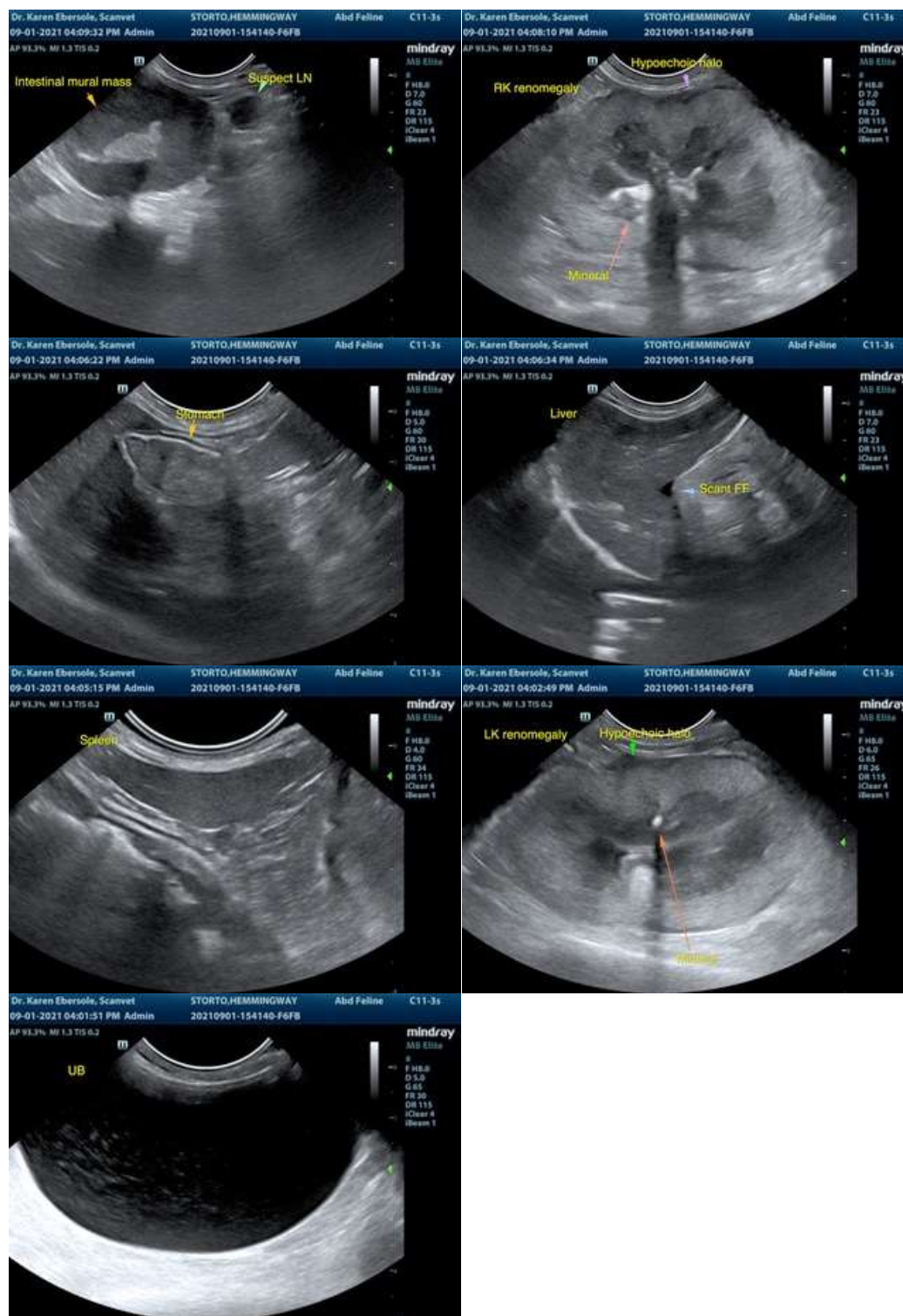
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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