
PATIENT

Mr Kitty Milligan

PRESENTING CLINICAL SIGNS

History: Losing weight, decreased appetite. Current Medications dexamethasone ear gel daily and mirtazapine ear gel daily

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Urea 13.7 (5.7-12.9) RBC 4.53 (6.54-12.2) HCT 22.2 (30.3-52.3) HGB 6.5 (9.8-16.2) WBC 19.68 (2.87-17.02) Neut 17.43 (2.3-10.29)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED

DLH

Urinary System

The urinary bladder is moderate distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

SEX

Neutered Male

The left kidneys are surrounded by a hypoechoic subcapsular halo and exhibits a loss of normal corticomedullary differentiation, and is significantly enlarged. There is no evidence of pyelectasia, nephrolithiasis or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 5.7 cm in length. The right kidney is 3.7 cm in length.

AGE

14 years

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.2 mm at the caudal pole. The right adrenal gland height 3.1 mm at the caudal pole.

WEIGHT

4.2 kg

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 7.5 cm.

INTERPRETED BY

 Tam Mengine, DVM,
 DABVP (canine/feline
 practice)

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Kelly Reschny

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal
HOSPITAL NAME

Dundas AH

The stomach is empty. The stomach wall is diffusely thickened up to 2.0 cm with a loss of wall layering. The pylorus is of normal appearance, with no evidence of outflow obstruction.

The visualized portions of the duodenum, jejunum, and ileum have intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenum is thickened (up to 3.5 mm) and the jejunum is normal measuring 2.1 mm.

REFERRING VET

Middleton

The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

INVOICE

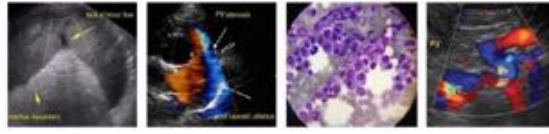
12854

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

DATE

4.24.23



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HOSPITAL NAME

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Middleton

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12854

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Free Abdomen

There is focal free fluid present with the abdomen. The omentum and intra-abdominal fat are hyperechoic. The mesenteric lymph nodes were moderately enlarged, up to 2.6 cm, with normal short to long axis ratio and have appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffusely enlarged left kidney with subcapsular halo
- Diffusely thickened gastric wall with loss of layering

Secondary Findings

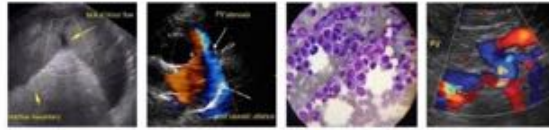
- Regional peritonitis within the abdominal cavity, with mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of both the kidneys and the stomach are most consistent with lymphoma. Other round cell neoplasia would be a less likely differential. Additional recommendations include:

- Fine needle aspiration of the subcapsular halo and any associated enlarged lymph nodes.
- Fine-needle aspirate of the stomach wall can be challenging, but in this patient, it is thick enough that it may also have diagnostic utility.
- Three-view chest radiographs are recommended.
- Supportive care including fluid therapy, appetite stimulation and anti-emetics as indicated.





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HOSPITAL NAME

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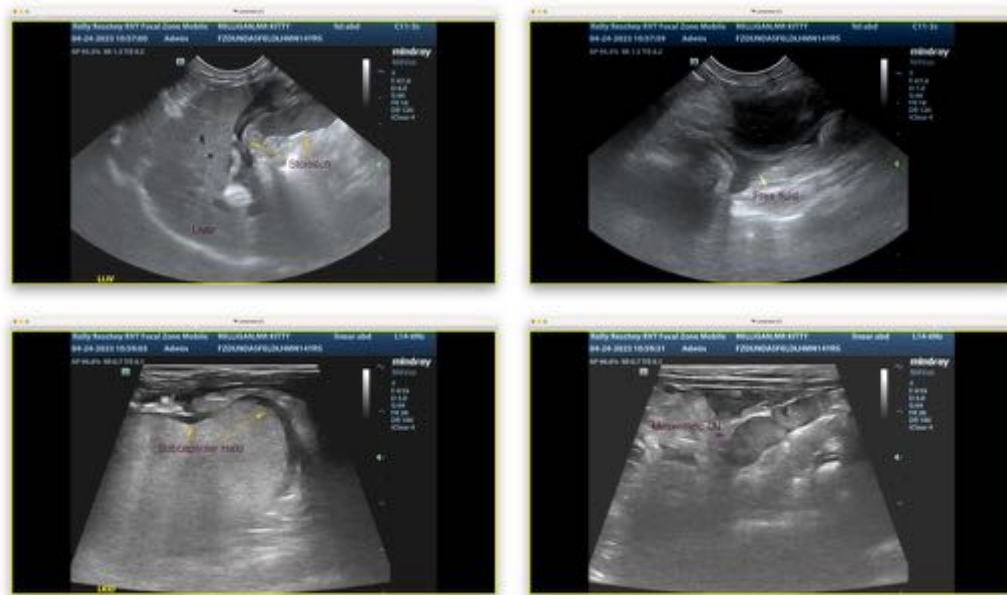
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com