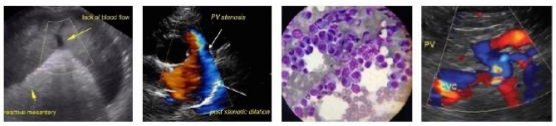
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Gunner Reese

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7yr

WEIGHT

4.9kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Dowell

INVOICE

10173

DATE

1/21/22

PRESENTING CLINICAL SIGNS

History: FIV positive, has been hiding and acting punky. Not eating well. Consistently elevated temperature. Changes on BW noted. Not himself. Has had a course of Doxy and currently on Veraflox. Has a history of a heart murmur. T - 39.8.

Abnormal PE/Chem/CBC/UA Results: FIV positive. Low RBCs, hematocrit, hemoglobin and Lymphocytes. U/A showed ++RBCs and Trace protein. Low Urea, low calcium and low alk phos. Anemia panel showed positive Candidatus M HA and Candidatus M TU.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A moderate amount of aggregated echogenic suspended debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.44 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed

Spleen

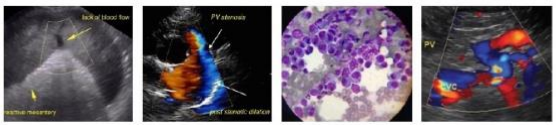
The spleen is normal in size (0.76 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, the parenchyma appears diffusely mottled, bordering on a “moth-eaten” appearance. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Gunner Reese

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7yr

WEIGHT

4.9kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Dowell

INVOICE

10173

DATE

1/21/22

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

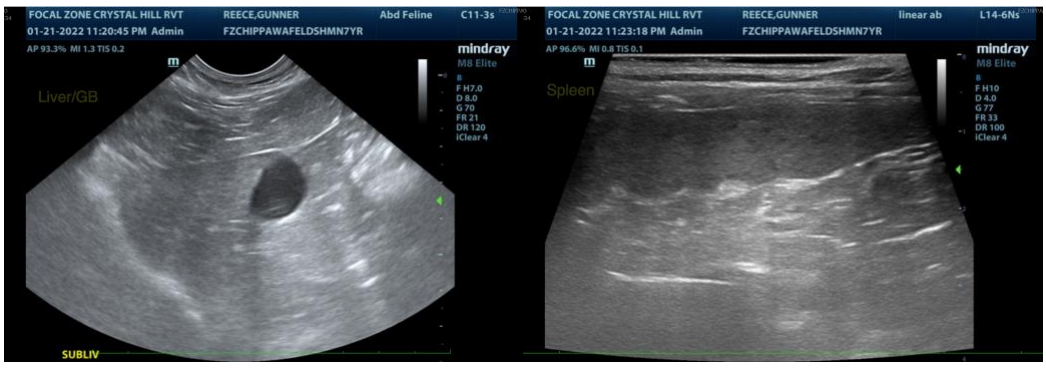
ULTRASONOGRAPHIC FINDINGS

Primary Findings

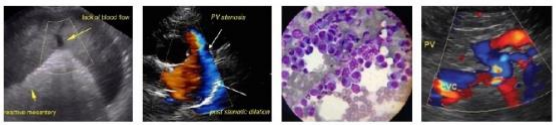
- The splenic parenchymal changes could be consistent with emerging neoplasia (i.e., lymphoma) Alternatively, a benign process, such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis is possible.
- Urinary bladder debris
- The remainder of the abdomen is unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine-needle aspirate of the spleen, if clotting status is appropriate.
- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Regarding the anemia, a reticulocyte count is recommended to assess for regeneration. If the anemia is non-regenerative, consider a bone-marrow aspirate. Also consider a slide agglutination test to assess for hemolysis as a possible cause for anemia.
- Given the patient's FIV-positive status, also consider testing for Toxoplasmosis, which often occurs concurrently with FIV.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Gunner Reese

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7yr

WEIGHT

4.9kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Chippawa AH

REFERRING VET

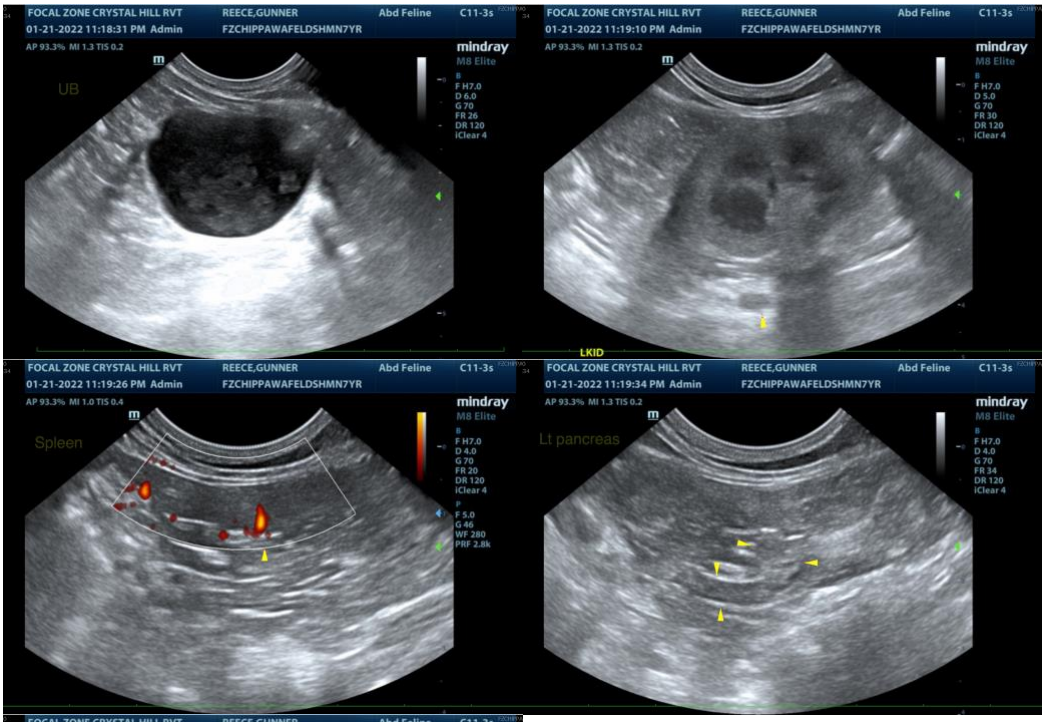
Dr. Dowell

INVOICE

10173

DATE

1/21/22



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com