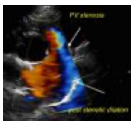
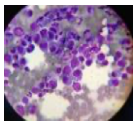
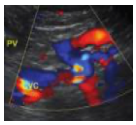
IMAGING PERFORMED BY

IntraPet.com







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DATE

1/4/2022

PATIENT

Lucy Monfiletto

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

9/13/2019

WEIGHT

10.65 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Banfield Pet Hospital of Towson

REFERRING VET

Dr. Mike

INVOICE

12775

PRESENTING CLINICAL SIGNS

History: Depressed; BCS 5/9; wt- 10.65 lbs /4.83 kg; mm-yellow tinge/moist; crt<2sec; eent- 1/4 dental tartar; eyes- Microopthalmia noted left eye h/l- no murmur or abn sounds, pulses strong and steady; abd- soft, non-painful on palp throughout; s/c- long nails; pln- wnl; rectal - not performed. Hepatopathy Undergoing Therapy, Malaise Undergoing Therapy, Anorexia Undergoing Therapy, Dental Calculus Doctor Postponed.

Lab Results: Today (1/4/21) ap 266, alt 316, ggt 6, tbil 5.9, bun 9; K 3.2, all liver values elevated from bw performed at urgent care; from 12/31/21 Urgent care Urinalysis: < 1 wbc, 5 rbc, suspect cocci and rods present, <1 non sq epi cell, pH 7, trace protein, bilirubin 6, blood 250
cbc: HCT 28%, neu 2.05- suspect bands, lymp 5.41, mono 1.01, eos 0.04, pLT 85K, chem17/lytes: BUN 13, TP 5.4, ALT 264, ALP 161, Tbili 3.3, chol 57, K 33.4.
Radiographs: 2 view abdominal radiographs: hepatomegaly, suspected splenomegaly, mostly gas throughout small intestine, feces in descending
colon, small urinary bladder.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed By: Andi Parkinson, RDMS.

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 mildly distended with mostly anechoic urine. 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 (4.20 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 size (4.40 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal in size for a cat (0.57 cm). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively enlarged (1.25 cm in width at the level of the hilus) with scalloping of the medial contour. The parenchyma is diffusely hypoechoic. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is adhered to the luminal surface. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

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

There is no evidence of free fluid. A 2.19 x 1.23 cm hypoechoic lymph node is observed in the cranial abdomen. In addition, 2-3 prominent colic lymph nodes are visualized, the largest measuring 0.78 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

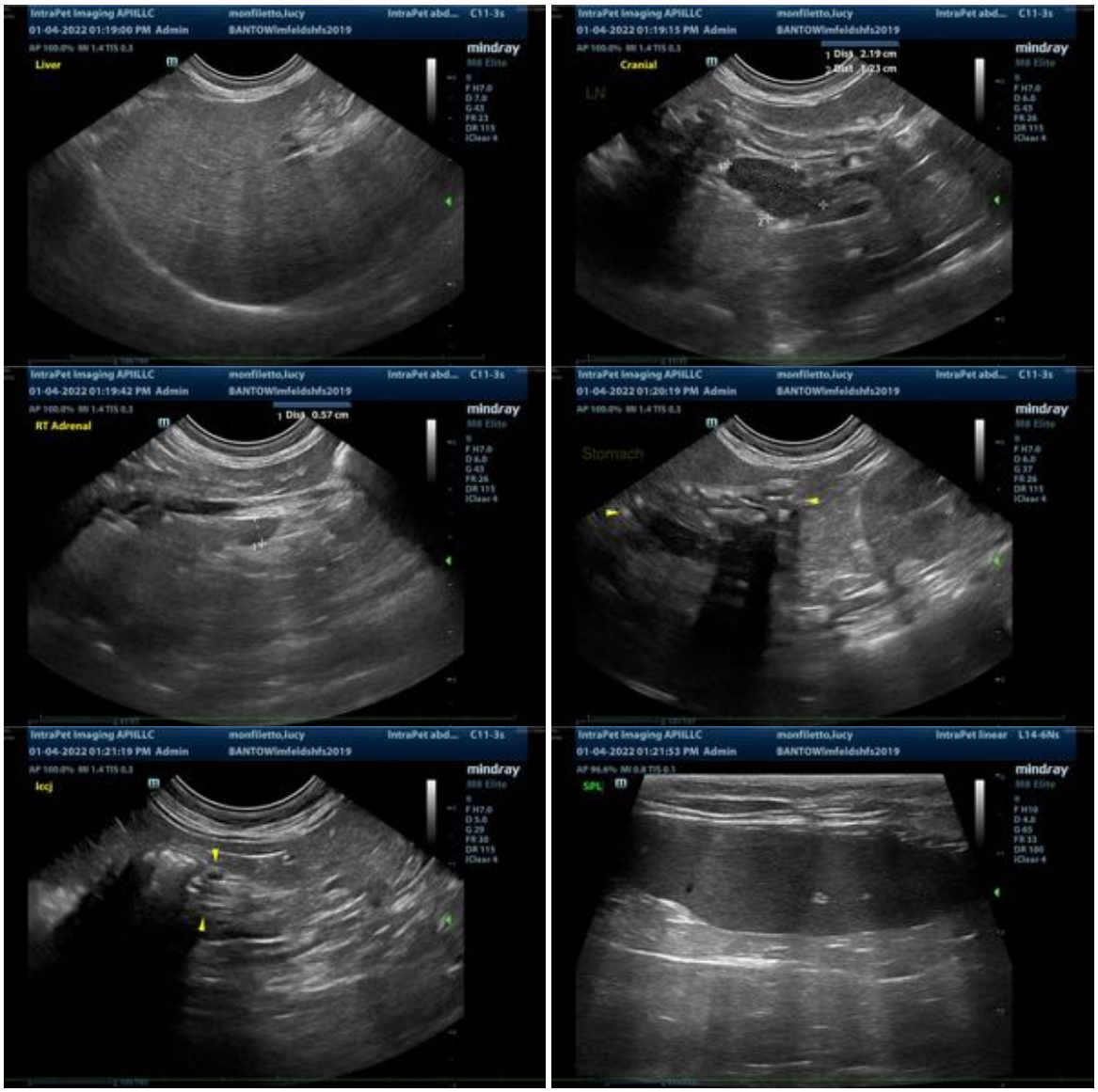
- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, benign change (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) cannot be excluded.
- The hepatic parenchymal changes are non-specific and could be seen with infiltrative neoplasia (i.e., lymphoma), hepatic lipidosis, inflammatory disease or some combination thereof.
- The abdominal lymphadenopathy may be secondary to infiltrative neoplasia, lymphoid hyperplasia, or reactive lymphadenitis.

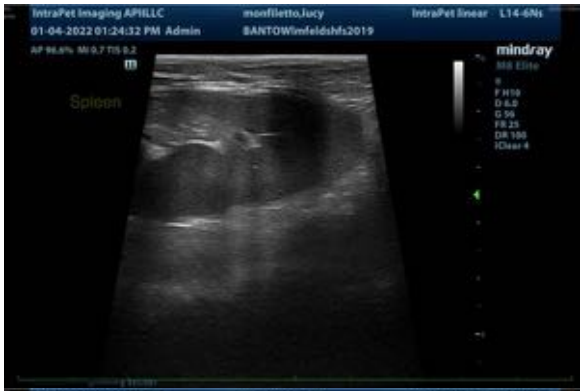
Secondary Findings:

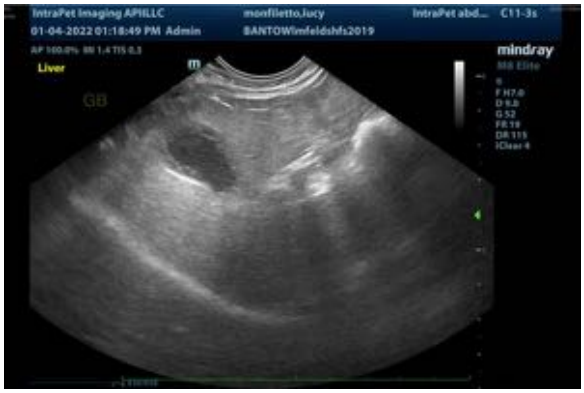
- The trace right pyelectasia may be secondary to fluid therapy, PU/PD (if applicable) or pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- If clotting times are normal, fine needle aspirates of the liver and spleen are recommended.
- While awaiting test results, supportive care is recommended, including nutritional supplementation (i.e., via temporary feeding tube) to help prevent/treat hepatic lipidosis.
- Also consider a malabsorption panel (serum cobalamin, folate, TLI, PLI) to assess for concurrent gastrointestinal and pancreatic disease.







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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com