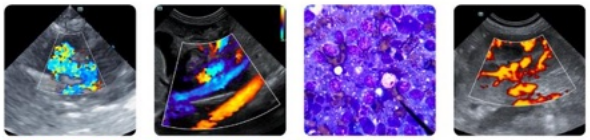

PATIENT

Sweets Meyer

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

10.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shannah Duffy

HOSPITAL NAME

Portland Veterinary Wellness Center

REFERRING VET

Dr. Onuta

INVOICE

13375

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Hx asthma, allergies, chronic ear infections. OD Horner's syndrome suspected secondary to ear infections. On prednisolone 5 mg SID, marbofloxacin 25 mg SID, ear medications. On urinary SO diet. Abd u/s recommended for further work up of hypoalbuminemia, hypoglobulinemia, FIV screen Abnormal PE/Chem/CBC/UA Results: CBC/chem eosinophilia 0.051 (0.209 - 1.214 K/µL), hypoalbuminemia 2.4 (2.6 - 3.9 g/dL), hyperglobulinemia 6.3 (3.0 - 5.9 g/dL), Albumin: Globulin Ratio 0.4 (0.5 - 1.2), elevated CK 604 (64 - 440 U/L). U/a USG 1.035, 1+ protein. FIV+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is mildly enlarged (4.81 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic to hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is mildly enlarged (4.64 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic to hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of 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 (0.30 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 in this region.

Spleen

The spleen is prominent in size (1.15 cm in width at the level of the hilus) with smooth peripheral contour. The parenchyma is diffusely mottled bordering on a “moth-eaten” appearance. 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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally to mildly fluid 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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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.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

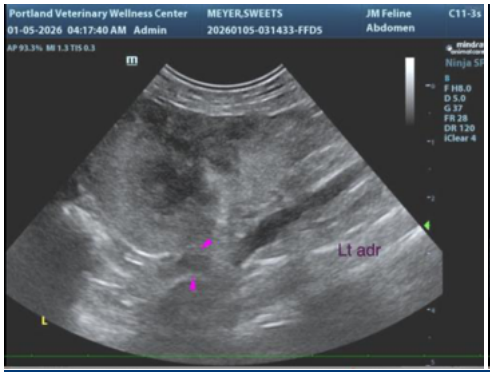
Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., lymphoma). However, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation) cannot be excluded.
- Mild bilateral renomegaly may be a normal variant for this patient or may be secondary to interstitial nephritis or less likely, emerging neoplasia. Mild bilateral nonspecific, age related renal changes are also present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine needle aspiration of the spleen (assuming normal clotting status). A 25-gauge needle should be used.
- Other considerations include the following:
  1. Three-view thoracic radiographs to assess for pathology in the chest
  2. Serum protein electrophoresis
  3. +/- bone marrow aspirate



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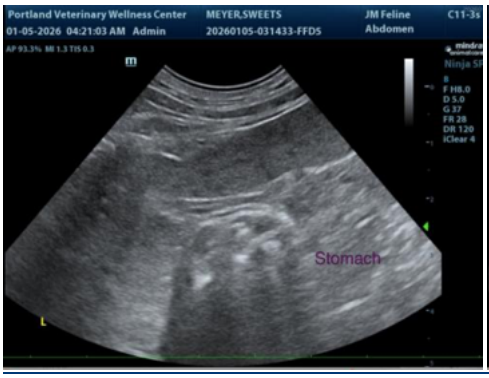

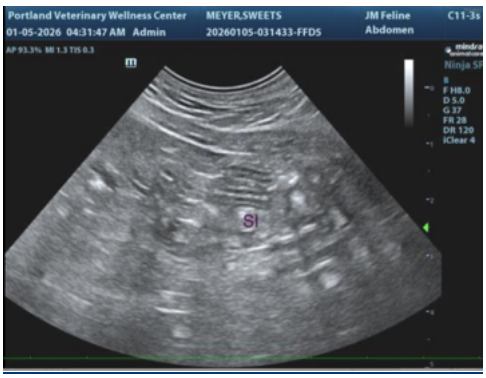

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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