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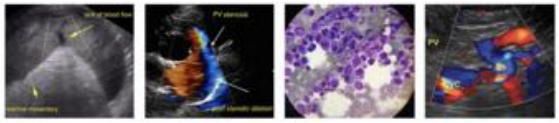


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Bandit Cosgriff

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

03/23/2007

WEIGHT

11.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Rebecca Hawk

INVOICE

11838

DATE

10.17.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
1. Hyporexia
2. Anemia (22%)
3. Hypochloesterolemia
4. Severe monocytosis

Abnormal lab-work values: Severely decreased ALP. HCT 22, PCV 28
Current Medications: Transdermal Miratraz SID, Ondansetron 4mg PO BID, Cosequin PO SID, Frontline Q 30 days
Fine Needle Aspirates: Client did not approve sedation nor FNA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with 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 (4.25 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the liver and slightly heterogenous in appearance. Mild to moderate pyelectasia is present (0.37 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney is** normal size (3.50 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the liver and slightly heterogenous in appearance. Mild to moderate pyelectasia is present (0.37 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.56 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

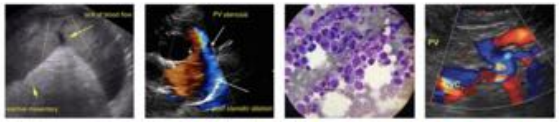
Spleen

The **spleen** is enlarged (2.39 cm in width at the level of the hilus) with swollen/rounded peripheral contours. The parenchyma is subjectively hypoechoic and subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The duodenal papilla is visualized and is prominent in size (0.55 cm in width).



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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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The **pancreas** is normal in size with normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogenous in appearance. The pancreatic duct is not overtly dilated. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent **lymph nodes** are observed in the left cranial to mid-abdomen, the largest measuring 1.12 cm in length.

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion.

An ultrasound-guided fine-needle aspirate of the spleen was performed at the end of this study.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenomegaly is more concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of a severe inflammatory process or other benign process.

Secondary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. The left pyelectasia could be consistent with age-related remodeling, pyelonephritis, PU/PD or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider three-view thoracic radiographs to assess for occult disease in the chest.

If splenic cytology results are inconclusive, more advanced testing (i.e., flow cytometry, PARR, splenectomy) may be warranted.

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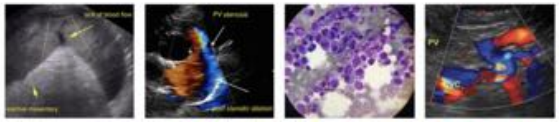

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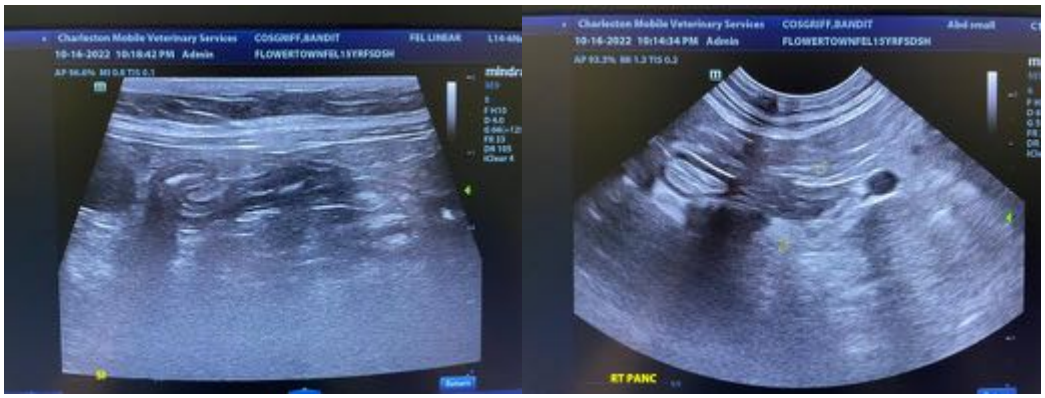

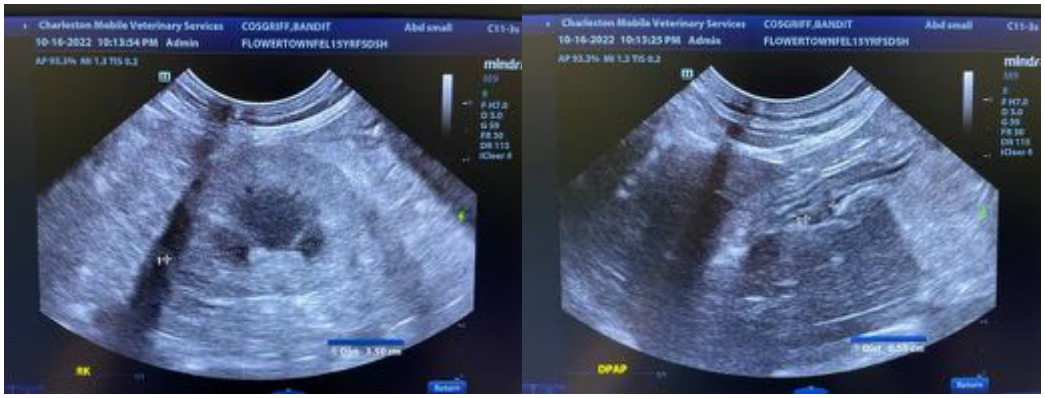

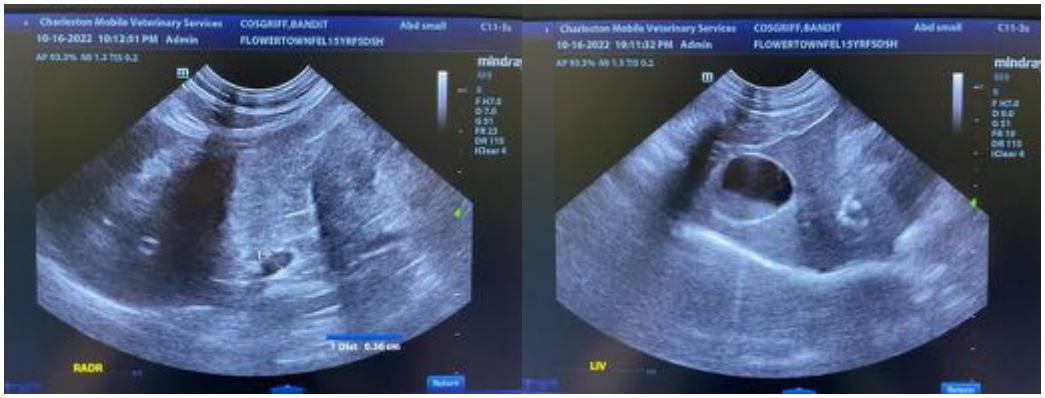

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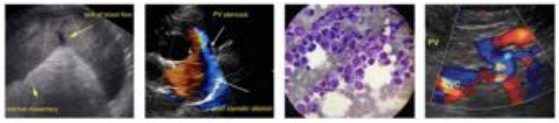

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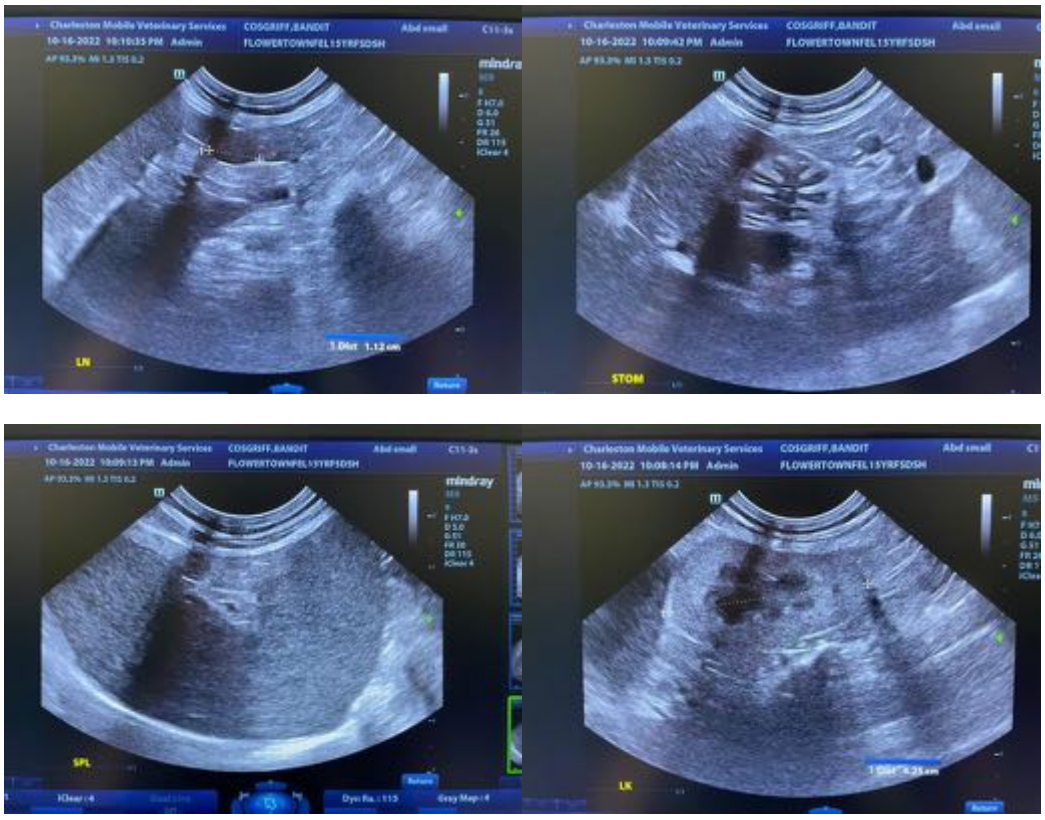

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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