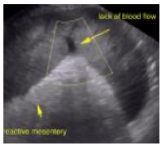
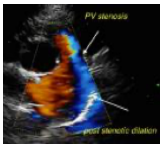
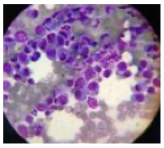
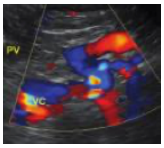
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Raven Bailey

SPECIES
Feline

BREED
DMH

SEX
Neutered Male

AGE
1 year

WEIGHT
11.1 lbs

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

IMAGING PERFORMED BY
Dr. Leal

HOSPITAL NAME
Blairstown AH

REFERRING VET
Dr. Zeliff

INVOICE
11846

DATE
10.19.22

PRESENTING CLINICAL SIGNS

History: Cat presented ADR. Was neutered at another hospital 5 days ago. Has been lethargic since that time. Bloodwork shows increased WBC (24K), PCV = 29%, rest Chem/CBC WNL. Temp - 103.7. Has been on clavamox and onsior from other bet for 2 days. Ultrasound done for further diagnostics

22 still images and 37 video clips are available for interpretation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall 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. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (4.53 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.

Adrenal Glands

(No images provided).

Spleen

The **spleen** is subjectively prominent in size (1.28 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is of normal volume with no evidence of 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/not seen.

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. There is no evidence of an obstructive pattern.

Pancreas

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. 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

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. A 0.67 cm **gastric lymph node** is visualized. A few prominent mesenteric lymph nodes are also seen. A few prominent lymph nodes are also observed at the aortic trifurcation.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The origin of the fluid-filled structure in the mid to caudal abdomen is unclear. It may be arising from mesentery, lymph node, urinary tract, other. Differentials include abscessed cyst, tumor, granuloma. Peritonitis is present, likely secondary to fluid-filled structure.

Secondary Findings

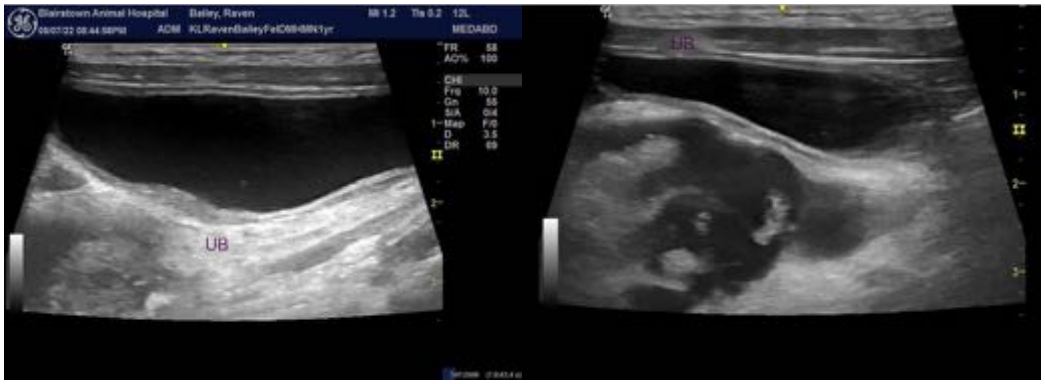
- The splenic parenchymal changes are nonspecific and could be secondary to a benign process (i.e., antigenic stimulation, splenitis, lymphoid hyperplasia, or extramedullary hematopoiesis). However, emerging neoplasia (i.e., round cell tumor) cannot be completely excluded.

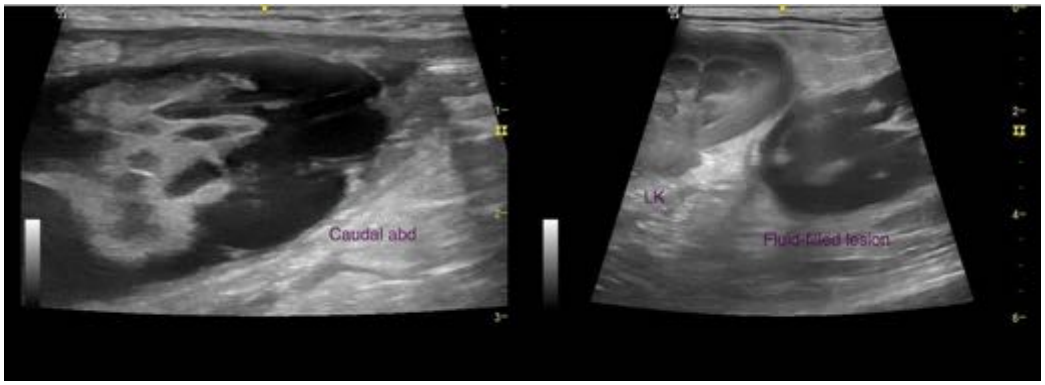
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

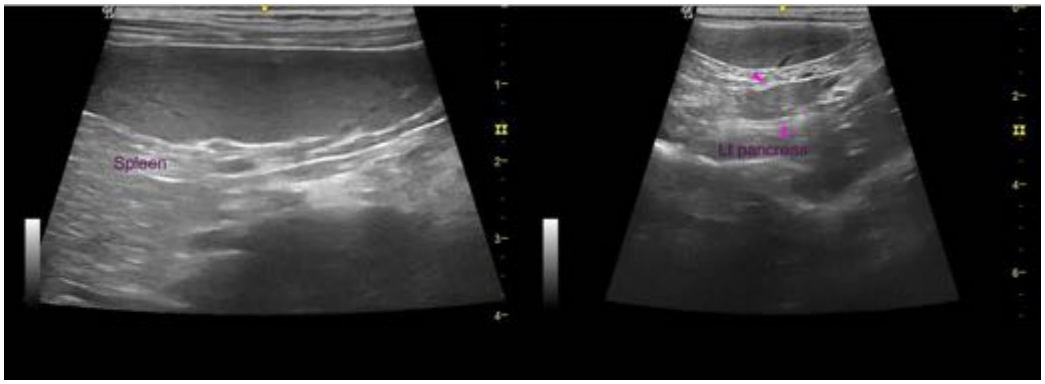
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

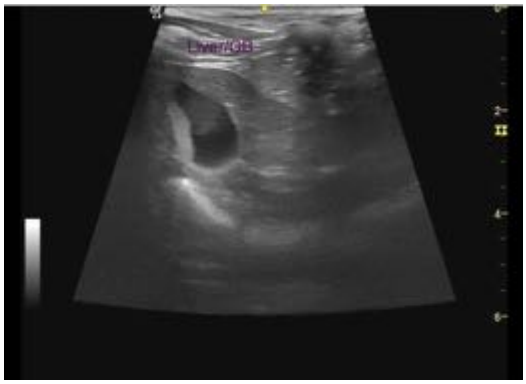
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a fine-needle aspirate of the fluid-filled structure within the abdominal cavity if clotting status is appropriate. A 25-gauge needle should be used. Cultures and sensitivity should also be considered, depending on the cytologic evaluation. Ultimately, an abdominal exploratory with removal of the fluid-filled structure may be warranted. An abdominal CT scan would be useful in presurgical planning. Three-view thoracic radiographs should be prior to anesthesia.









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