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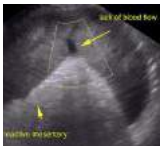
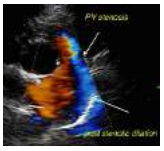
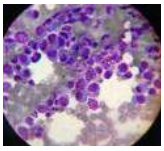
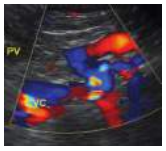

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1-800-838-4268 info@sonopath.com

PATIENT

Molly Mae Burdge

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

10 years

WEIGHT

Not given

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

Dr. Lovell

INVOICE

11999kk

DATE

10/29/21

PRESENTING CLINICAL SIGNS

History: Chronic vomiting, weight loss, PPHx of diarrhea. Recent dentistry. Whole body radiographs are unremarkable.

Current meds: Convenia, Cerenia

Abnormal PE/Chem/CBC/UA Results: wnl

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 is mildly distended. A small amount of suspended, echogenic 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 (3.86 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 (3.86 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.

Adrenal Glands

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (0.80 cm in width at the level of the hilus) with a normal capsular contour. Several, varying-sized hypoechoic nodules are observed throughout the organ, the largest measuring 0.68 cm. A few of the nodules cause capsular expansion. Splenic vasculature appears 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 moderately distended. The wall is normal in thickness. A small amount of gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are tortuous and mildly dilated. The common bile duct measures 0.31 cm in diameter and can be followed to the level of the duodenal papilla. There is no evidence of intraluminal obstruction.

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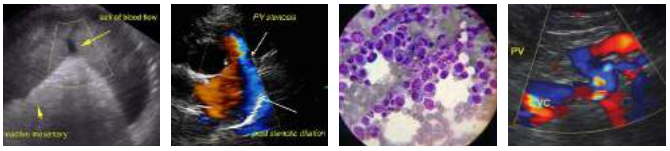

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Gastrointestinal

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 segmentally fluid-distended (mild). One segment of jejunum is moderately thickened (up to 0.39 cm) with thickening of the submucosal layer. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is visualized. Two to three prominent to enlarged cystic lymph nodes are observed in the sublumbar region. One to two prominent lymph nodes are also observed in the cranial to mid-abdomen.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of benign pathology (i.e., inflammatory foci, extramedullary hematopoiesis, lymphoid hyperplasia.
- The thickened bowel segment with regional peritonitis is most consistent with inflammation with a possibility of emerging lymphoma.
- The significance of the prominent sublumbar lymph nodes is unclear, they may represent reactive lymphadenitis, lymphoid hyperplasia, or infiltrative neoplasia.
- The trace free fluid is likely secondary to splenic pathology

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A fine needle aspirate of the spleen is recommended (if clotting status is appropriate). A 25-guage needle should be used. If cytologic evaluation is inconclusive, consider an abdominal exploratory with splenectomy as well as gastrointestinal biopsies.
3. A malabsorption panel including serum cobalamin, folate, PLI and TLI is also recommended.

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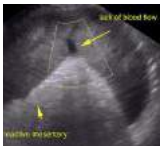
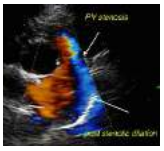
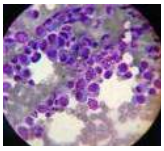
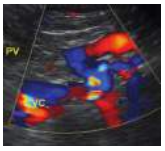

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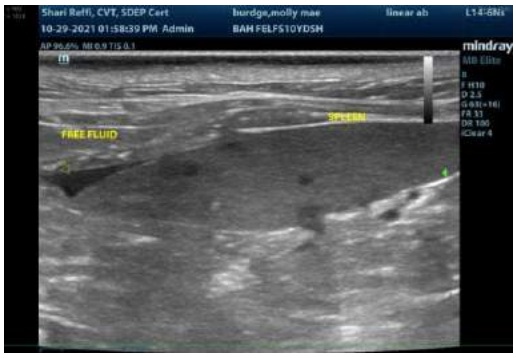

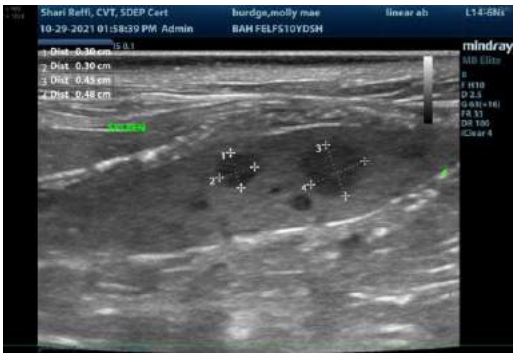
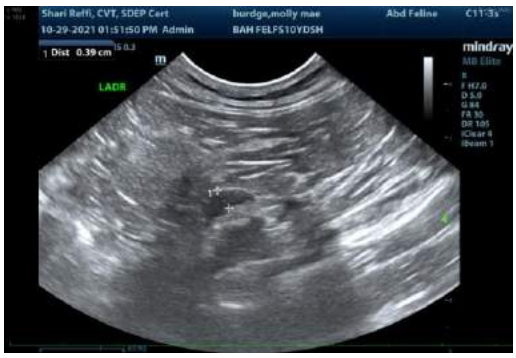

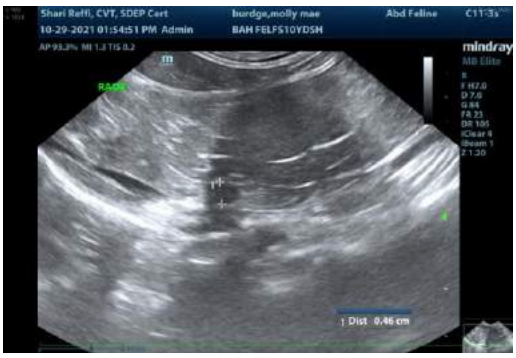

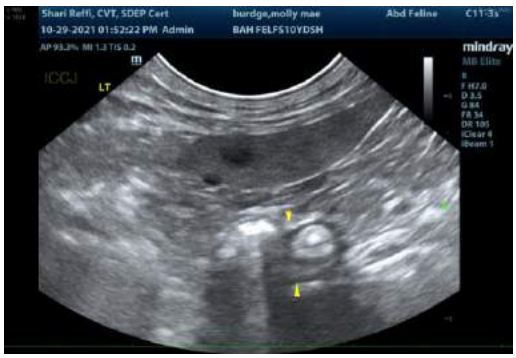

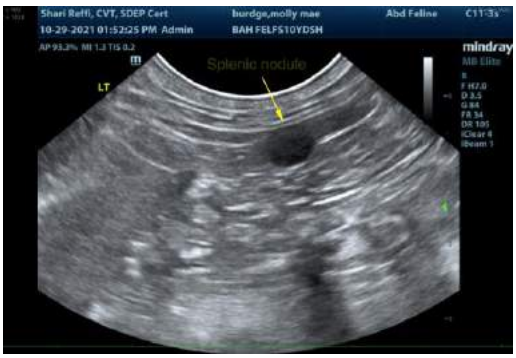

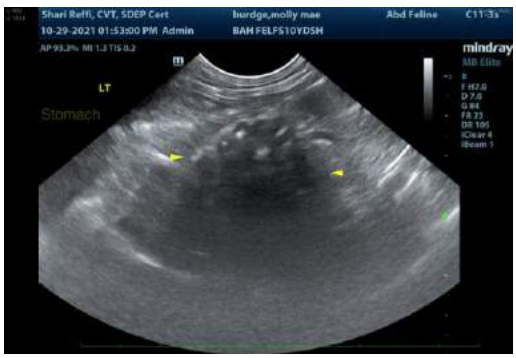

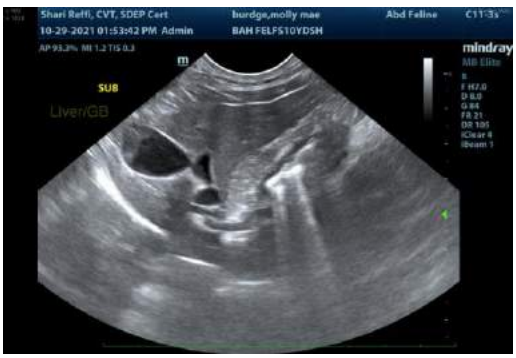

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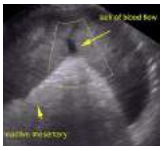
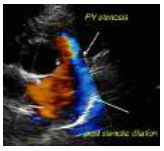
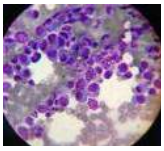
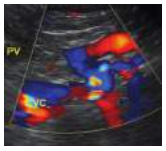

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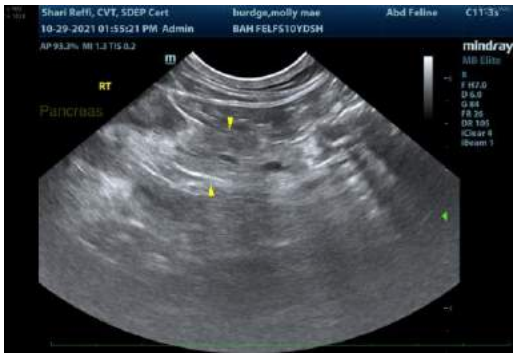

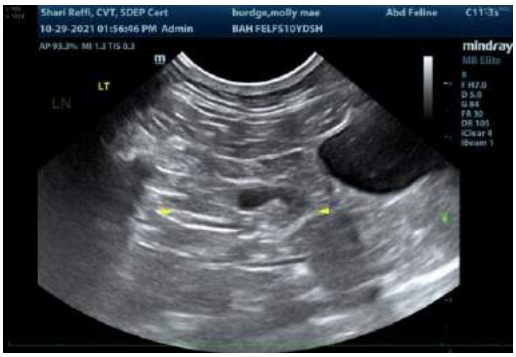

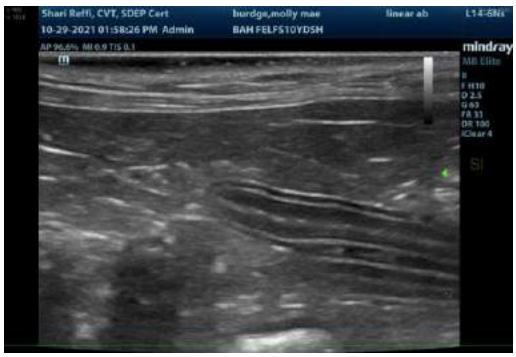

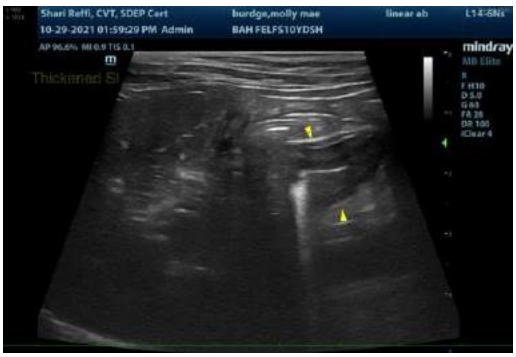

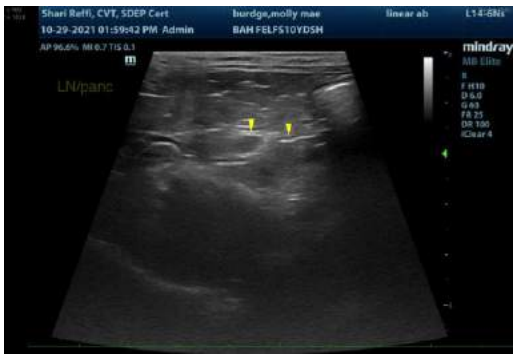

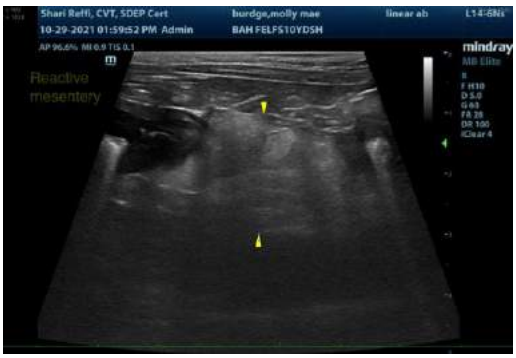

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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