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Clinical Sonography & Telecytology
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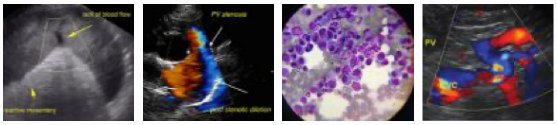

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Tiger Lily Rainey

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 years

WEIGHT

14.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Cole

INVOICE

11782

DATE

10.5.22

PRESENTING CLINICAL SIGNS

History: P has been lethargic for 4 days. No other symptoms. Still eating and drinking normally. Thursday night P started becoming lethargic, progressively getting worse. Decreased appetite about half as much. P eats Friskey's kibble/wet. No diarrhea/vomiting. Gets into cat fights often. Has some superficial scratches on her neck. PE showed flea debris, 104.6 fever; Dehydration: 3-5%, abdominal tenderness 104.6 microchip reader at 10:05 am. spiked to 105.4 at 1:15 pm. Hospitalized on IV fluids yesterday Current Medications Pred 5 mg 1/4 tab every 72 hours, albuterol rescue inhaler as needed. Single cerenia PO 10/4/22. Rx Veraflox 10/4/22

Abnormal PE/Chem/CBC/UA Results: ALP <10, GGT 7, TBILI 1.1. Serum icteric. Urobilinogen 4. Urine bilirubin negative. Mildly anemic PCV 29% on admit while dehydrated. Total protein 6. No organisms seen on smear

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 (4.69 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.85 cm in width at the level of the hilus) with a normal capsular contour. Using the high-frequency probe, a light micronodular pattern is observed throughout the organ. 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. No pathological hepatic lymphadenopathy observed.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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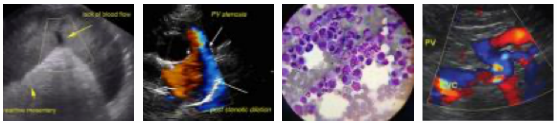

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Gastrointestinal

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 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 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

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the sonograph changes in the spleen, consider a fine-needle aspirate if clotting status is appropriate. A 25-gauge needle should be used.

Also consider the following diagnostics:

1. Three-view thoracic radiographs to assess for occult disease in the chest
2. Feline leukemia and FIV testing, if not already performed
3. Mycoplasma PCR
4. Repeat CBC with reticulocyte count (send to a diagnostic lab) to assess for regeneration.
5. If the anemia is nonregenerative, a bone marrow aspirate may be warranted. If pursued, an immunofluorescent assay for feline leukemia on the marrow should be performed.

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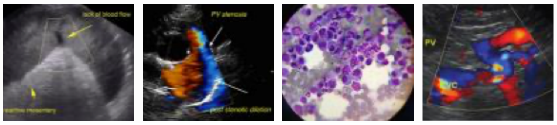

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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