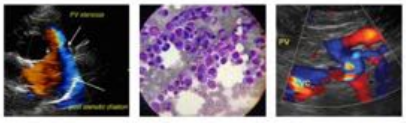


PATIENT

Luther Goodwin
WGK_138931

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 years, 2 mos

WEIGHT

5.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Bianco

INVOICE

11948

DATE

12.2.22

PRESENTING CLINICAL SIGNS

History: Luther presented to WVRC Waukesha ER on 12/01/2022 for not eating or drinking and extreme lethargy. Owner reports they first noted Luther was not acting his normal on Monday (11/28). Luther is very lethargic and not wanting to move. Luther is normally a troublemaker and instigates fights within the house, but he has not done this recently. Luther normally is very interested in eating and will beg his owner to be fed. Luther has not been asking to be fed and also has not been eating since Monday (11/28). Luther did eat a small amount of food last night. Luther has not been seen drinking water from his bowl or the faucet. No vomiting, diarrhea, coughing, or sneezing noted. Owner is unsure if Luther is urinating and defecating normally as there are multiple cats within the household. Luther is a primarily indoor only cat but he does get let outside to explore the fenced in back yard occasionally. Luther was last let outside on Friday (11/25). Luther does hunt birds. No known dietary indiscretion.

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 scant 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 1-2 cm, are normal.

The left kidney is normal size (3.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter

The right kidney is normal size (4.18 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 (0.46 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.

Spleen

The spleen is enlarged (1.31 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is subjectively hypoechoic with a few, small, ill-defined hyperechoic nodules. Splenic vasculature appears normal with no evidence of thrombosis.

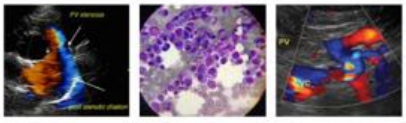
Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous in appearance, with ill-defined hyperechoic areas/nodules throughout the organ. Hepatic vasculature and intrahepatic 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 aggregated, echogenic debris is observed within the lumen. 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



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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 left limb is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A small to moderate amount of free fluid is present. One to two prominent mesenteric lymph nodes are visualized, the largest measuring 1.45 cm in length. The mesentery surrounding the nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenomegaly may be secondary to infiltrative neoplasia or a benign process (i.e., antigenic stimulation, splenitis, lymphoid hyperplasia, extramedullary hematopoiesis, or similar). The hyperechoic nodules/areas likely represent a benign process (i.e., myelolipomas).
- The hepatic parenchymal changes are nonspecific and may also be secondary to infiltrative neoplasia or benign change (i.e., inflammatory disease).
- Ascites with diffuse peritonitis, the cause of which is unclear.

Secondary Findings

- The prominent mesenteric lymph nodes could be consistent with reactive change or emerging neoplasia.
- Minor bilateral age-related renal changes
- Suspected age-related pancreatic remodeling. Mild chronic pancreatitis may also be present, particularly if the diagnosis is consistent with the patient's clinical history.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, and T4 is recommended, if not already performed.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly in light of the patient's ascites.
- Consider fine-needle aspirates of the spleen, liver, and abdominal fluid with submission for cytology.
- Thorough orthopedic and neurologic examinations are recommended to assess for signs of pain/trauma.
- Further diagnostics/therapeutics should be considered be based on the results of the above tests.

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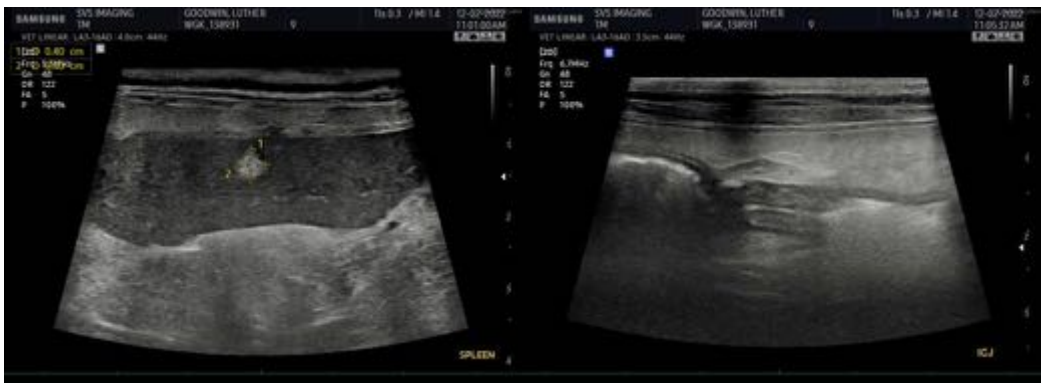

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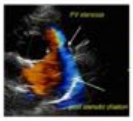
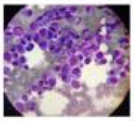
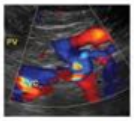

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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