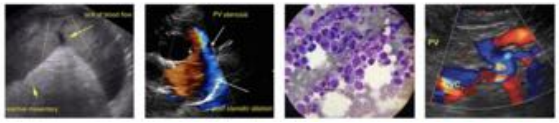

PATIENT

Sonny Dieterlen & Wollenberg

SPECIES

Feline

BREED

Oriental SH

SEX

Spayed Female

AGE

12.4.20

WEIGHT

3.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

MP Blue Pearl ER

REFERRING VET

Kristen Walter

INVOICE

11953

DATE

12.5.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
- dull mentation
- febrile on presentation (105.2)
- significant gingivitis

Abnormal lab-work values: WBC 31.74 (H), NEU 21.66 (H), LYM 9.22 (H)
Current Medications: Cerenia, Unasyn Revolution

HISTORY: Sonny is a 2yo FS Oriental feline. This morning o noticed that she was lethargic and seemed disoriented. When they all went to bed, she was acting normal, but around 11a this morning o noticed she did not leave the spot she was laying in for hours, did not eat and her third eye lid was raised. When o's tried picking her up she meowed like she was in pain and when set down she stumbled a little. There aren't any plants around the house, nothing she may have gotten into.
Sonny has not eaten anything this morning. O's offered her one of her favorite treats but she was not interested. She also gagged and has been lip smacking.
Over the last month the new kitten they recently took in has had a URI but Sonny has not showed any signs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is subjectively normal in size and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (2.95 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 (3.54 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 (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

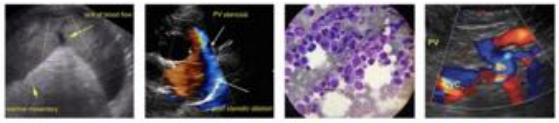
The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.67 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, the parenchyma has a micronodular, bordering on “moth-eaten” appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are



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observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. 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 is normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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

There is no obvious evidence of free fluid. Two to three prominent lymph nodes are observed at the aortic trifurcation, the largest measuring 1.66 cm in length. The nodes are mildly hypoechoic with an oval shape. Several prominent mesenteric lymph nodes are visualized, the largest measuring 1.09 cm in length. The nodes are hypoechoic and slightly rounded in appearance. Surrounding mesentery is hyperechoic.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

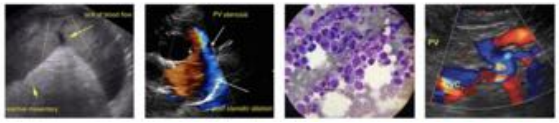
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are concerning for emerging neoplasia (i.e., lymphoma). However, a benign process (i.e., lymphoid hyperplasia, antigenic stimulation, extramedullary hematopoiesis, splenitis or similar) cannot be excluded.
- The abdominal lymphadenopathy could be consistent with emerging lymphoma or reactive change.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspirates of the spleen and enlarged abdominal lymph nodes, if clotting status is appropriate. Twenty-five gauge-needles should be used.
- Also consider feline leukemia and FIV testing, if not already performed.
- Also consider three-view thoracic radiographs to assess for occult disease in the chest.



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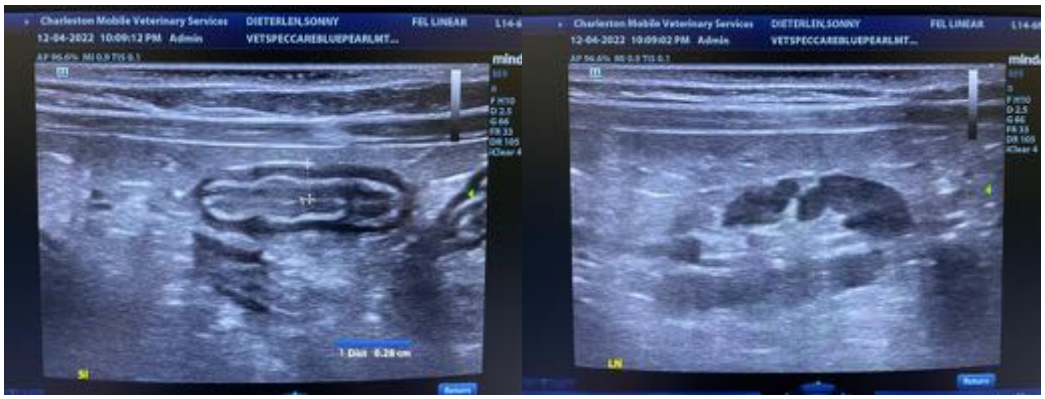
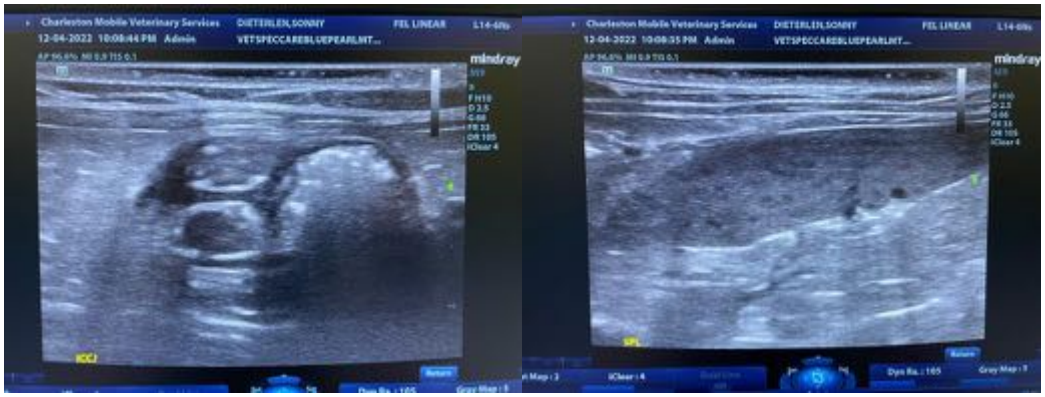
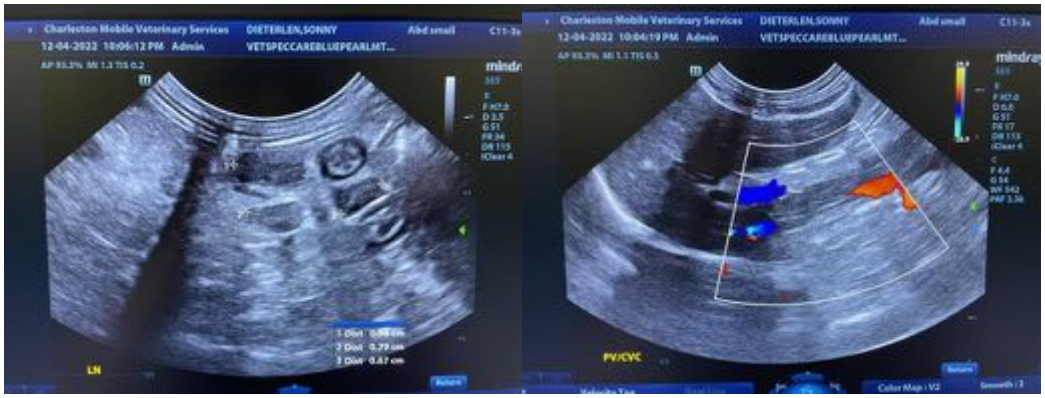
- Given the bowel changes, a fecal evaluation for ova and Giardia as well as a malabsorption panel, including serum cobalamin and folate, TLI and PLI are also recommended.







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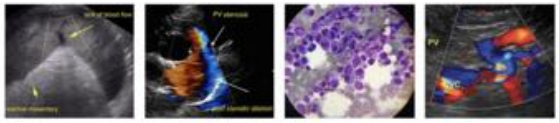

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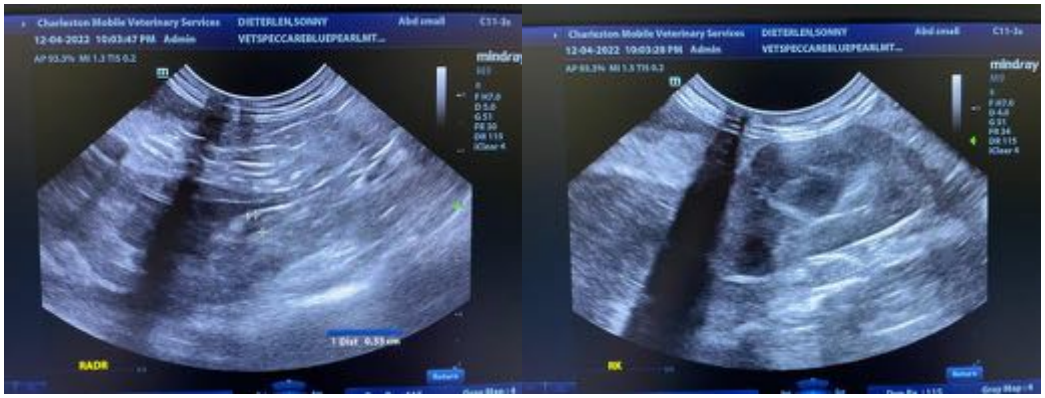

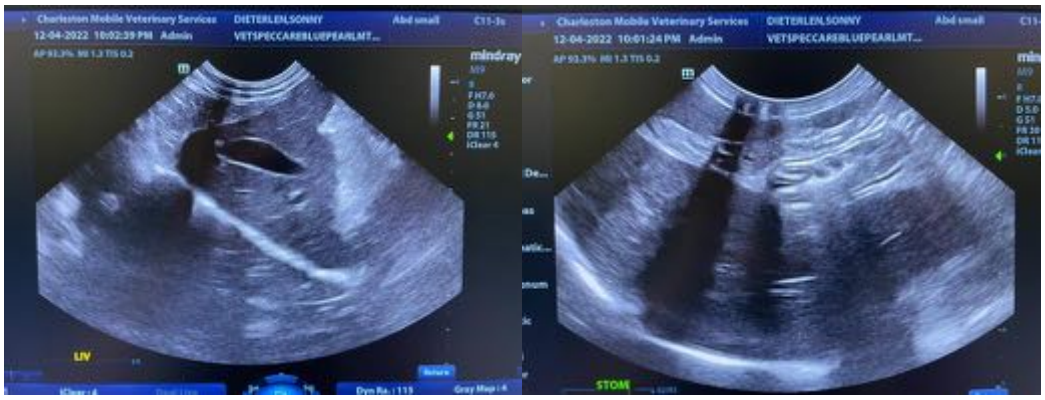

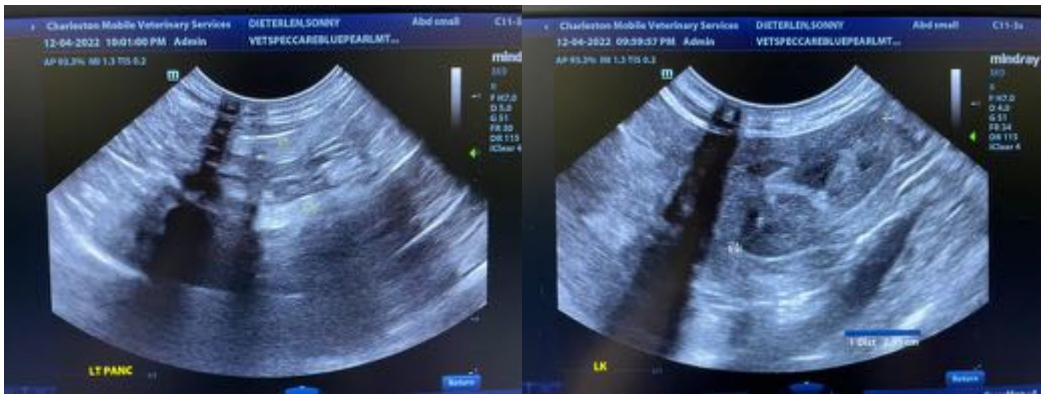

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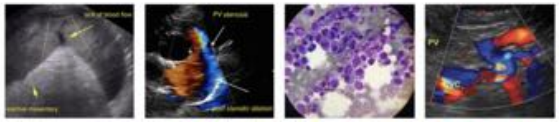

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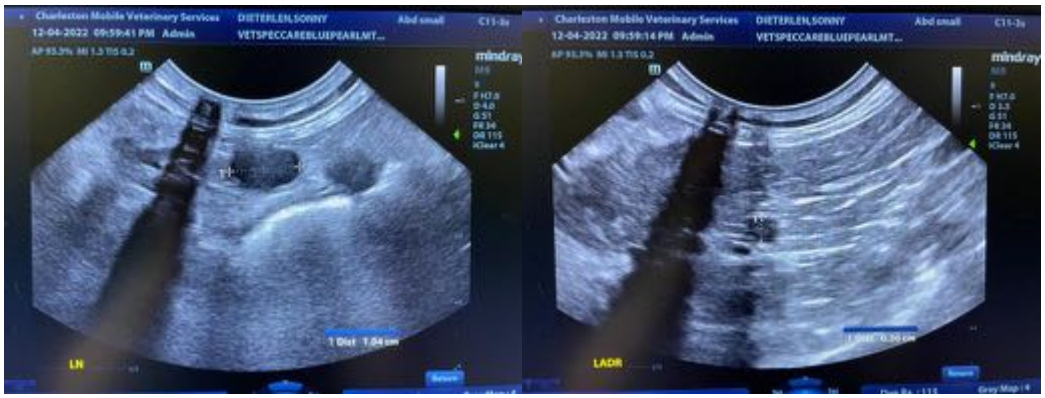

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com