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Clinical Sonography & Telecytology
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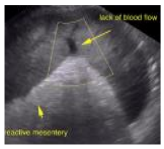
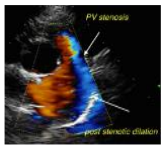
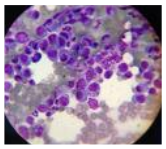
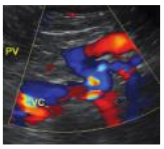





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Zack Spain

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

3.3 kg

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kathleen A. Sennello DVM, MS, DACVIM (SAIM)

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Kalsbeek/AEC

INVOICE

10428

DATE

2/20/22

PRESENTING CLINICAL SIGNS

History: Presented last night for lethargy duration couple days, inappetent X 24 hr; history hyperthyroid ~ 1 year well controlled. Indoor only cat, housed w 2 other cats. Current preventive care, no recent FeLV test.

Abnormal PE/Chem/CBC/UA Results: Fever 104.9. mild thinning along topline; recent wt loss is reported but his records from primary care indicate same weight range past year. murmur 2/6 parasternal CBC: -nonregenerative anemia with HCT 26% -lymphopenia, monocytosis CHEMS: -mild elev SDMA 25 (ref 0-14) -Slight elev amyl and potassium -T4 2mcg/dL (0.8-4.7) UA: (obtained after 12 hours on IVF) -USG 1.022 -quiet sediment THORACIC RADIOGRAPHS: -consolidation right cranial lobe; pleural effusion seen on right side w ultrasound is not obvious on rads -mild right heart enlargement

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

The right kidney is normal size (4.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.45 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 subjectively prominent in size (0.93 cm in width at the level of the hilus) with slightly swollen peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

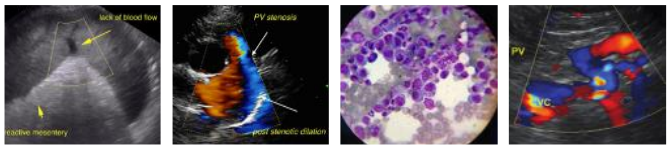
Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and is diffusely homogenous in appearance. No distinct focal lesions are 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 lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The common bile duct can be followed to the level of the duodenal papilla and measures 0.20 cm in diameter distally. The duodenal papilla is normal in size (0.28 cm in width).

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



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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 0.31 cm), with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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. The pancreatic duct is visible, but not overtly dilated (0.17 cm in diameter).

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A small amount of pleural effusion is observed in the right thorax. A B-line is also suspected within the thorax. A brief echocardiogram reveals questionable trace pericardial effusion. There is subjective mild right atrial enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The mild splenomegaly may be secondary to antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, emerging neoplasia, other.
- The mild hepatomegaly may be a normal variant for this patient or may be secondary to mild passive congestion, emerging hepatic lipidosis, inflammatory disease, infiltrative neoplasia, other.
- The pleural effusion, trace ascites and questionable trace pericardial effusion may be secondary to right-sided congestive heart failure, inflammatory disease, systemic neoplasia, other.
- The B-line seen in the thorax is consistent with pulmonary parenchymal disease.

Secondary Findings

- The small intestinal wall changes are most consistent with inflammatory bowel disease. Emerging lymphoma is also possible but considered less likely at this time.
- Bilateral degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A full echocardiogram is recommended to further assess for underlying cardiac disease.
- If the cytology results from the spleen and pleural effusion are inconclusive, an ultrasound-guided aspirate of the consolidated lung lobe or a tracheal wash may be necessary to get a definitive diagnosis.
- Also consider infectious disease testing (i.e., feline leukemia, FIV, FIP and toxoplasmosis).

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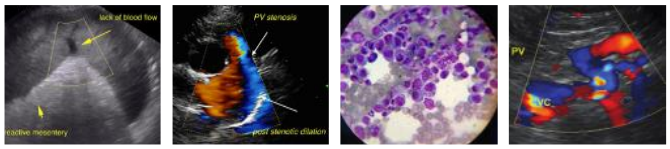

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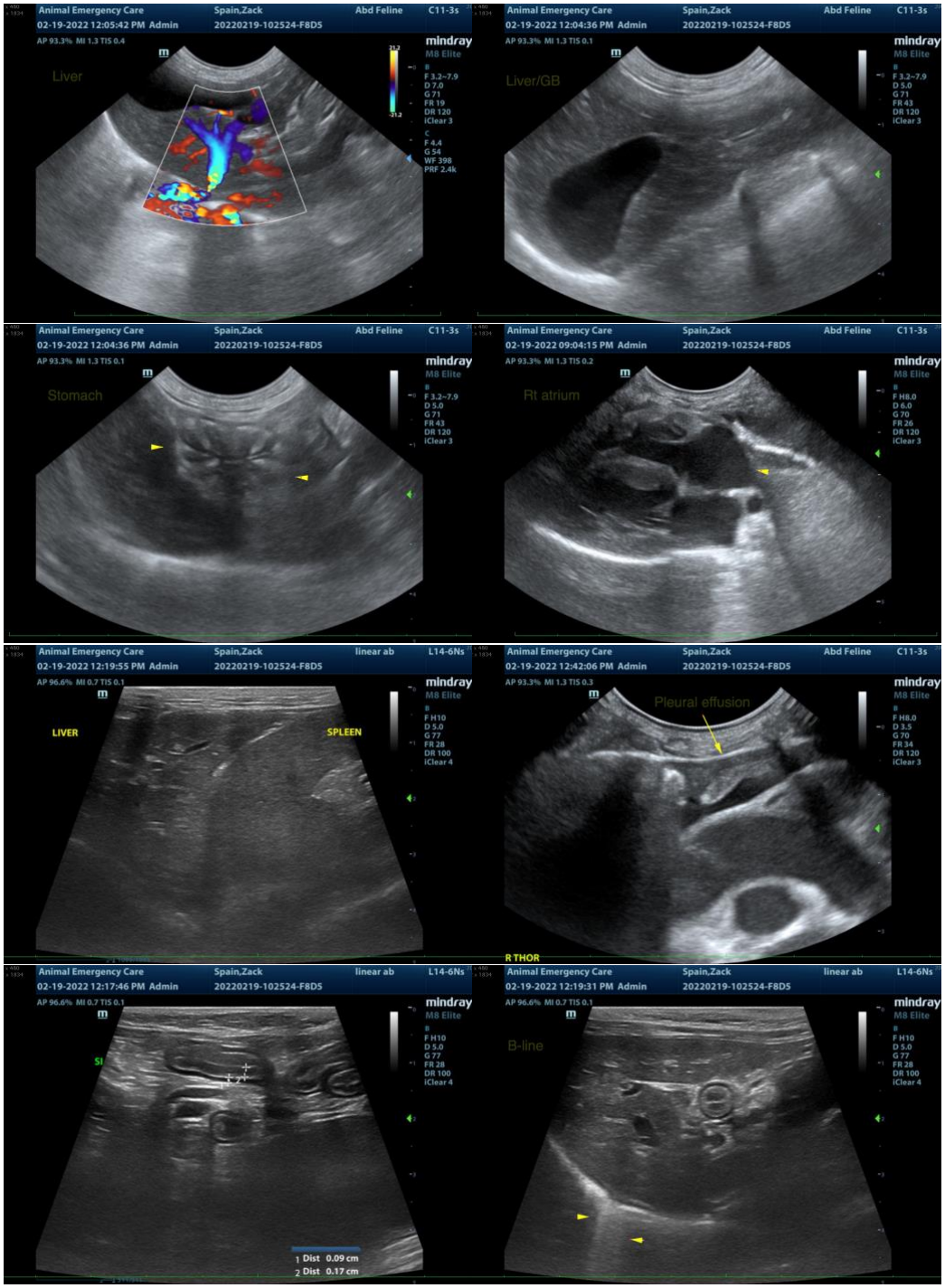

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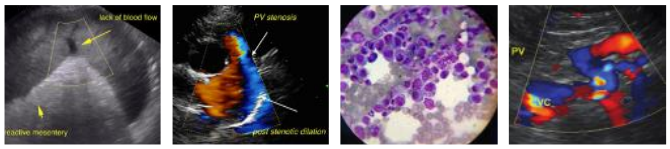

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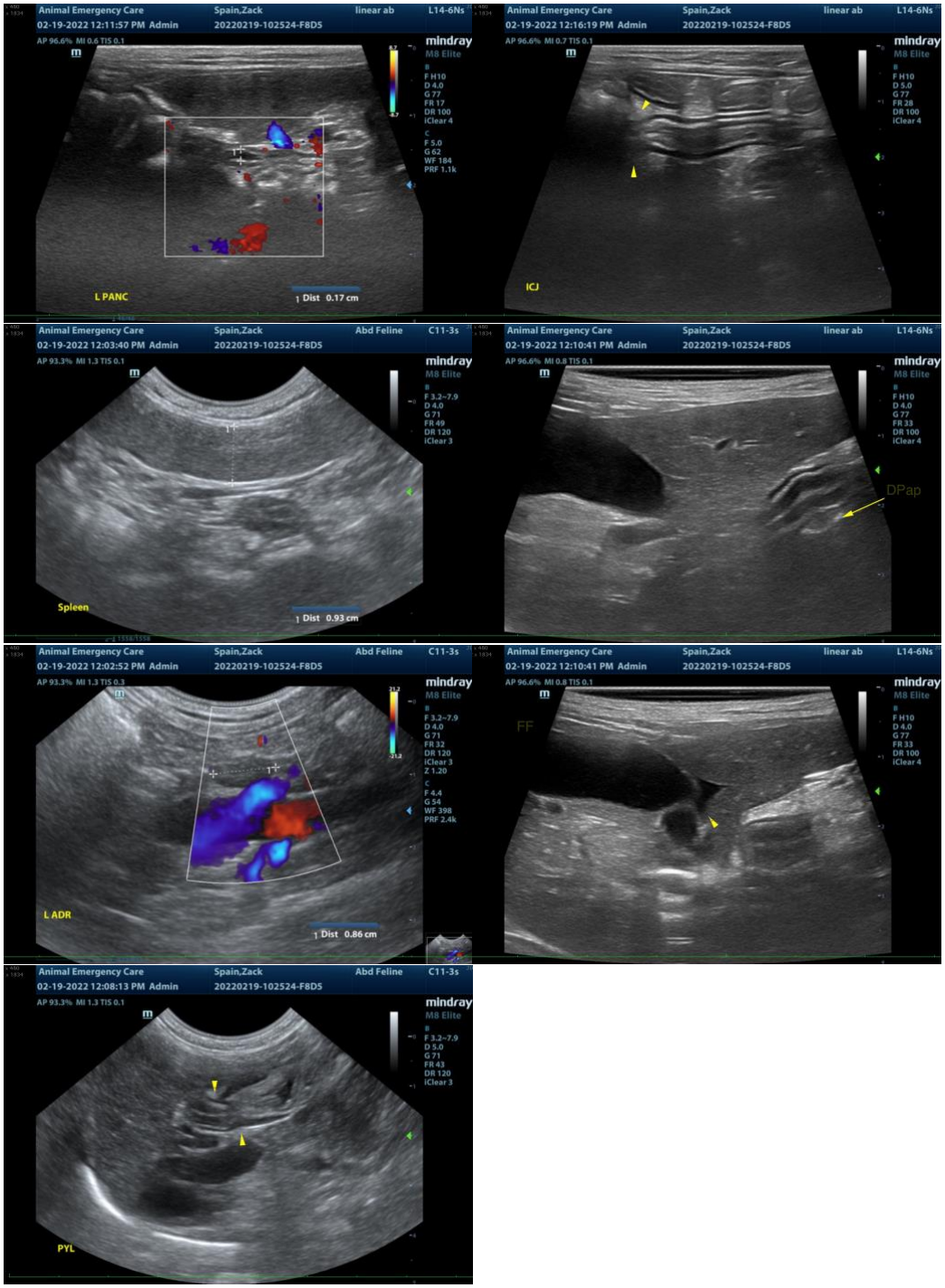

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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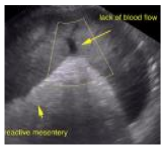
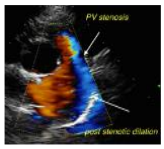
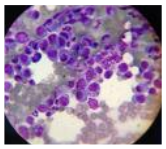
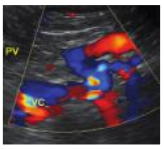

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