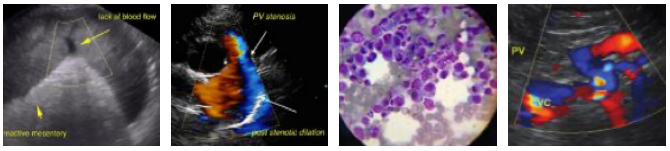


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bella Bullington

SPECIES
Feline

BREED
Domestic longhair

SEX
Female, spayed

AGE
13 Yrs.

WEIGHT
3.45 kg.

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Dr. Galvis

INVOICE
14652

DATE
2/28/23

PRESENTING CLINICAL SIGNS

History: Bella presented to the MVS Emergency Service on Feb 27, 2023, at 2:40pm, for evaluation of inappetence, weight loss. Bella has been hyporexic for the past few months. Over that time, she has been vomiting consistently after eating. Vomiting after eating has improved slightly with transition to wet food/churu treats. Over the last two weeks, Bella has become increasingly lethargic, anorexic, and seems to be losing a lot of weight. She refuses almost all food, but will lick at some churu treats/wet food occasionally. She is still drinking water and urinating normally. Owners also note that her abdomen seems tense and she seems weak when walking. They also mentioned that she started having clear discharge OD last week. Bella had an AUS scheduled with Janesville Veterinary Clinic for tomorrow, but that appointment got cancelled so owners decided to come here.
Abnormal PE/Chem/CBC/UA Results: Abd - soft, sl distension, doughy, non-painful, palpable mid-abdominal mass-effect Thoracic radiographs- Sternal and tracheobronchial lymphadenopathy noted SDMA 28 ALT 204 ALP 379 GGT 8 T.Bili 5.8 HCT 26.9 Retic 51.9k

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.26 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 (3.20 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 in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

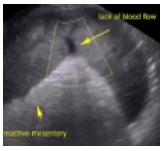
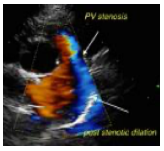
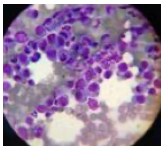
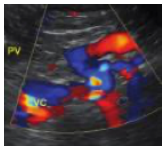
The right adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (1.38 cm in width at the level of the hilus) with a swollen, slightly undulating medial contour. The parenchyma is subjectively hypoechoic and homogeneous in appearance. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is mildly enlarged with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in

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

PATIENT
Bella Bullington

SPECIES
Feline

BREED
Domestic longhair

SEX
Female, spayed

AGE
13 Yrs.

WEIGHT
3.45 kg.

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Dr. Galvis

INVOICE
14652

DATE
2/28/23

thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent to enlarged with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter).

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. Numerous lymph nodes are prominent to enlarged and hypoechoic to slightly heterogeneous in appearance throughout the abdomen. The largest nodes are the mesenteric nodes, the largest measuring 4.82 cm in length. Some of the nodes have cystic areas.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

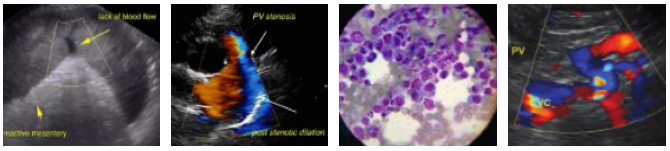
- The abdominal lymphadenopathy is most concerning for infiltrative neoplasia. Lymphoma is the top differential. However, severe lymphadenitis (i.e., pyogranulomatous) cannot be completely excluded.
- The splenomegaly is also concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of a more benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar).
- Diffuse peritonitis is present, likely secondary to splenic and lymph node pathology.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings:

- Mild bilateral, chronic renal changes.
- The pancreatic changes are consistent with pancreatitis, which may be acute or chronic in nature, depending on the patient's clinical history.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia and FIV testing is recommended, if not already performed.
- Fine needle aspirates of the enlarged abdominal lymph nodes, spleen +/- liver are recommended (if clotting status is appropriate). 25-gauge needles should be used. If cytology



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

PATIENT

Bella Bullington

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

3.45 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Galvis

INVOICE

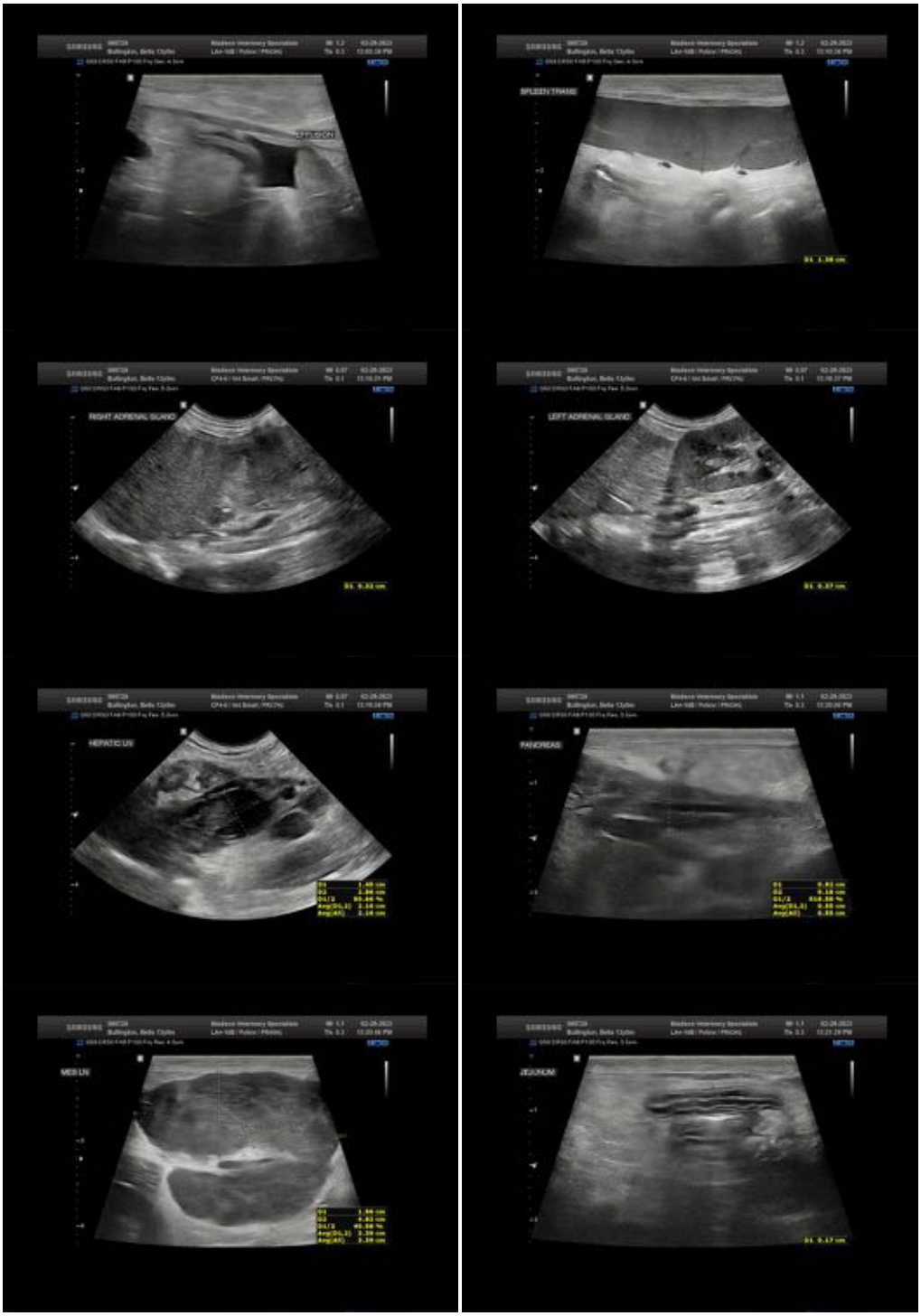
14652

DATE

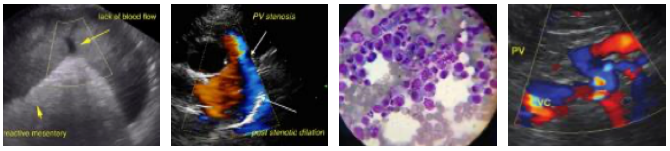
2/28/23

results are inconclusive, a more advanced workup (i.e., PARR, flow cytometry or biopsies) may be necessary to get a definitive diagnosis.

- While awaiting test results, symptomatic care, including nutritional support, is recommended.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bella Bullington

SPECIES
Feline

BREED
Domestic longhair

SEX
Female, spayed

AGE
13 Yrs.

WEIGHT
3.45 kg.

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

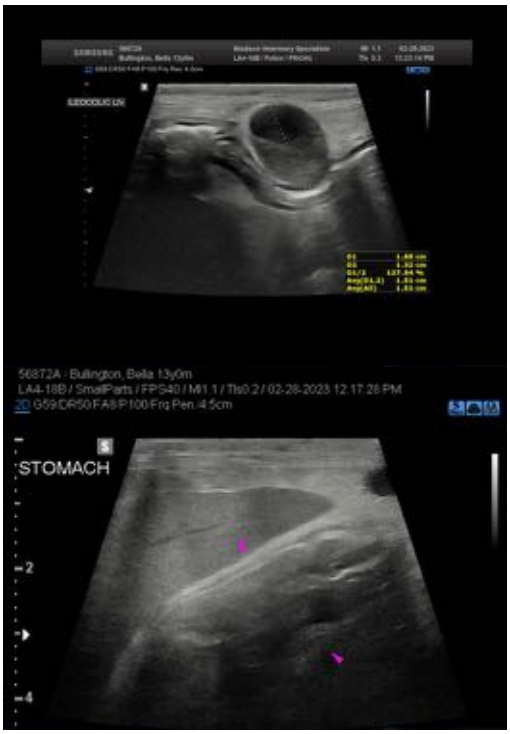
IMAGING PERFORMED BY
Tom McNeill

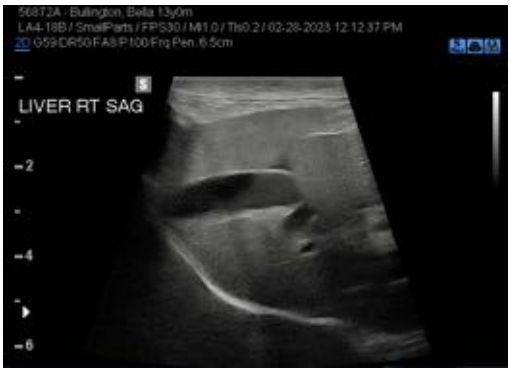
HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Dr. Galvis

INVOICE
14652

DATE
2/28/23





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