**PATIENT**

Alice Wilson

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

5.5 years

WEIGHT

12.62 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Totin

INVOICE

12799

DATE

4.20.23

PRESENTING CLINICAL SIGNS

History: chronic leukocytosis with chronic elevation in lymphocytes but newer increase in neutrophils with no response to abx IMMUNOPHENOTYPING DATA: Mixed lymphocyte population compatible with reactive lymphocytosis

Abnormal PE/Chem/CBC/UA Results: Normal PE Anxiety and tx with reconcile, much improved Infectious panel all negative

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 moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.92 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (3.64 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.27cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.90 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 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.

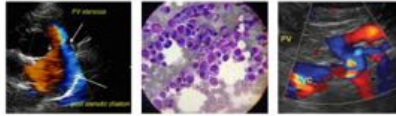
The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid-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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The



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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.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent midabdominal lymph node are visualized (the largest measuring 1.03 cm in length). Surrounding mesentery is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

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Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.
- The trace pyelectasia in the right kidney could be secondary to age-related remodeling, pyelonephritis, or some combination thereof.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the urinary bladder debris, consider a urine culture and sensitivity particularly if indicated by the urinalysis findings.
- Given the CBC changes, also consider the following:
 1. Three-view thoracic radiographs to assess for occult disease (i.e., infection, neoplasia in the chest).
 2. +/- bone marrow aspirate with a feline leukemia immunofluorescence assay on a marrow sample

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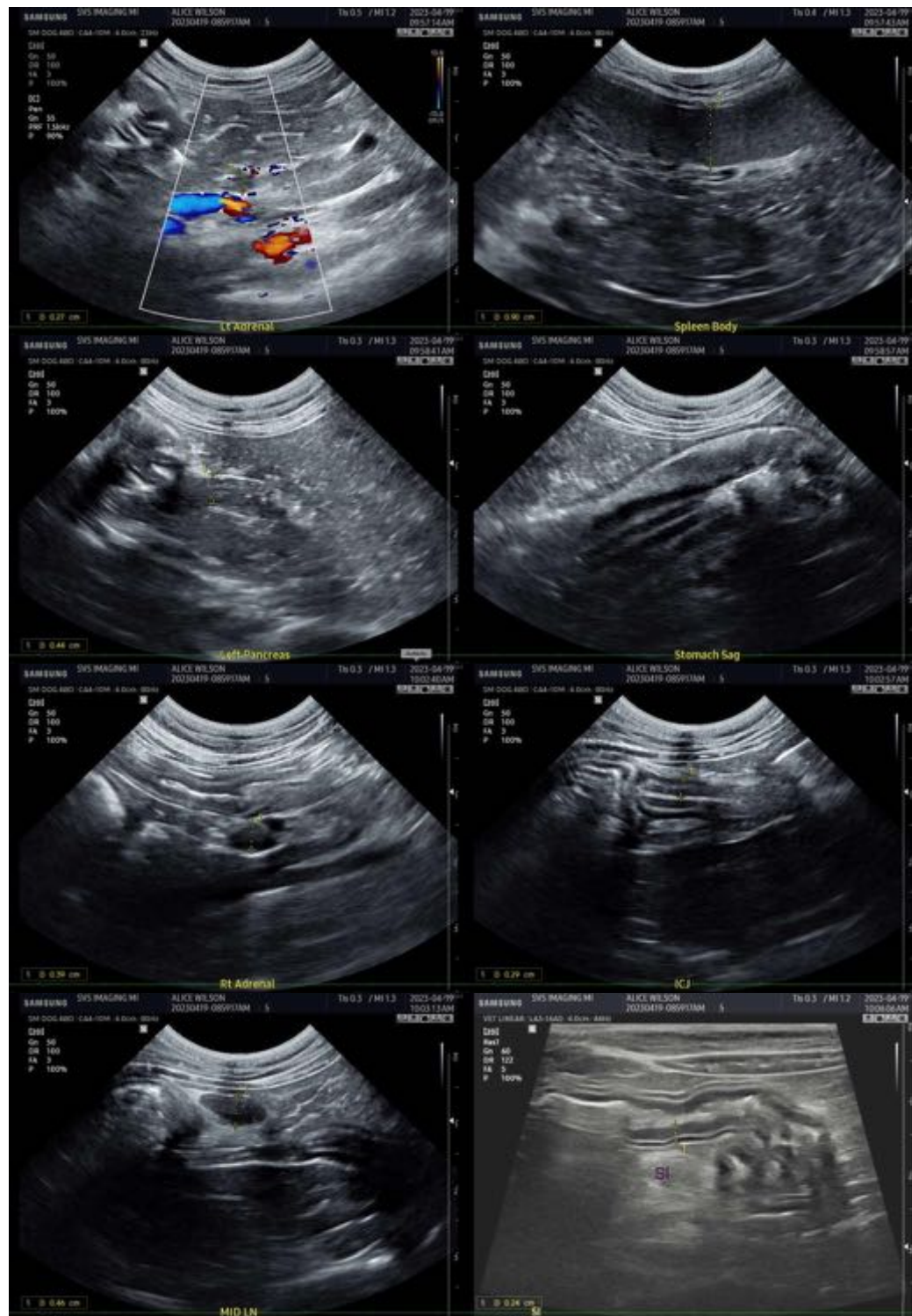
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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svsimagingqc.net 309-737-3070



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