

PATIENT PRESENTING CLINICAL SIGNS

Henry Quirk

History: In for routine exam. Abdomen soft non painful. History of possible food allergies. Concern for inflammatory reaction IBD vs GI LSA. Abdominal imaging recommended to see if GI infiltrate disease is present.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Lymphocytes 10.824 (0.85-5.85) HCT decreased 25% (28-52.7%) Globulins high end of normal. rest of chemistry WNL

BREED

DSH

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 are normal.

AGE

8 years, 9 mos

The left kidney presented normal size (4.06 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.

WEIGHT

14.1 lbs

The right kidney presented normal size (4.19 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.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively enlarged (1.19 cm in width at the level of the hilus) with swollen/rounded peripheral contours. The parenchyma is homogenous. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

IMAGING PERFORMED BY

A. Murphy CVT

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 portal vein to caudal vena cava ratio is approximately 1: 1.

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

A. Murphy CVT

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are 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 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

INVOICE

10886

DATE

5/11/22

normal 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 colonic wall is normal. There is no evidence of an obstructive pattern.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

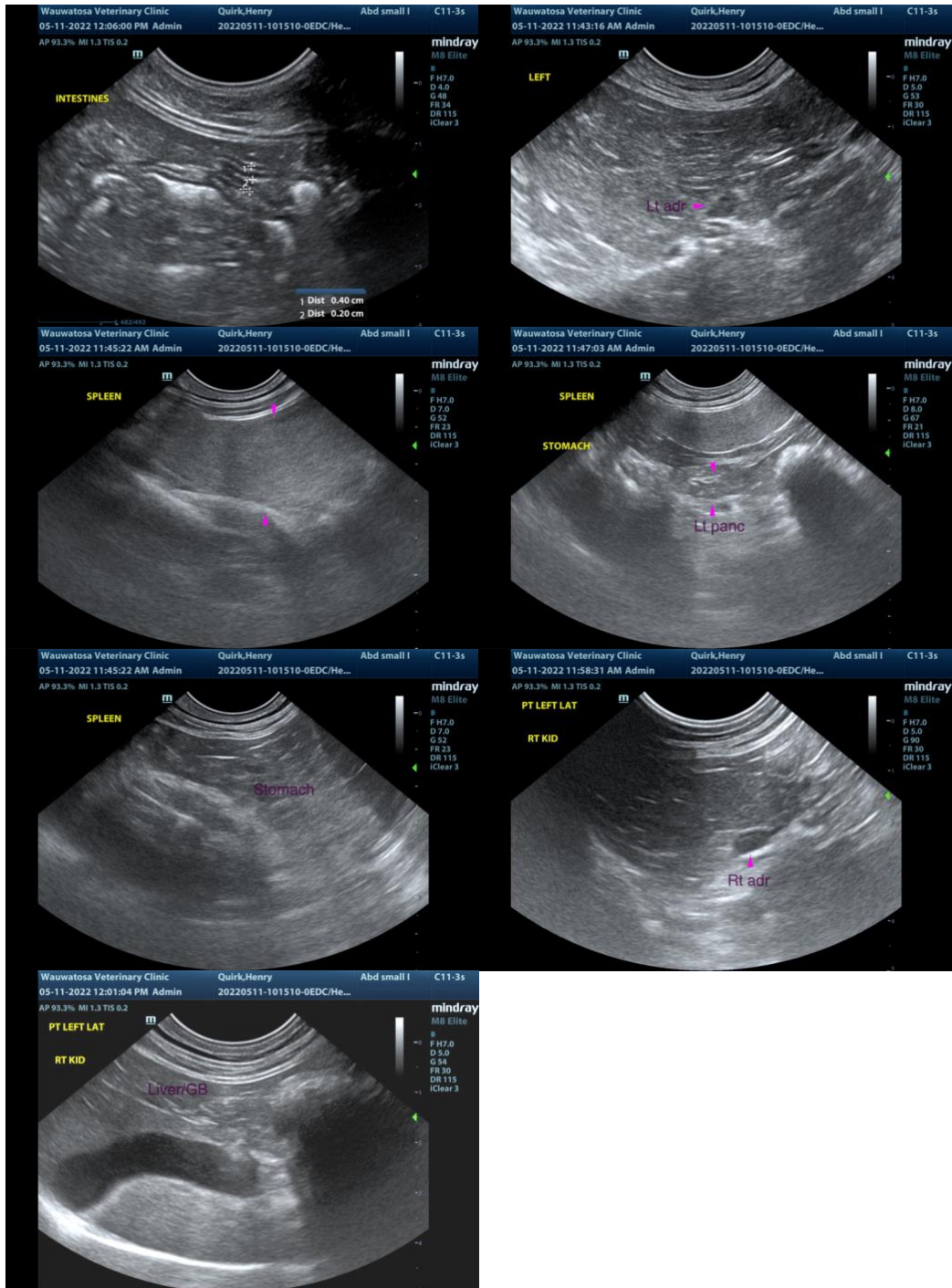
Primary Findings

- The splenomegaly could be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or emerging neoplasia (i.e., lymphoma)
- Bowel pattern suggestive of inflammatory bowel disease. However, given that the abnormality is subtle/mild, it may be a normal variant for this patient.
- Minor, bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the lymphocytosis and splenomegaly, consider a fine-needle aspirate of the spleen, if clotting status is appropriate. A CBC with clinical pathology review is also recommended. The lymphocytosis should be closely monitored for worsening, as it can sometimes be associated with lymphoid neoplasia.
- Given the anemia, consider thoracic radiographs to assess for occult neoplasia in the chest.
- Other diagnostics considerations include the following:
 1. Reticulocyte count
 - a. If the anemia is regenerative, consider a mycoplasma PCR panel.
 - b. If the anemia is nonregenerative, consider a bone marrow aspirate, +/- core biopsy, as well as a feline leukemia immunofluorescence assay on the marrow.
- If the patient exhibits chronic GI signs, consider the following:
 1. Fecal evaluation for ova and Giardia
 2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended

3. Limited antigen diet trial
4. +/- GI biopsies (endoscopic or surgical)



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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