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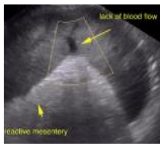
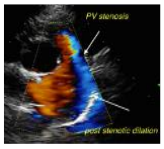
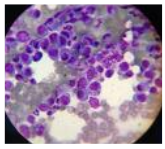
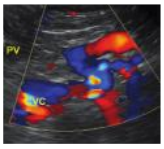
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**

Wister Nechayeva

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

10.9 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Reyes

**HOSPITAL NAME**

Mobile Vet Ultrasound

**REFERRING VET**

Dr. Fine

**INVOICE**

10939

**DATE**

5/19/22

## PRESENTING CLINICAL SIGNS

History: Pet presented in December for weight loss and vomiting. Fecal was positive for Giardia, so he was treated with Panacur. Pet presented again at the beginning of May for same issues.

Abnormal PE/Chem/CBC/UA Results: Bun: 41 Ca: 11.9

## 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. The region of the trigone is normal.

The left kidney is normal size (3.88 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.44 cm in length); normal shape and architecture with 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.

### *Adrenal Glands*

The left adrenal gland is normal size (0.42 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 enlarged (1.70 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

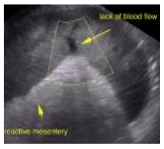
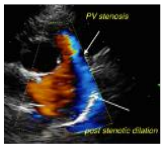
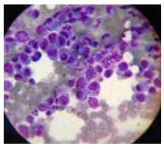
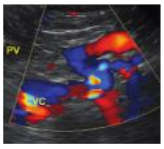
### *Liver*

The liver is enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen with a slightly coarse echotexture. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of gravity dependent, echogenic debris is observed within the lumen. 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

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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. There is no evidence of an obstructive pattern.

***Pancreas***

The left limb is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

***Free Abdomen***

A small to moderate amount of free fluid is present. The mesentery throughout the abdomen is slightly hyperechoic. Several enlarged, rounded, mesenteric lymph nodes are visualized, the largest measuring 4.06 cm in length.

***Other***

B-lines are suspected within the thorax. There is questionable pleural effusion.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Splenomegaly. Differentials include infiltrative neoplasia or a benign process (i.e., lymphoid hyperplasia, antigenic stimulation, splenitis, extramedullary hematopoiesis, other).
- The abdominal lymphadenopathy could also be consistent with infiltrative neoplasia (i.e., lymphoma, reactive lymphadenitis, or lymphoid hyperplasia).
- The hepatomegaly could be consistent with infiltrative neoplasia (i.e., lymphoma), hepatic lipidosis or inflammatory disease (i.e., bacterial cholangiohepatitis), lymphoplasmacytic hepatitis, feline infectious peritonitis.
- The ascites is likely secondary to hepatic, splenic or lymph node pathology.
- The B-lines within the thorax are suggestive of pulmonary parenchymal disease.
- Possible pleural effusion.

### Secondary Findings

- The pancreatic changes are suggestive of chronic pancreatitis, minor, age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess cardiopulmonary status.
- Fine-needle aspirates of the liver, spleen and abdominal fluid can be considered if clotting status is appropriate. Twenty-five gauge-needles should be used.
- Feline leukemia and FIV testing are also recommended, if not already performed.

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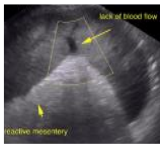
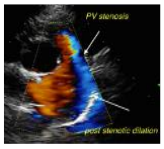
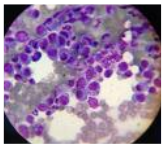
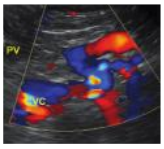

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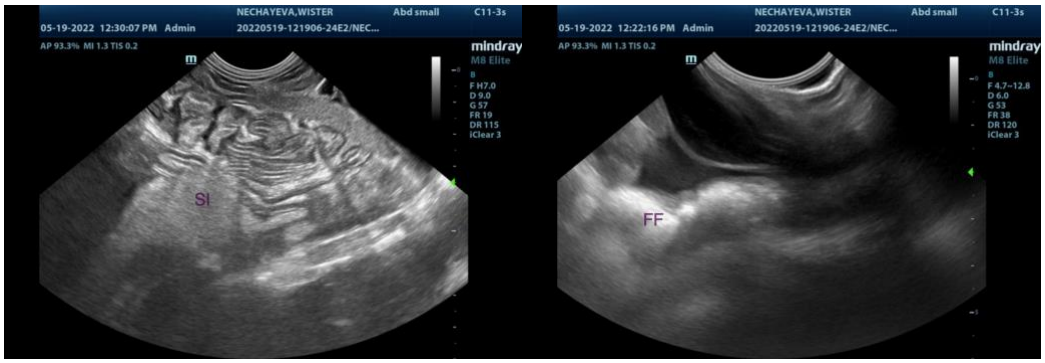
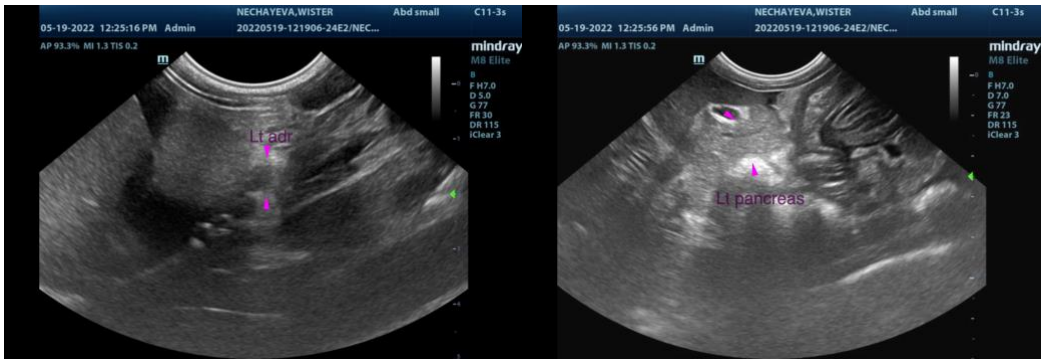
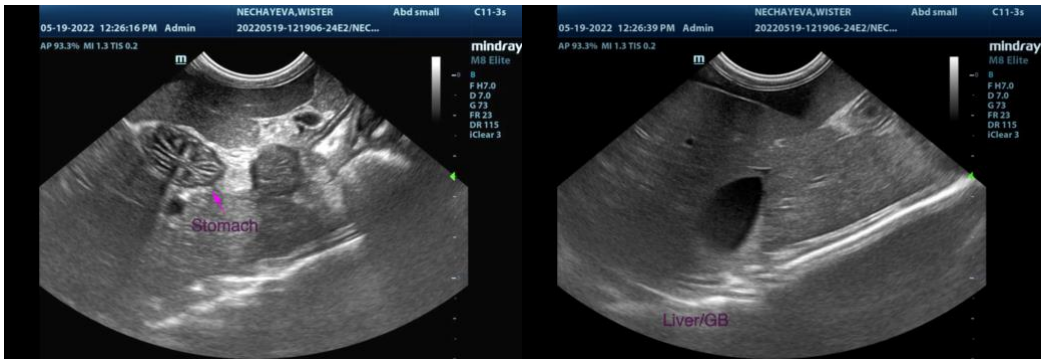
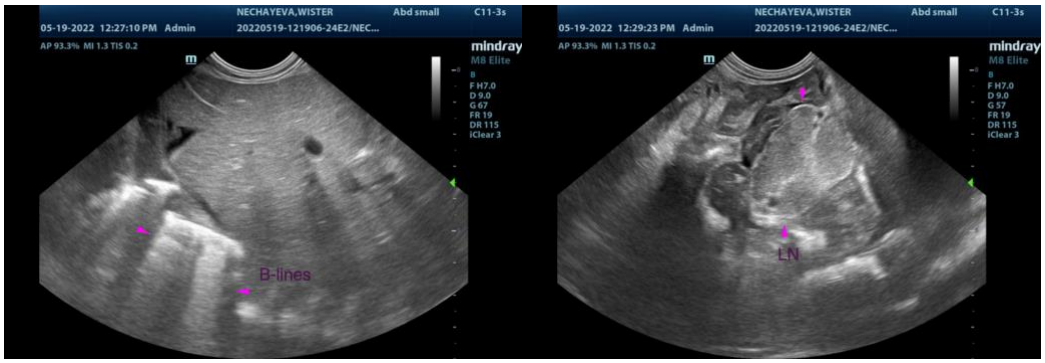
If the above diagnostics are inconclusive, an abdominal exploratory with GI, lymph node, and liver biopsies may be necessary to get a definitive diagnosis.



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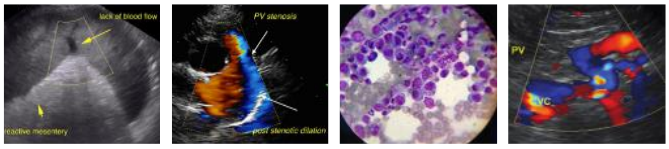

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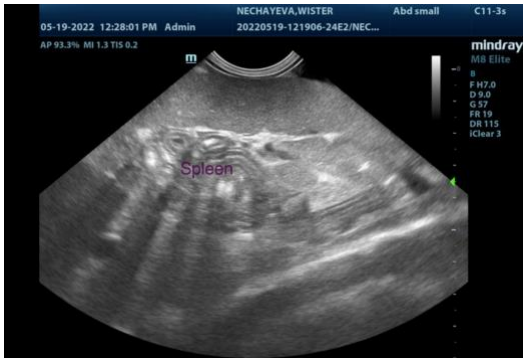


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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