SonoPath
Clinical Sonography & Telecytology
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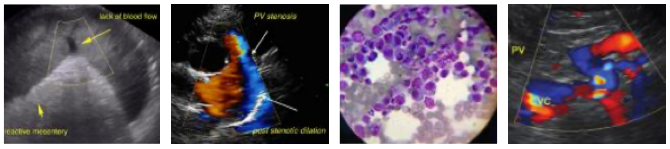


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Papaya Shaddick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr Kyono

INVOICE

12969

DATE

5.8.23

PRESENTING CLINICAL SIGNS

History: Lethargic hypoxic with some vomiting for last 4 days. Treated as an outpatient on fluids and Cerenia for last few days at a different clinic. Attending concerned about chronic renal disease and pancreatitis

Abnormal PE/Chem/CBC/UA Results: Mild anemia with mild monocytosis lymphocytosis and neutropenia Mod elevation of SDMA and BUN with USG 1026 2+ protein and lots of RBCs. fPL elevated

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. Luminal contents are anechoic. 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 (4.32 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.05 cm in length) with an irregular shape. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. One to two small cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

(One still image of the left adrenal gland is available for interpretation). The left adrenal gland is normal in size (0.46 cm width) with a normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

(One still image of the right adrenal gland is available for interpretation). The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (1.40 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is diffusely mottled, bordering on a “moth-eaten” appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no thrombosis.

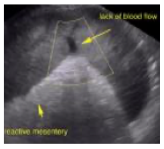
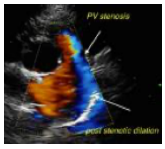
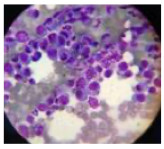
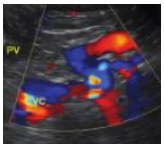
Liver

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.

The gall bladder is moderately distended. The wall is mildly thickened (up to 0.18 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts visible/tortuous but not overtly dilated. There is no obvious evidence of intraluminal obstruction.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal

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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 pancreas is diffusely prominent in size with minimal development. The parenchyma is hypoechoic relative to surrounding omental fat and heterogenous in appearance, with a few, small, ill-defined cystic areas. The pancreatic duct is dilated (up to 0.30 cm). The mesentery effacing the serosal surface of the right limb is mildly hyperechoic.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are concerning for a infiltrative neoplasia (i.e., round cell tumor). However, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis) cannot be completely excluded.
- The pancreatic changes are consistent with chronic active pancreatitis with age-related remodeling +/- fibrosis.

Secondary Findings

- Bilateral chronic renal changes with right cortical infarcts.
- The gallbladder wall changes could be consistent with cholecystitis and/or benign age-related hyperplasia. Correlation with the patient's liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the presence a lymphocytosis, consider a clinical pathology review of the CBC.
- Feline leukemia and FIV testing is also recommended, if not already performed.
- Consider three-view thoracic radiographs to assess for lymphadenopathy in the chest.
- If splenic cytology and other test results are inconclusive, consider the following:

  1. Fecal evaluation for ova and Giardia
  2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
  3. +/- endoscopic or surgical GI biopsies

- Given the urinalysis findings, a urine culture and sensitivity is recommended. If proteinuria persists in the absence of infection, a UPC should also be considered. Serial monitoring (i.e., every 3-4 months) of the patient's renal values is recommended to assess for progressive azotemia.
- While awaiting test results, symptomatic care is recommended.

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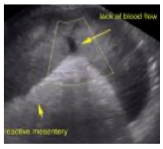
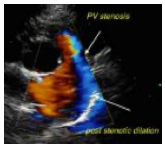
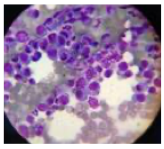
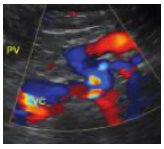

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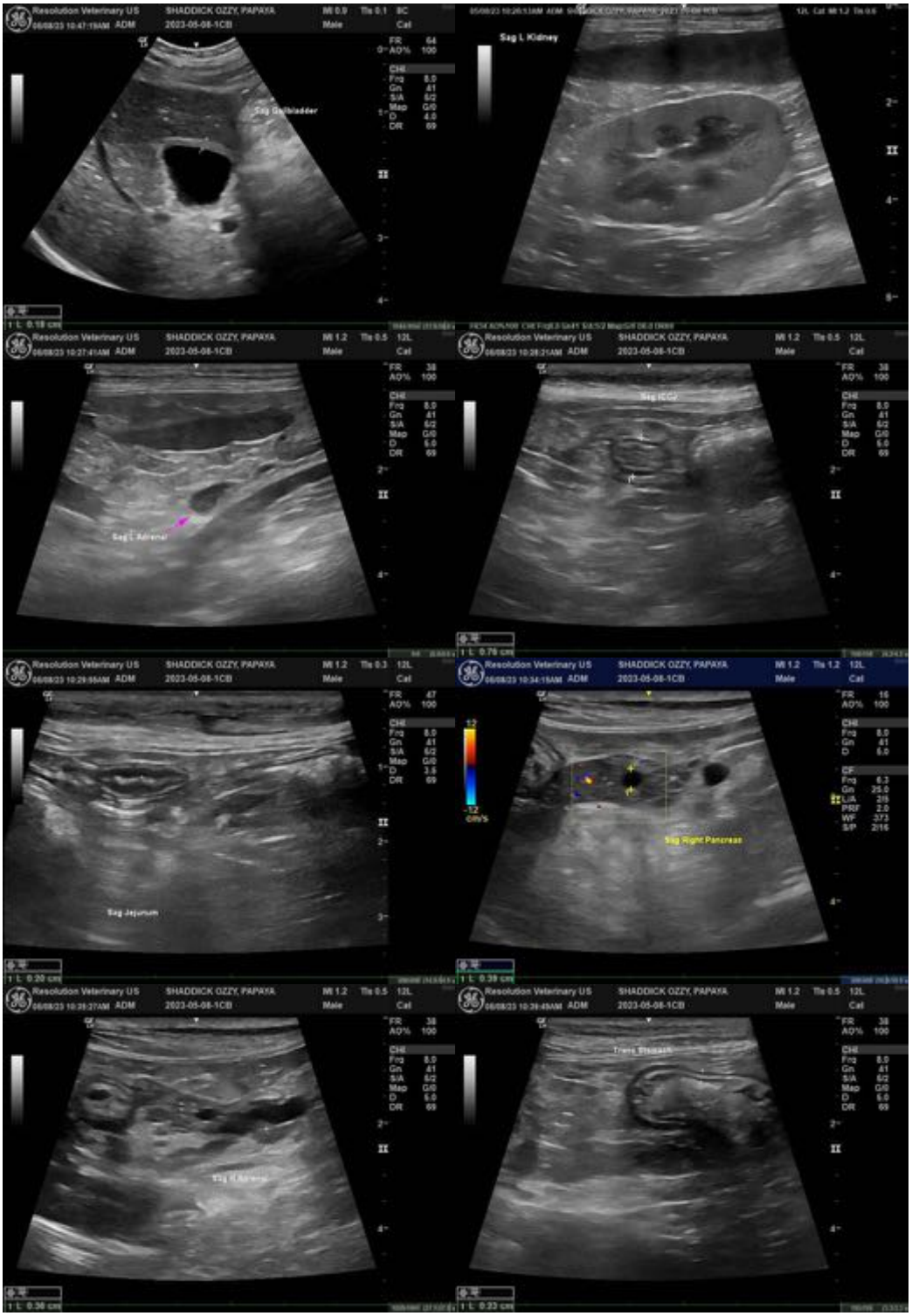

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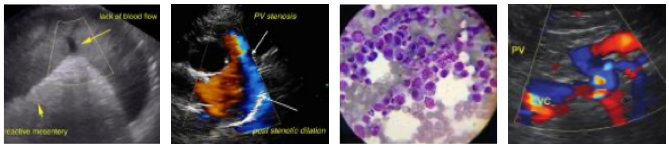

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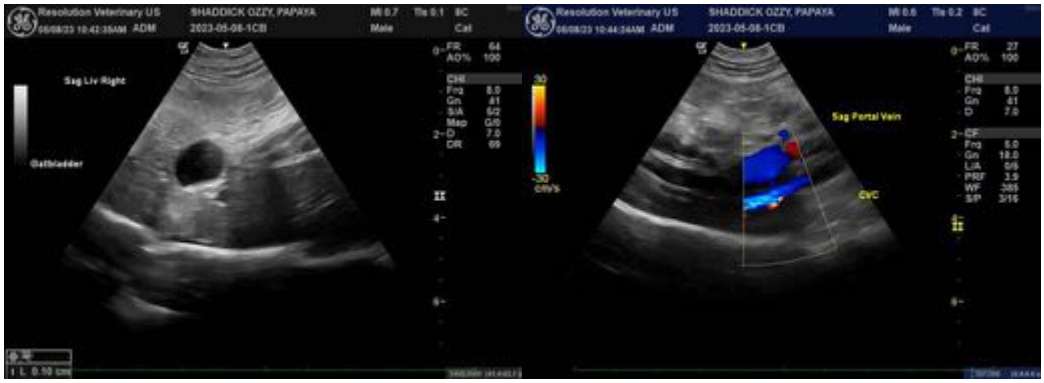

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com