

PATIENT PRESENTING CLINICAL SIGNS

Esme Morrison
History: marked non-regenerative anemia
Abnormal PE/Chem/CBC/UA Results: please see attached BLADDER WALL
Hematocrit 17%. Mild hypoglobulinemia. T4 normal. Felik FIV negative.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Spayed Female

The left kidney is normal size (3.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

12 years

The right kidney is normal size (4.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

3.22 kg

Adrenal Glands

The left adrenal gland is normal size (0.64 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

The right adrenal gland is normal size (0.49 cm length; 0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is mildly enlarged (1.20 cm in width at the level of the hilus) with an undulating medial contour. The parenchyma is subtly mottled in appearance. A 0.31 cm anechoic nodule is observed approximately mid-spleen. Splenic vasculature is normal.

IMAGING PERFORMED BY

Kelly Reschny

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Wellington AH

REFERRING VET

Dr. Dennis

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/not seen.

Gastrointestinal

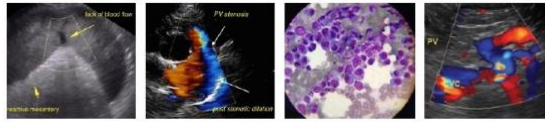
INVOICE

11121

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

DATE

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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. Two to three jejunal lymph nodes are visualized medial to the spleen, the largest measuring 0.61 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

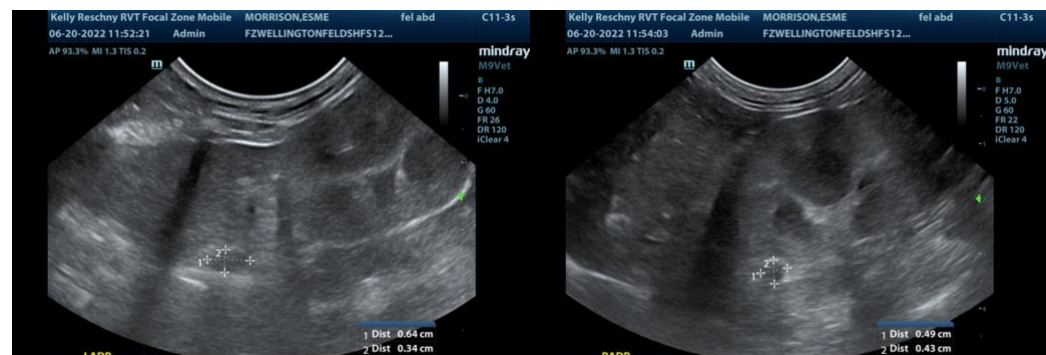
- The diffuse splenic parenchymal changes could be consistent with a benign process (extramedullary hematopoiesis, lymphoid hyperplasia) or similar. Alternatively, emerging neoplasia (i.e., round cell tumor) is possible. The anechoic nodule could be consistent with a benign cyst or less likely, an emerging tumor.
- The hepatic changes may be normal variant for this patient or may be secondary to an Inflammatory hepatopathy, emerging hepatic lipidosis, infiltrative neoplasia, other hepatopathy.

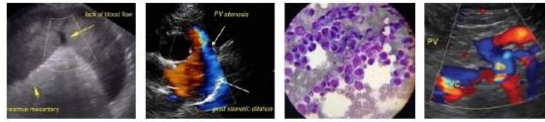
Secondary Findings

- Bilateral, chronic, age-related renal changes
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspirates of the spleen +/- liver, if clotting status is appropriate. Twenty-five gauge-needles should be used.
- Three-view thoracic radiographs are also recommended to assess for occult neoplasia.
- Consider a *Mycoplasma* PCR panel, slide agglutination test +/- bone marrow aspirate. If a bone marrow aspirate is pursued, a feline leukemia immunofluorescence assay should also be performed on the marrow.
- Also consider a fecal evaluation for ova and Giardia.





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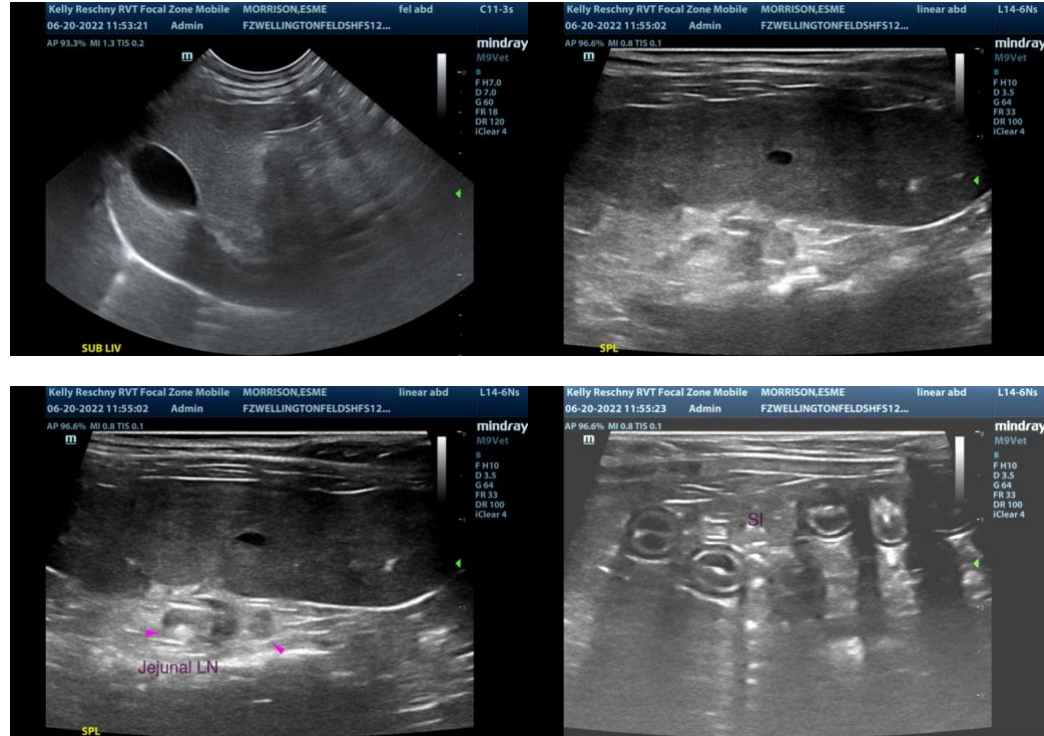
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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