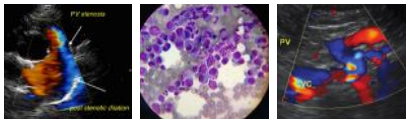
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8.18.23

PATIENT

Bear Cat Burkindine

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

9/8/2011

WEIGHT

9.4 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Breidenbaugh

INVOICE

14163

PRESENTING CLINICAL SIGNS

Dr. Baer saw p on 8/16/23: Weight loss, lethargy, not grooming herself, shaking her head. On exam: BCS 4/9, generalized muscle atrophy, doughy abdomen, suspect mild dehydration.
Lab-work: Anemia Non-Regenerative, Thrombocytopenia, Lymphopenia

Current Medications: Started prednisolone 5 mg po SID on 8/16/23
Lab Results: vetlab chem17- glu (H) 174, glob (H) 5.3, CBC: RBC (L) 5.21, Hct (L) 20.4, HGB (L) 7.1, WBC (L) 1.13, Neut (L) 0.26, lymph (l) 0.58, eos (L) 0.02, platelets (L) 14, T4- 1.2. UA- cysto- RBC >50/hpf (rule out contamination), snap fpl- normal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.76 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (4.02 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is enlarged (1.46 cm in width at the level of the hilus) with swollen peripheral contours and a scalloped medial margin. The parenchyma is homogenous. Splenic vasculature appears normal with no evidence of 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 of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The duodenal

papilla is normal in size (0.38 cm in width).

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 is normal in thickness 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

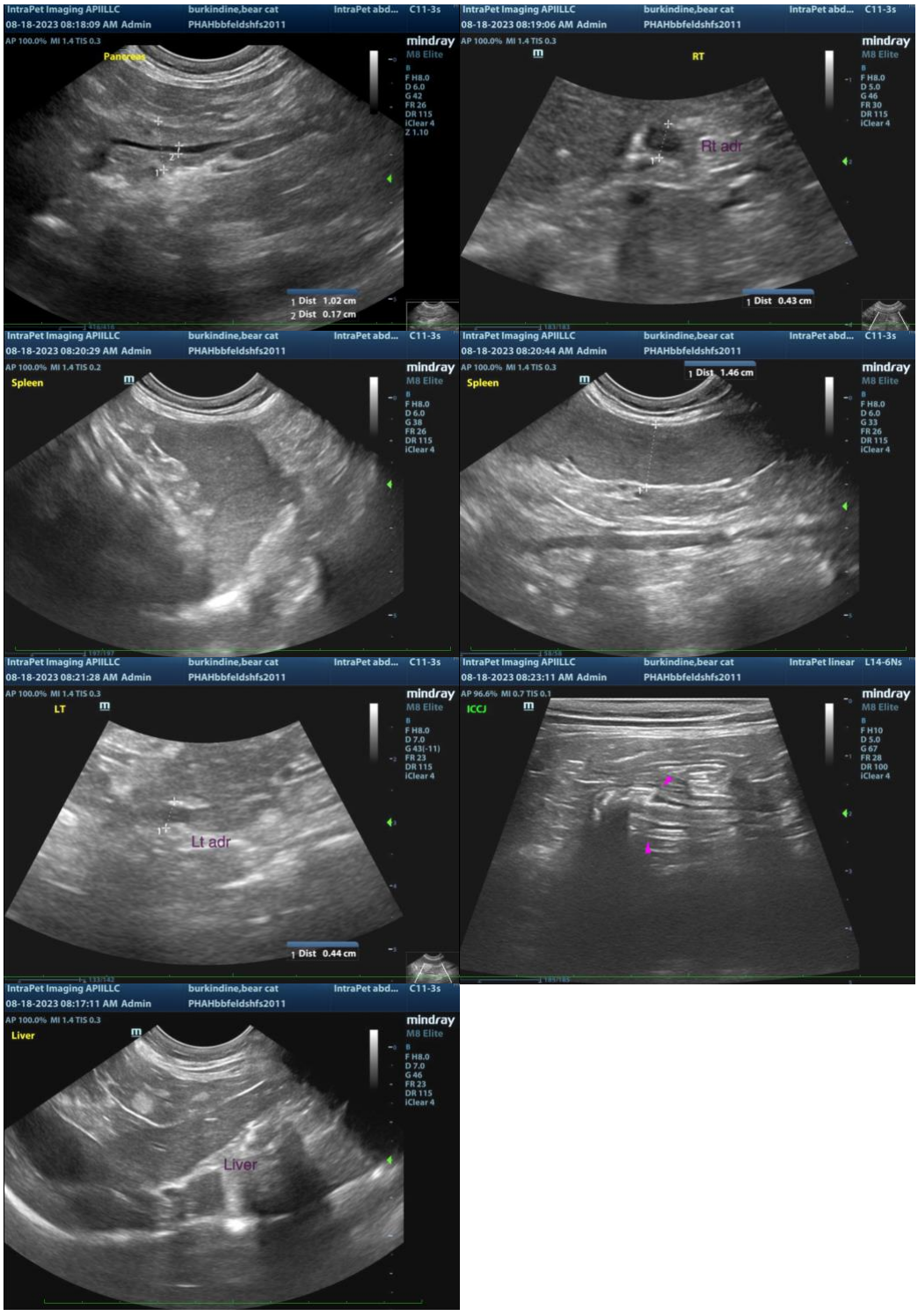
- The splenomegaly could be consistent with infiltrative neoplasia (i.e., round cell tumor). Alternatively, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation) is possible.

Secondary Findings

- Mild bilateral chronic renal changes with dystrophic mineralization
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the CBC changes, consider sending a repeat CBC to a diagnostic lab with clinical pathology review and a reticulocyte count. Depending on the results, a bone marrow aspirate may be warranted.
- Three-view thoracic radiographs are also recommended to assess for pathology in the chest.
- Feline leukemia and FIV testing should also be considered (if not already performed).
- If the patient's platelet count can be stabilized, a fine-needle aspirate of the spleen should be considered. A 25-gauge needle should be used. It should be noted that corticosteroid use could mask underlying splenic pathology.
- Given the hyperglobulinemia, also consider a serum protein electrophoresis.



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