

PATIENT PRESENTING CLINICAL SIGNS

Shredder Cooper-
BGVH History: sedated dex/torb IV- Enlarged spleen on radiographs
Abnormal PE/Chem/CBC/UA Results: Alb 4.2, ALT 121 (10-100), mild lymphopenia, USG 1.067, pH 6.5,
pro 3+

SPECIES

Feline

BREED *Urinary System*

DSH

SEX

Neutered Male

AGE

7 years

WEIGHT

7.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-
Jacques,
LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr Robin Janeway

INVOICE

14207

DATE

8.23.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of gravity-dependent mineralized sand is observed within the lumen, along with a small amount of suspended echogenic debris. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.16 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

The right kidney is normal in size (4.36 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

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

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is prominent in size (1.26 cm in width at the level of the hilus) with a swollen medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature appears normal.

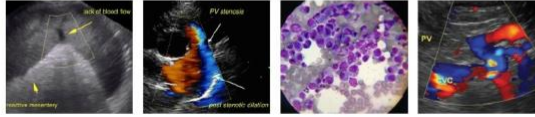
Liver

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 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



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Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent lymph nodes are observed at the ileocecolic junction (the largest measuring 0.46 x 0.26 cm). Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The mild splenomegaly may be secondary to sedation, lymphoid hyperplasia, antigenic stimulation, extramedullary hematopoiesis, splenitis or emerging neoplasia (i.e., round cell tumor).

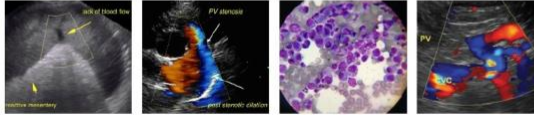
Secondary Findings

- 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

- If there is concern for neoplasia in the spleen, consider a fine-needle aspirate (if clotting status is appropriate). A 25-gauge needle should be used.
- Given the proteinuria, a UPC is recommended.
- Given the elevated ALT, a repeat chemistry panel is recommended in 3-4 weeks. If the ALT continues to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.





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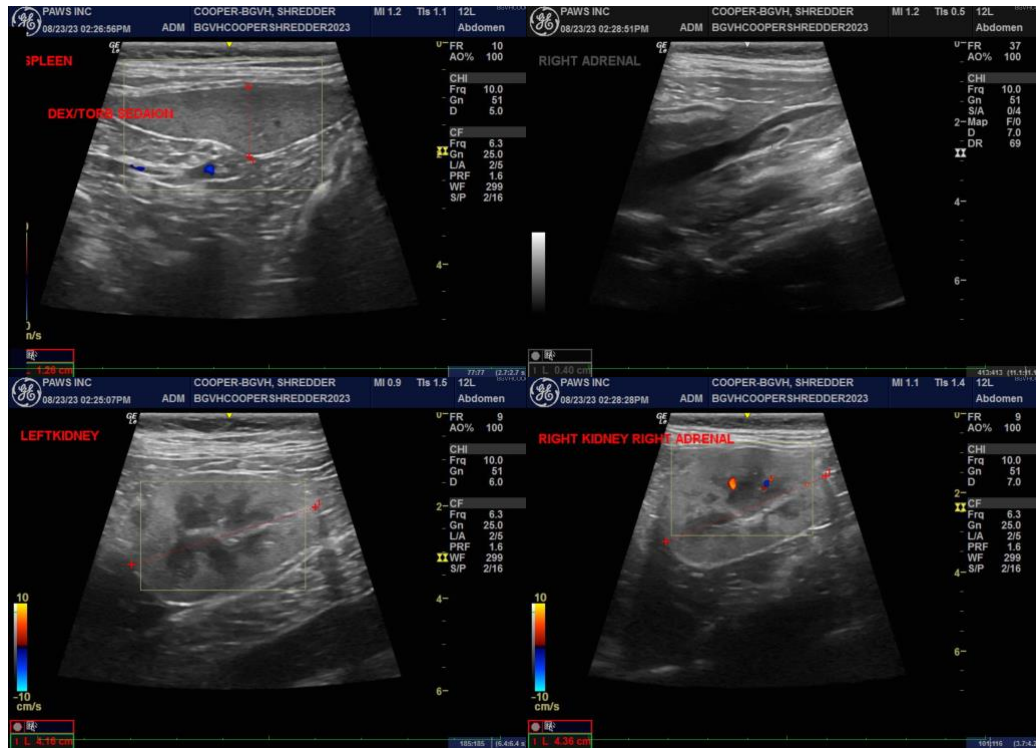
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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