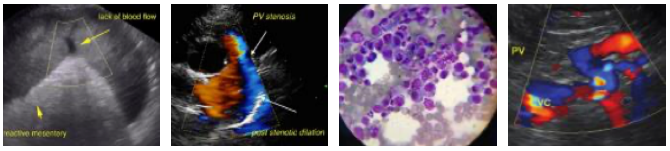
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Heidi Bussard

SPECIES
Feline

BREED
Domestic longhair

SEX
Female, spayed

AGE
5 Yrs.

WEIGHT
5.9 kg.

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

IMAGING PERFORMED BY
Dr. Wepprich

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. WEpprich

INVOICE
13881

DATE
8/29/22

PRESENTING CLINICAL SIGNS

Acute collapse at home 8/28, was apparently normal in the morning then found in the afternoon recumbent, pale MM. Hypotensive, hypothermic on presentation. Responded to boluses of Vetstarch and IVF. QAR today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.13 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. Trace pyelectasia is present (0.20 cm in the transverse plane). 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 mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.44 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

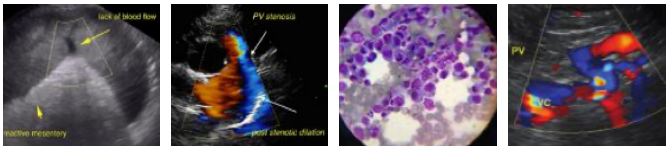
The spleen is enlarged (1.22 cm in width at the level of the hilus) with scalloping of the medial contour. The parenchyma is mostly homogeneous. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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: caudal vena cava ratio is approximately 1:1. The gallbladder 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.

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 to mildly thickened (up to 0.31 cm) with a normal layering pattern and appropriate mural detail.



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There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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 mesentery throughout the abdomen is hyperechoic. A small to moderate amount of free fluid is present. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.26 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor). However, a benign process (i.e., extramedullary hematopoiesis, lymphoid hyperplasia, splenitis, antigenic stimulation, other) cannot be completely excluded.
- Diffuse peritonitis- rule out sterile vs septic.

Secondary Findings:

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- Minor chronic renal changes. The bilateral pyelectasia may be secondary to IV fluid therapy, age-related remodeling, pyelonephritis, PU/PD or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's history of collapse, three-view thoracic radiographs, an echocardiogram and ECG should be considered.
- If the patient's platelet count can be stabilized, a fine needle aspirate of the spleen can be considered. A 25-gauge needle should be used,
- Infectious disease testing (i.e., feline leukemia, FIV, FIP, Mycoplasma) should also be considered.
- Given the bicytopenia, a bone marrow aspirate may also be warranted. If pursued, an IFA for feline leukemia should be performed on the bone marrow sample.

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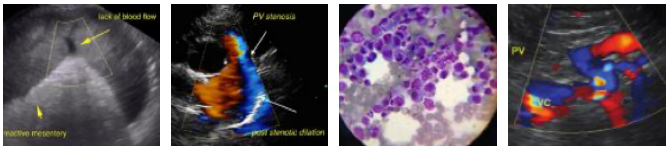

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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