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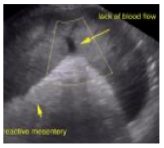
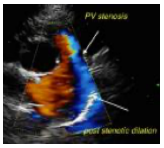
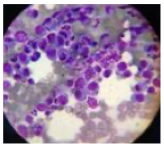
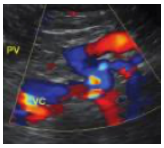
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Alfonzo Swoops Ruffin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 years

WEIGHT

7.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

Dr. Sheldon

INVOICE

11695

DATE

9.22.22

PRESENTING CLINICAL SIGNS

History: O has noticed some weight loss and sneezing. Has a good appetite.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA/T4 were normal

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. A moderate to large amount of suspended, echogenic debris is observed within the lumen. 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 (3.71 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.12 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the **left adrenal gland** is evaluated. No obvious pathology is observed.

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

Spleen

The **spleen** is normal in size (0.76 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, the parenchyma appears subtly mottled. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.61 x 0.74 cm multi-septated, cystic, heterogenous nodule is observed deep on the left side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous, but not overtly dilated.

Gastrointestinal

The **gastric lumen** is moderately distended with ingesta and soft, shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal 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 **pancreas** is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.21 cm in diameter).

Free Abdomen
There is no evidence of free fluid. A few prominent colic **lymph nodes** are visualized, the largest measuring 1.06 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes could be consistent with emerging neoplasia (i.e., round cell tumor). Alternatively, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar) may be present.

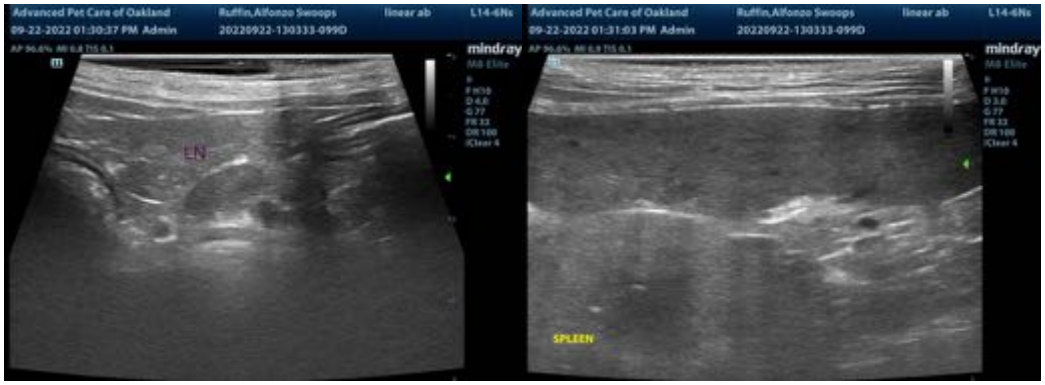
Secondary Findings

- Urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- The cystic hepatic nodule is most consistent with a biliary cystadenoma with a lower possibility of biliary cystadenocarcinoma.
- Age-related pancreatic remodeling. Mild, chronic pancreatitis is also a possibility. Correlation with the patient's clinical history is recommended.
- The soft, shadowing material within the gastric lumen may represent normal ingesta and/or foreign material (i.e., hair).
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of weight loss, consider a fine-needle aspirate of the spleen (if clotting status is appropriate) as well as three-view thoracic radiographs (to assess for occult neoplasia in the chest), +/- a GI panel (serum cobalamin and folate, TLI and PLI).

If the patient's sneezing persists and/or if nasal discharge develops, a CT of the head +/- rhinoscopy may be warranted.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SPLEEN


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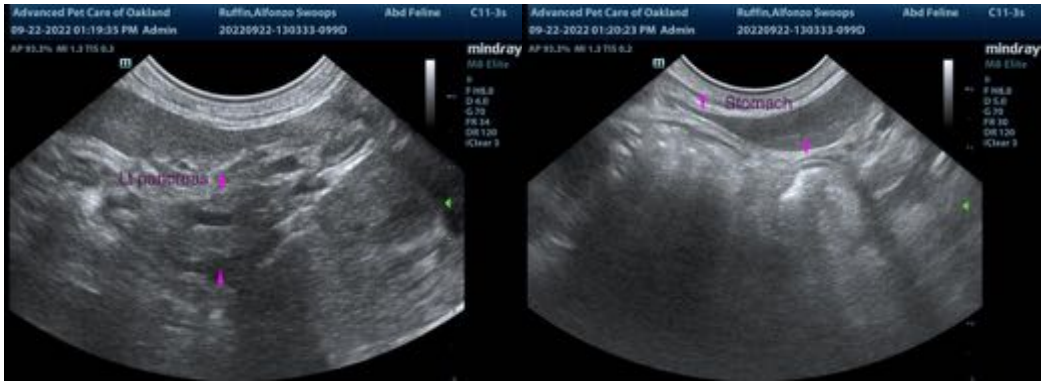
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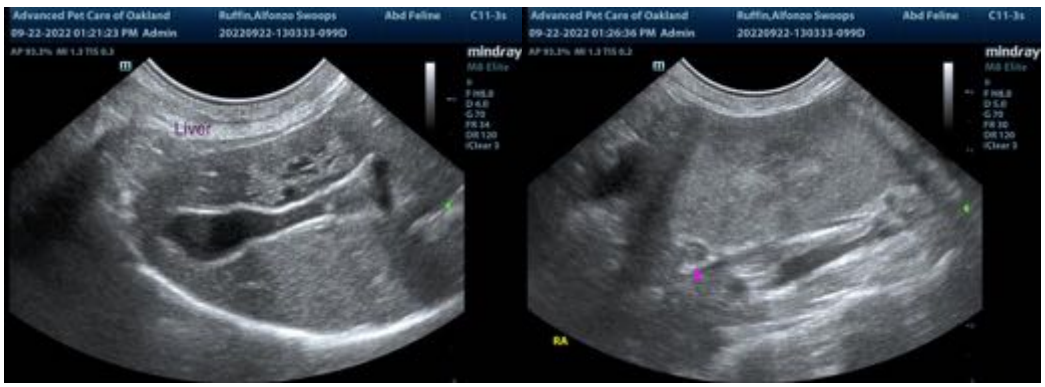
Stomach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Liver
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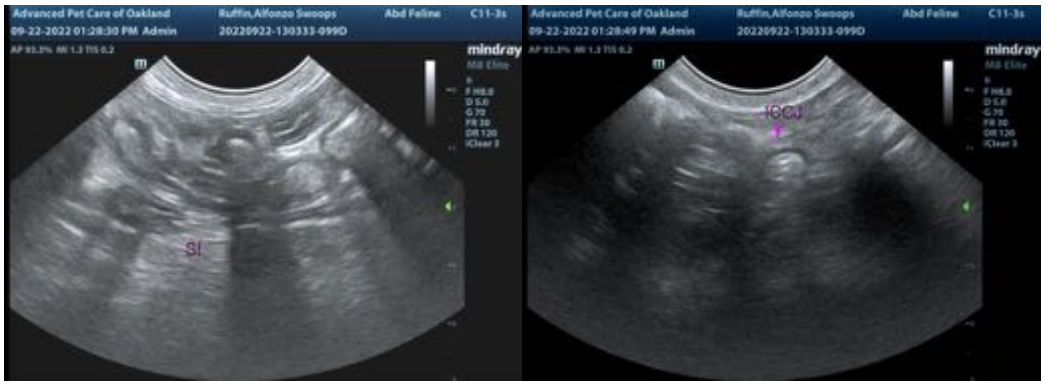

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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