



PATIENT

Lenny Hunt

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

3 Yrs.

WEIGHT

3 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Wellington AH

REFERRING VET

Dr. Grodecki

INVOICE

12619

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: persistent anorexia, anemia, severe flea infestation currently on buprenorphine, Convenia, mirtazapine, prednisolone
Hematocrit 20%, nonregenerative anemia, hypoalbuminemia, hyperglobulinemia, Feline leukemia/FIV negative. Slide agglutination was negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left 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 minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is small in size (0.48 cm length; 0.18 cm width) with a flattened contour. The parenchyma is homogeneous with normal glandular detail. Surrounding vasculature are normal.

The right adrenal gland is normal in size (0.54 cm length; 0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

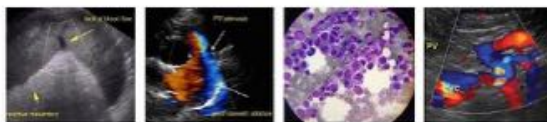
The spleen is normal in size (0.82 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, the parenchyma appears subtly mottled. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal 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 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 gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate



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mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

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The left limb and body are visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic effusion.

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Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The flattened adrenal glands may be a normal variant for this patient or secondary to corticosteroid therapy.

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*An obvious cause for the patient's anemia and hypoalbuminemia is not identified in this study. Considerations include chronic blood loss (i.e., due to flea infestation, GI (i.e., parasites, ulceration) parasites), decreased bone marrow production, autoimmune disease (at the level of the marrow), occult neoplasia, other.

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Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia.
- A fecal evaluation for ova/Giardia
- Treatment for flea infestation is recommended.
- Other diagnostic considerations include the following:
 - Serum protein electrophoresis
 - Comprehensive tick panel including PCR and serology
 - Bone marrow aspirate. If a bone marrow aspirate is performed, a feline leukemia IFA should be performed on the sample.
 - +/- Gastrointestinal biopsies (endoscopic or surgical)

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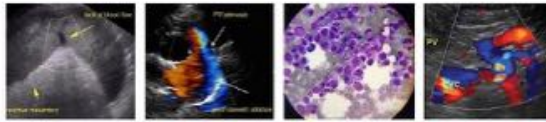
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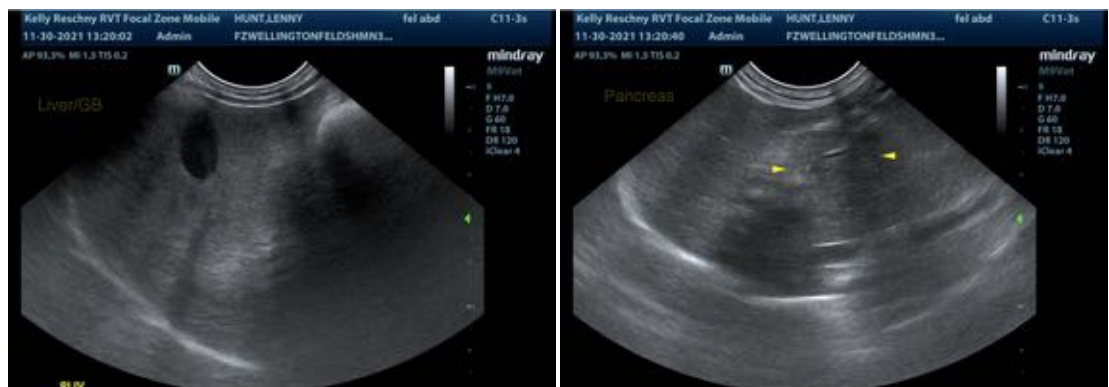
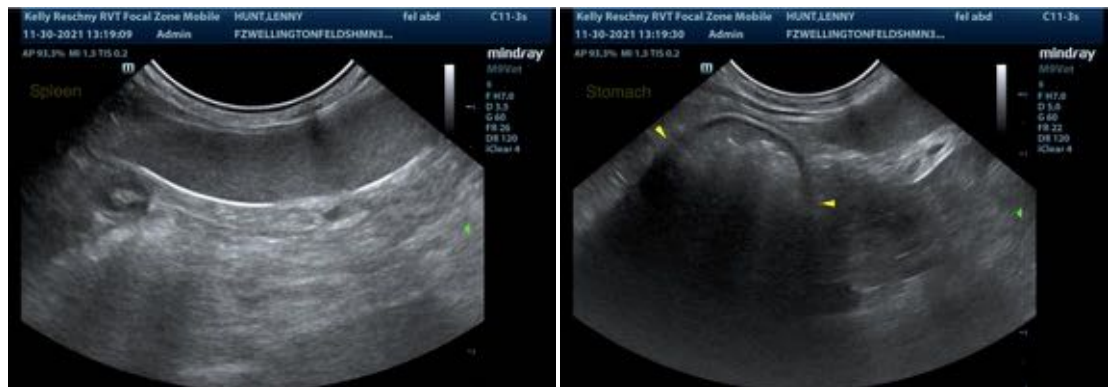
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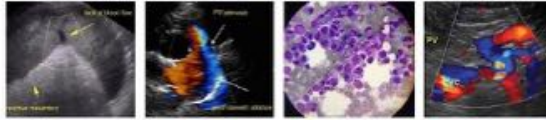
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Andrea.nicastro@sonopath.com

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