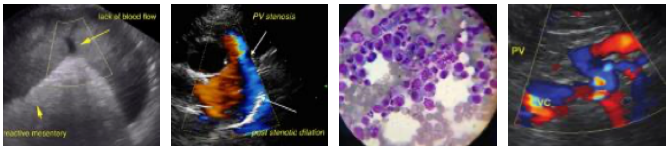
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mr. Miagi Unanue

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

12.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. J Khodari

INVOICE

13857

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: Progressive anemia. low normal albumin.
Abnormal PE/Chem/CBC/UA Results: HCT 25, HGB 6.8, MCV 35, MCH 9.5, MCHC 27.2, reticulocyte hemoglobin 11.1, amylase 2413.

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 mildly to moderately distended with mostly anechoic urine. 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 (4.12 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and 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. Renal vasculature is normal.

The right kidney is normal size (4.50 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and there is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.82 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

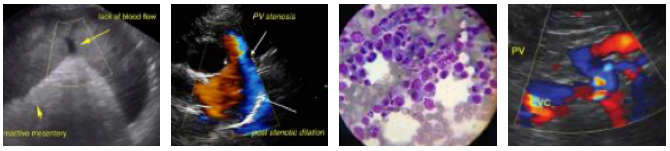
The spleen is normal in width (0.82 cm in width at the level of the hilus) with an elongated/folded contour. The parenchyma is homogeneous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and relatively homogeneous in appearance. There is a subtle increase in portal markings. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is mildly distended. The wall is thickened (up to 0.18 cm) and hyperechoic. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 thickness is normal to borderline thickened (up to 0.27 cm) with a normal layering pattern and



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appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In some regions, the submucosal layer is thickened. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The lumen of the descending colon contains a small amount of granular appearing fecal material. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter).

Free Abdomen

There is no evidence of free fluid. A 0.56 cm sublumbar lymph node is visualized. In addition, 1-2 prominent lymph nodes are observed in the right cranial quadrant, the largest measuring 1.98 cm in length. Several prominent mesenteric lymph nodes are also seen, the largest measuring 0.97 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The mild splenomegaly could be consistent with a benign process (i.e., extramedullary hematopoiesis, lymphoid hyperplasia or similar). Alternatively, emerging neoplasia (i.e., round cell tumor) is possible.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The increased hepatic portal markings are suggestive of an inflammatory process (i.e., lymphoplasmacytic hepatitis, bacterial cholangiohepatitis). However, this may be a normal variant for this patient.
- The gallbladder wall changes may be artifactual due to lack of full repletion. Alternatively, cholecystitis and/or benign age-related hyperplasia may be present. Correlation with the patient's liver values is recommended.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

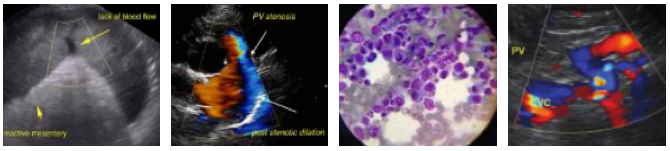
Secondary Findings:

- Bilateral chronic degenerative renal changes.

*Based on the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the anemia, consider the following:



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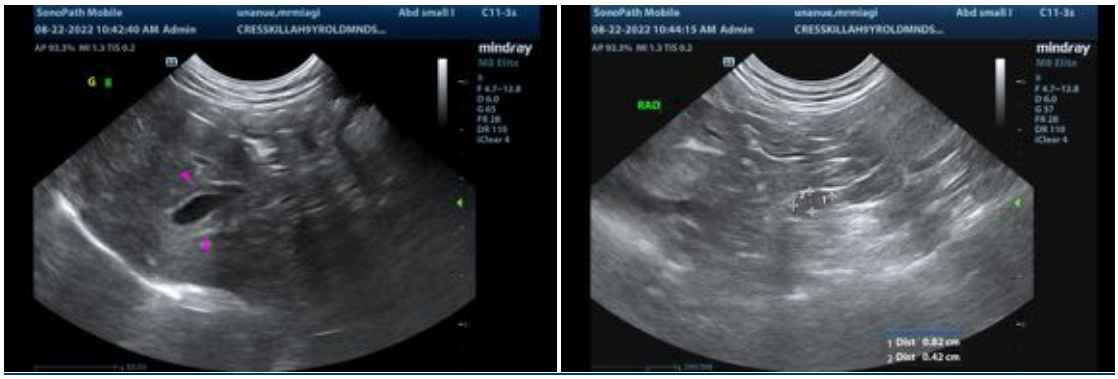
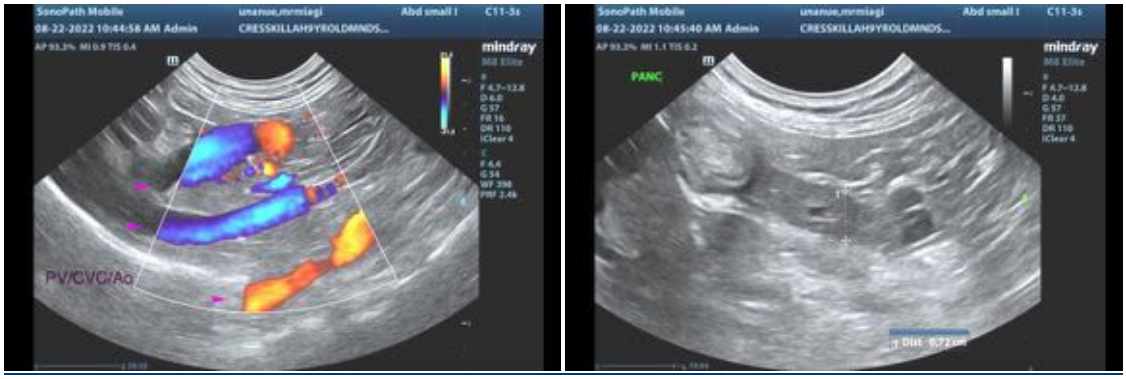
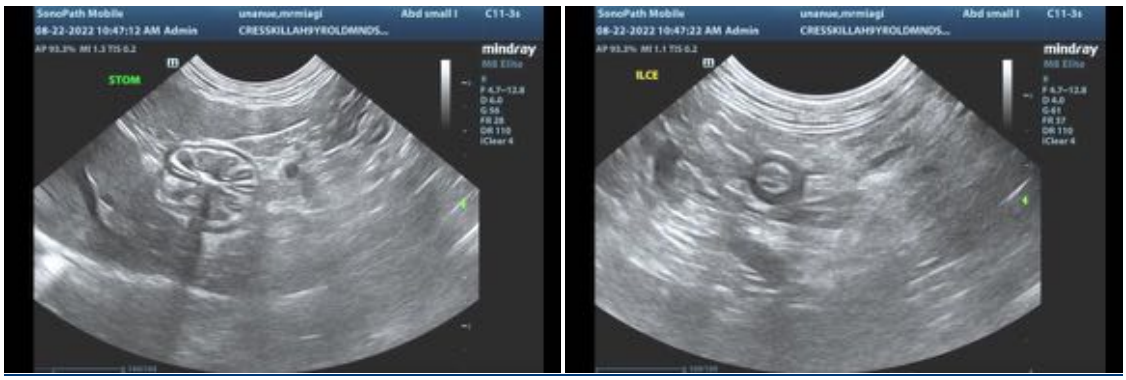
1. Three-view thoracic radiographs to assess for occult disease in the chest.
2. Fine needle aspirate of the spleen if clotting status is appropriate.
3. Further testing for Mycoplasma infection, particularly if the anemia is regenerative.
4. Feline leukemia and FIV testing, if not already performed.
5. If the anemia progresses and is non-regenerative, a bone marrow aspirate may be warranted.

- Regarding the sonographic changes in the bowel and pancreas, consider a malabsorption panel including serum cobalamin, folate, TLI and PLI, Toxoplasmosis testing (IgG and IgM), fecal evaluation for ova and Giardia. +/- GI biopsies, if warranted.







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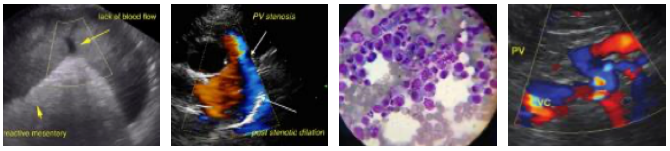

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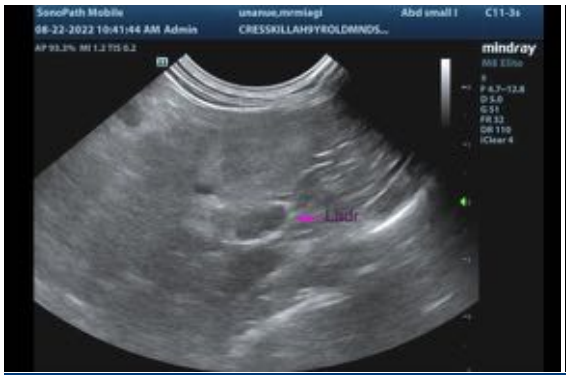

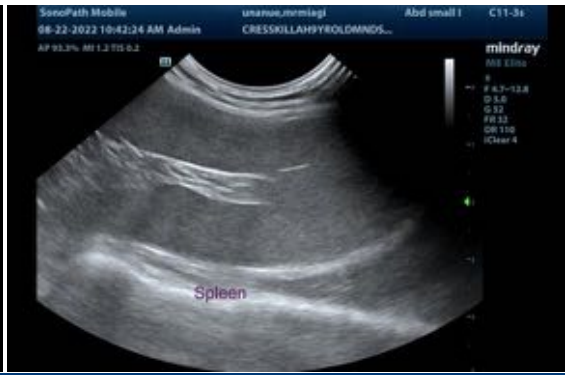

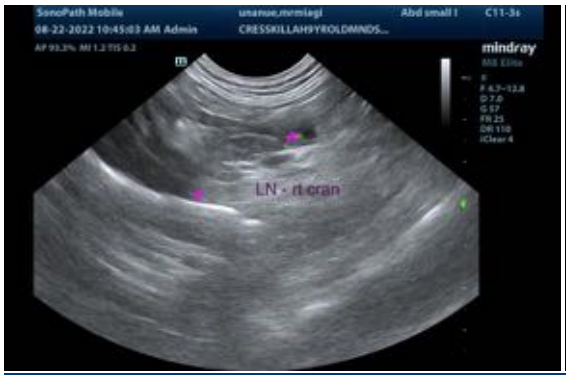

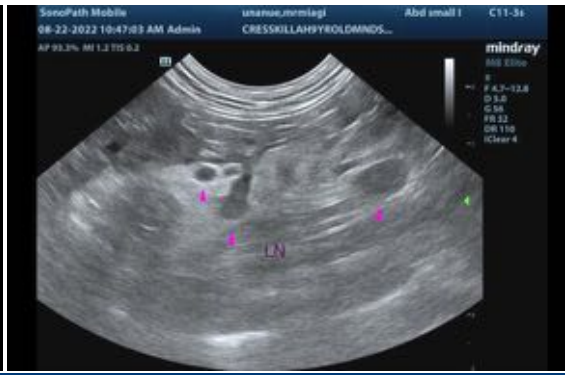

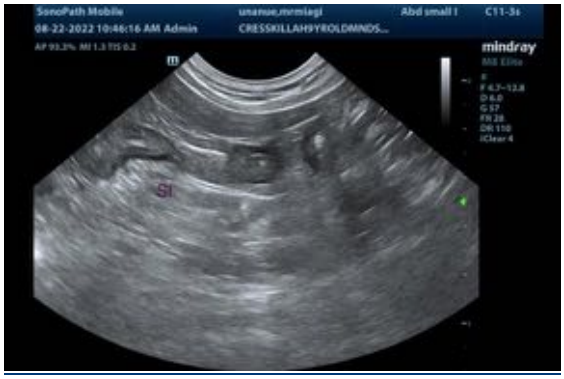

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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