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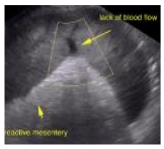

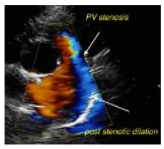

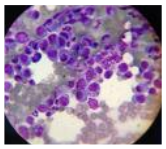
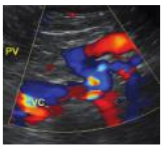

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1-800-838-4268 info@sonopath.com

PATIENT

Thierry Helmbrecht

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

16 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kara Wallisch

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Kara Wallisch

INVOICE

18182

DATE

11/21/22

PRESENTING CLINICAL SIGNS

History: In for senior BW on Nov 1 2022. Noted anemia, elevated T bili. Suspected IMHA. Treated with Pred course. Recheck BW showed worsening anemia (Nov 10). O elects AUS and considering transfer to IM for possible blood transfusion tomorrow.

Abnormal PE/Chem/CBC/UA Results: Nov 1: HCT23, PLT29 (clumping), WBC normal, T Bili 1.4, Precision PSL 37. Felv/fiv negative. Retic count 31.2k. T4 normal. Nov 10: HCT 15, PLT 103, WBC normal, Retic count 20.3k. Nov 14: HCT 15, PLT 23k, WBC counts all normal range. Blood smear review by pathologist: Non regenerative anemia, no parasites, moderate proportion of lymphocytes intermediate in size with slightly immature chromatin. Consider emerging lymphoproliferative disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (4.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (4.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is unable to be well visualized in these images.

Right adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct are tortuous in appearance, this can be a normal patient variant and should be interpreted in combination with clinical signs and/or laboratory changes that suggest ongoing or historical resolved cholangiohepatitis.

Gastrointestinal

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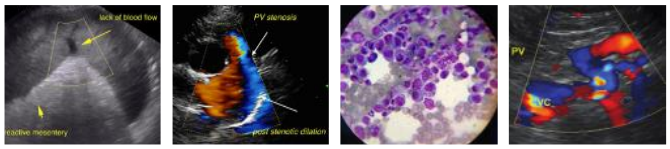

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

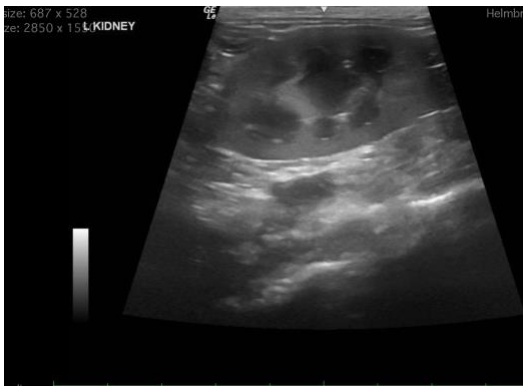
ULTRASONOGRAPHIC FINDINGS

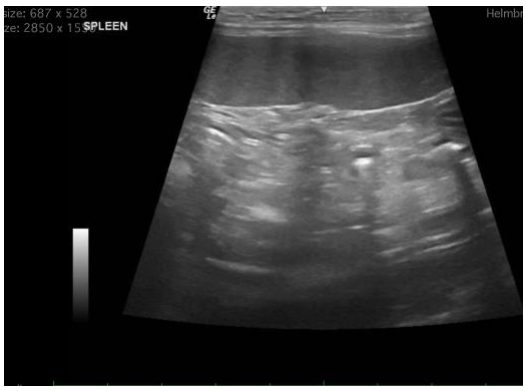
- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If patients coagulation status is appropriate, a fine needle aspirate of the spleen could be considered to look for an underlying disease/trigger of the presumed immune mediated hemolytic anemia. Otherwise, given the marked degree of anemia and the nonregenerative nature, as is reportedly already planned, referral for further work up and transfusion is advised.

When patient is stable, additional diagnostic recommendations could include comprehensive infectious disease testing, bone marrow cytology, etc.





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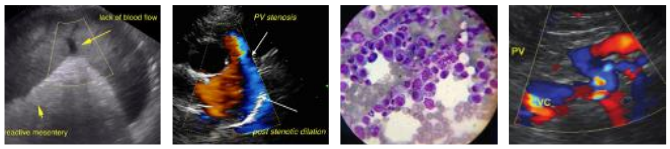

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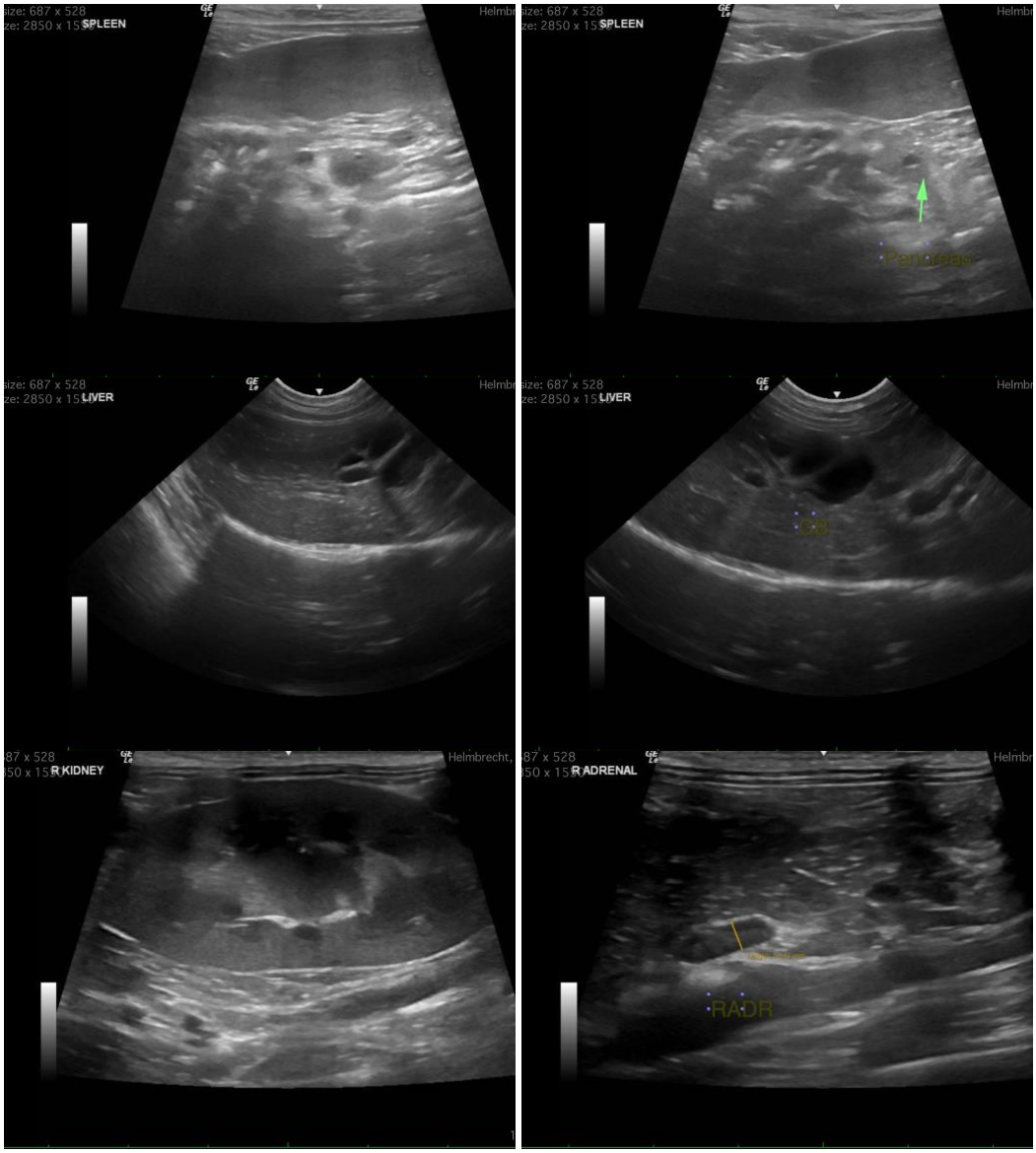

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com