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Clinical Sonography & Telecytology
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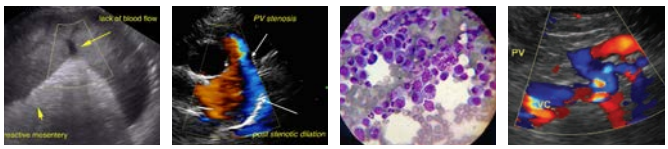

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1-800-838-4268 info@sonopath.com

PATIENT
Beau Wolf

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
11 Years

WEIGHT
25.4 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Schanche

HOSPITAL NAME
TotalBond VH

REFERRING VET
Dr. Schanche

INVOICE
44678

DATE
2/2/23

PRESENTING CLINICAL SIGNS

11 yr old obese DSH weight 25.4 lbs presented for annual exam - grade 2-3/6 parasternal systolic HM, normal sinus rhythm. Currently on buspirone 5 mg once per day, Gabapentin 100 mg SID-BID, 1/4th tsp miralax, and Solensia. No respiratory signs noticed at home. Chest x rays performed on 1/18/23 show normal heart and vessel size and no evidence of congestive heart failure. The spleen appeared enlarged and abnormally rounded on the V/D view - suspicious of lymphoid hyperplasia or diffuse neoplasia. Echocardiogram showed Stage B1 hypertrophic cardiomyopathy. Ultrasound performed to evaluate spleen. PSL 38 - mild elevation, no clinical signs Crt 1.4 BUN 32 SDMA 11.1 USG1037 renal index + for developing kidney ds over next 12 months

Abnormal PE/Chem/CBC/UA Results: Obese PSL 38 – mild elevation, no clinical signs Crt 1.4 BUN 32 SDMA 11.1 USG1037 renal index + for developing kidney ds over next 12 months

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

The right kidney is normal in size (4.51 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.

The left kidney is normal in size (4.27 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

The right adrenal gland is normal in size (0.28 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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

Spleen

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. The nodules range in size with the largest being just under 1.0 cm. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

The 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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

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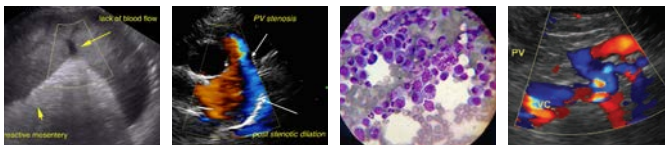

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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is a slightly oblong hypo- to anechoic structure noted at the Ileocecocolic junction that appears to be a mildly fluid dilated cecum. However, a mildly reactive mesenteric lymph node cannot be ruled out, and this finding should be interpreted in combination with any supporting clinical signs of abdominal pain, gastrointestinal disease, etc.

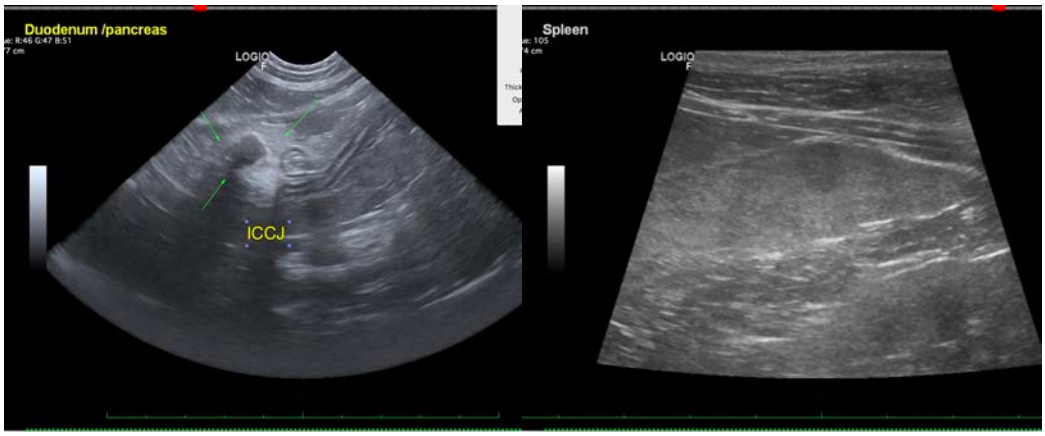
ULTRASONOGRAPHIC FINDINGS

- **Honeycomb Spleen –** This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the spleen is recommended if patient's coagulation status is appropriate. Pre-medication with Diphenhydramine is recommended in case of mast cell tumor.



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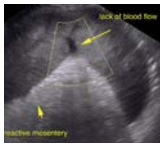
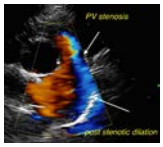
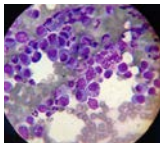
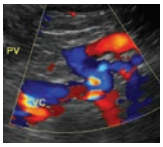

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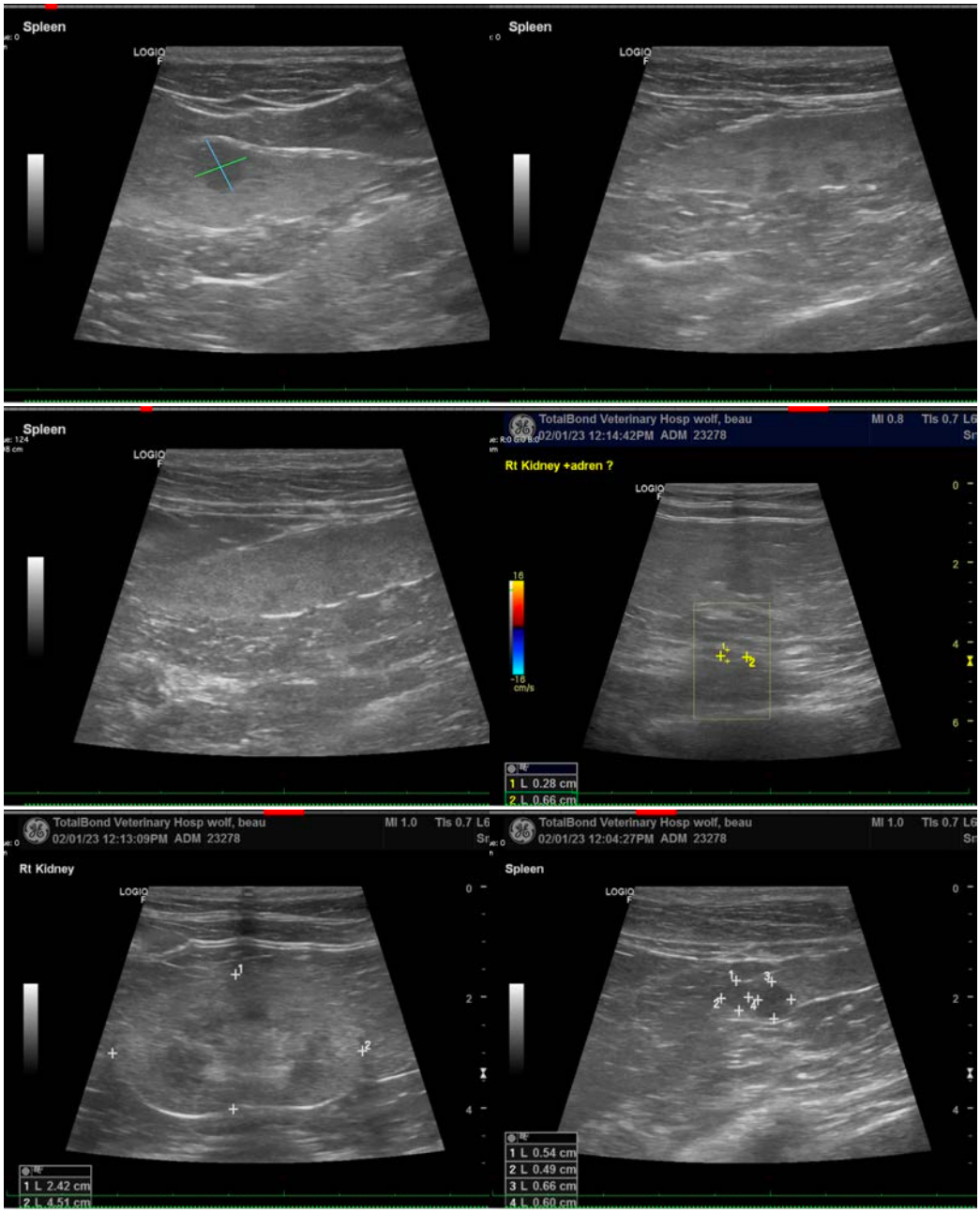

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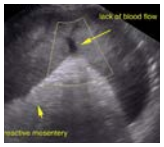
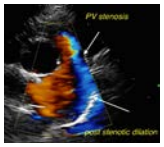
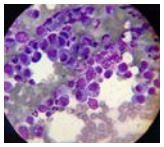
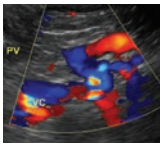

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com