



PATIENT

Lacey Santos

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

2 years

WEIGHT

7 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Campbell

INVOICE

95975

DATE

2/10/22

PRESENTING CLINICAL SIGNS

Lacey presented to Dr. Campbell for upper respiratory congestion which did not improve much with Azithromycin. Upon recheck, she had a mild fever, and was not eating. Bloodwork was performed 2/5/22 which revealed mild non-regenerative anemia, severely high globulins(11.7), hypoalbuminemia (2.0), low BUN, low cholesterol, and hyperphosphatemia (7.2). Serum electrophoresis is pending. A variety of possibilities were discussed with owner including FIP, infectious disease including fungal (Cryptococcus testing should be considered), and neoplasia. Other labs were declined at this time (anemia PCR, Cryptococcus testing). Recommended a UA, aluminum hydroxide powder. As of 2/7 Lacey was only eating a handful of treats a day which was an improvement.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (4.29 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (4.47 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.93 cm long x 0.28 cm at cranial pole and 0.34 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.0 cm long x 0.36 cm wide), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. Small, non-discrete, hypoechoic nodules are present throughout the parenchyma. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal



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The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

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Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

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Free Abdomen

Prominent, hypoechoic mesenteric lymph nodes are noted and remain normal in size.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered. In this patient specifically FIP should be considered as a top differential.
- Reactive mesenteric lymphadenopathy. Infiltrative neoplasia is possible, but considered less likely given the maintenance of normal lymph node shape.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is recommended if the patient's coagulation status is appropriate followed by broad spectrum infectious disease testing including Cryptococcus and FIP with FIP being a top infectious disease differential. If round cell neoplasia such as lymphoma is not diagnosed via cytology further infectious disease testing should be considered including both Cryptococcus given the reported upper respiratory signs as well as FIP given the marked hyperglobulinemia.

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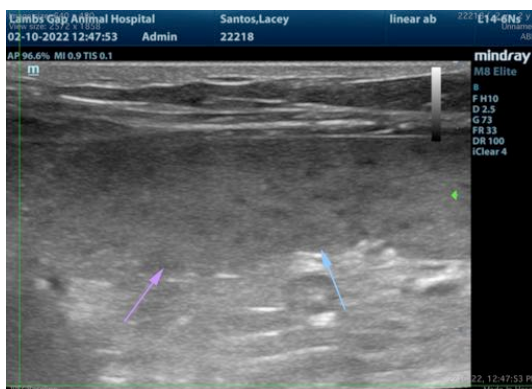
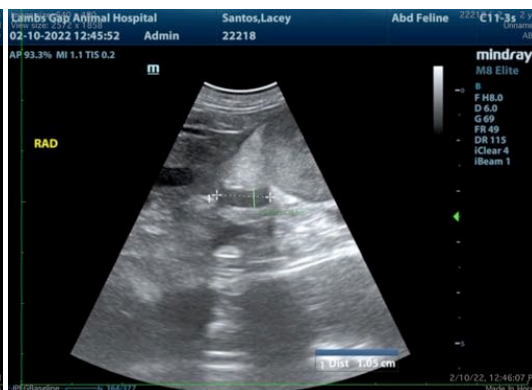
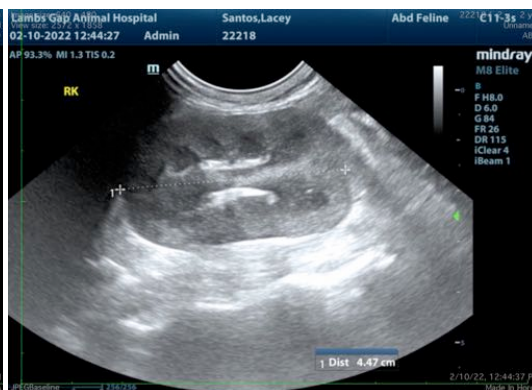
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Beth Johnson, DVM DACVIM

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Beth.Johnson@SonoPath.com

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