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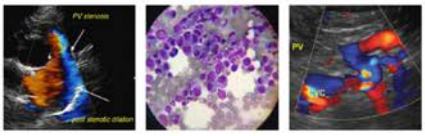

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PATIENT
Baxter Davis

SPECIES
Feline

BREED
DLH

SEX
Neutered Male

AGE
10 Years

WEIGHT
16.8 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Dr. Dyer

INVOICE
45382

DATE
2/21/23

PRESENTING CLINICAL SIGNS

Current Medications: None Patient History: Recommended AUS to screen for pancreatitis, GI upset, hepatopathy, urinary tract disease, other. Performed IH CHP 2/16/23.

Abnormal PE/Chem/CBC/UA Results: Exam 2/16/23 1. QAR 3. Eyes clear, no discharge today 4. Scant ceruminous debris AD, ointment visible AU, Otherwise normal 5. Mod generalized tartar, no visible oral trauma or fb 9/10. Mildly tense on abdominal palpation, otherwise normal 13. Overweight- lost 0.2lb since last exam CBC- WNL Chem- Mild elevation in amylase, Mild hyperalbuminemia (dehydration) UA- Insufficient sample T4- WNL Felv/fiv- negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is only mildly distended. Visible contents are anechoic as well as a large amount of echogenic non-shadowing and mineral debris. No masses are observed. Multiple small conglomerated cystoliths or several larger cystoliths are suspected. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.11 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 or mineral observed. Several chronic infarcts noted.

The left kidney is normal in size (4.46 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 (0.49 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size (1.06 cm thick) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. A 0.76 cm x 0.98 cm hypo- to anechoic non-capsule disrupting nodule near the head of the spleen. Splenic vasculature appears normal.

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile duct are tortuous in appearance and very mildly dilated, measuring 0.50 cm dilated with some intraluminal echogenic debris, but normal taper to the level of the duodenal papilla. There is no evidence of effusion or inflammation.

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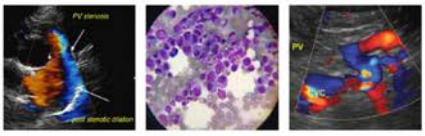

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Gastrointestinal

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 no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Hypersplenism –** 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 as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- **Hypo to anechoic splenic nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

SECONDARY FINDINGS

- Several chronic infarcts present in the right kidney
- Large amount of urinary bladder debris including mineral/sand debris and suspect cystoliths

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly trying to be obtained, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

A fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate.

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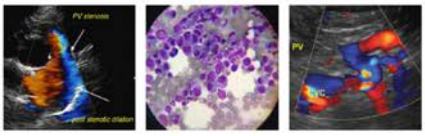

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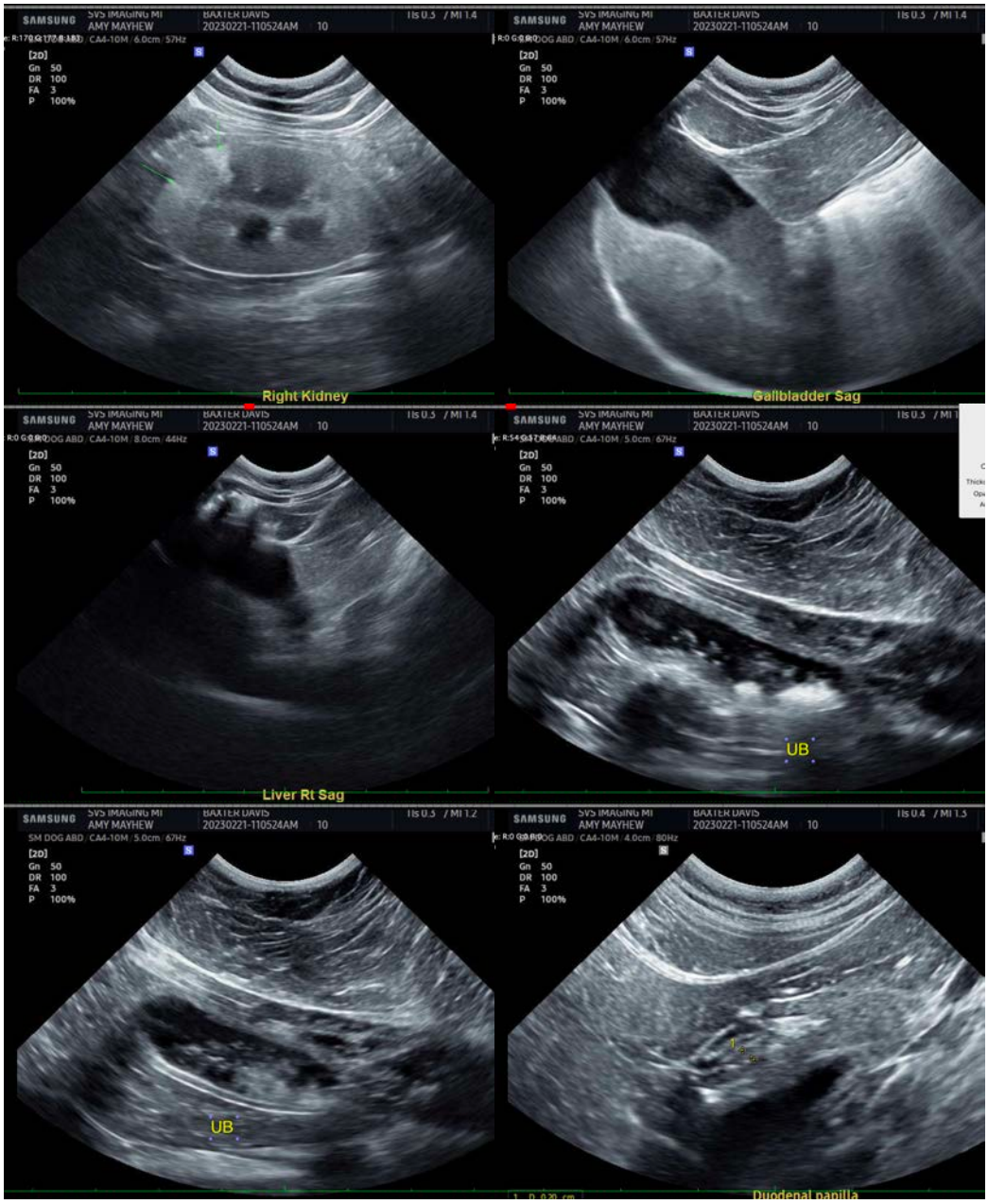
Remaining recommendations are primarily dependent on clinical signs. Given the lack of liver enzyme changes or reported gastrointestinal upset, the cholecystic debris is likely incidental and of minimal to no clinical significance. However, intervention may be warranted if clinical signs develop and/or laboratory changes develop.

In the meantime, consideration may be given to a transition in diet to a urinary health diet if tolerated.

Mild weight loss is reported in this patient. Therefore, despite an ultrasonographically normal gastrointestinal tract, etc., further evaluation of possible mild digestive/malabsorptive conditions is recommended pending results of splenic cytology, etc. in the form of a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.



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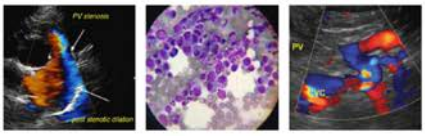

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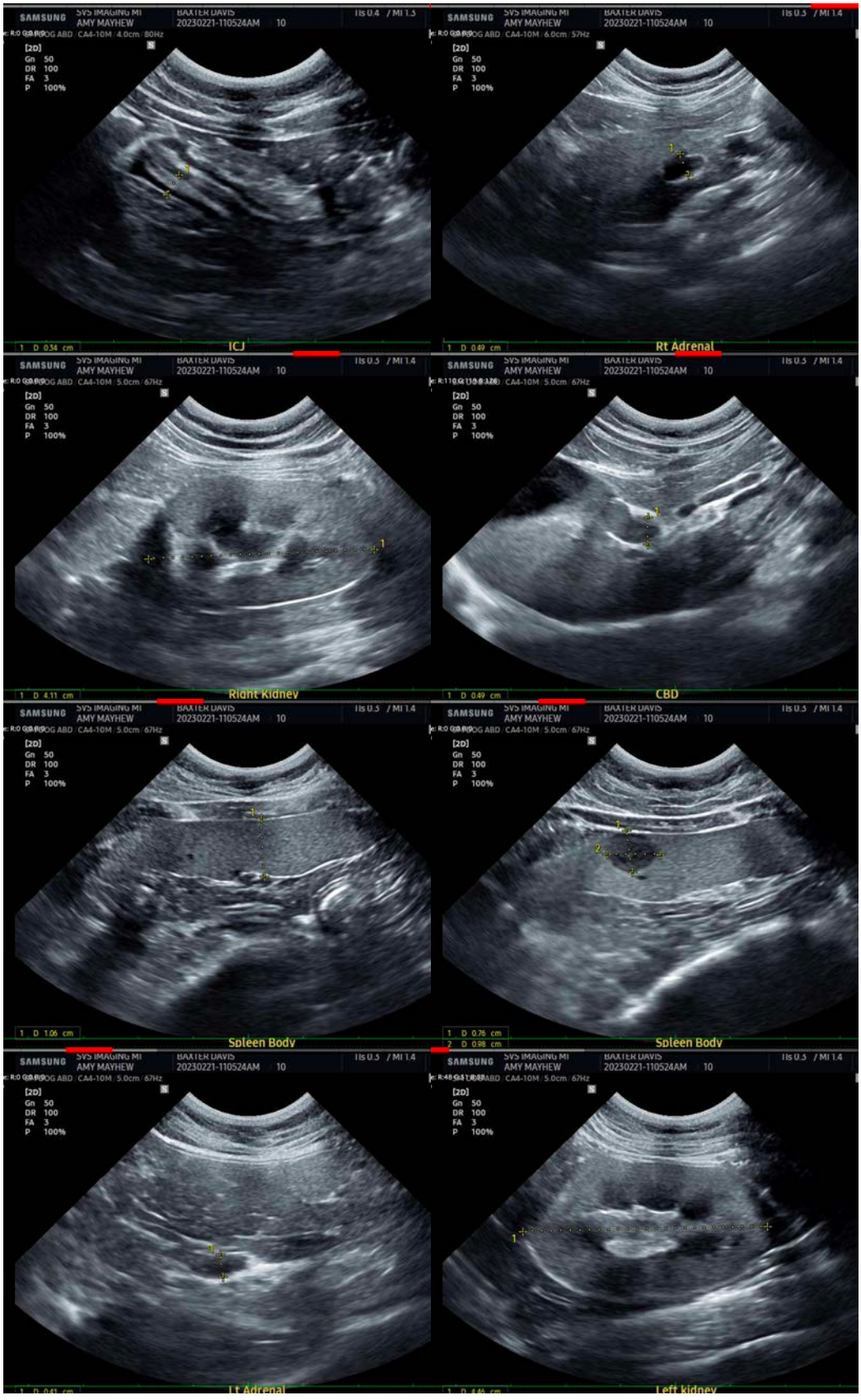

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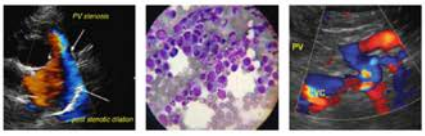

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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