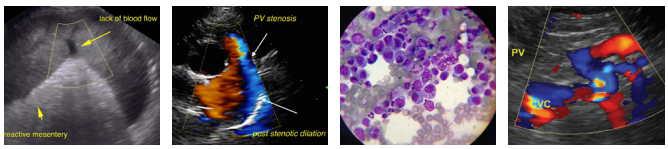
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Walter Culpepper

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
12 Years

WEIGHT
9.63 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Isabel Plourde

HOSPITAL NAME
Total Bond VH

REFERRING VET
Dr. Jodi Werfal

INVOICE
35873

DATE
3/3/22

PRESENTING CLINICAL SIGNS

history for ultrasound: history of increased vomiting and progressive weight loss. Owner reports appetite is still good. Occasional soft BM found in litter box but multiple cats so not sure which cat. Weight loss (1 lb) was first appreciated in 12/21 at which time hyperthyroidism was recognized on bloodwork (T4 = 4.4 norm < 4.0). vomiting was multiple times daily at this point. Walter was started on methimazole 5 mg once daily. Since that time, his vomiting has diminished to 1 or 2 times every other day but recently increasing again. Since start of his methimazole he has lost a additional 1 lb despite reasonable appetite. Current bloodwork shows normal T4 at 2.8, no azotemia, USG 10.28 but a lymphocytosis and eosinophilia that was not present in 12/21. exam reveals a mildly enlarged thyroid, bcs of 3/9 with progressive weight loss. minimal dental disease. ddx: intestinal disease ie IBD or neoplasia.
Abnormal PE/Chem/CBC/UA Results: Current bloodwork shows normal T4 at 2.8, no azotemia, USG 10.28 but a lymphocytosis and eosinophilia that was not present in 12/21. exam reveals a mildly enlarged thyroid, bcs of 3/9 with progressive weight loss. minimal dental disease.

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 (4.5 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (4.2 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.36 cm at the cranial pole and 0.35 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

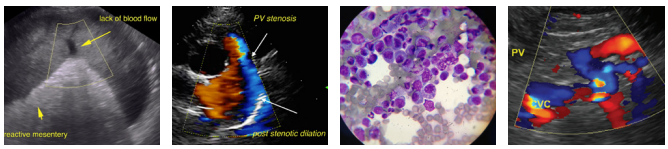
The left adrenal gland is normal in size (0.33 cm at the cranial pole and 0.38 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. 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.



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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. An incidental tortuous common bile duct is noted.

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 peritoneal effusion. Prominent hypoechoic mesenteric lymphadenopathy is noted.

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 as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Mesenteric lymphadenopathy – Rule outs include both reactive lymphadenopathy as well as infiltrative neoplasia such as lymphoma.

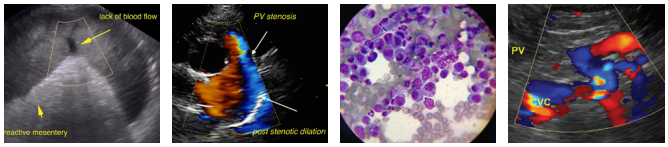
SECONDARY FINDINGS

- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- Incidental tortuous common bile duct – This can be a normal finding in senior cats.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include a fine needle aspirate of the spleen if patient's coagulation status is appropriate, as well as of the lymph nodes if able to reach them and if patient's coagulation status is appropriate. It is recommended to pre-med with Diphenhydramine in case mast cell disease is present within the spleen.

Both gastrointestinal disease and pancreatitis can result in clinical signs with relatively unremarkable abdominal ultrasounds. Therefore, given this patient's clinical signs combined with the eosinophilia, recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the GI tract and pancreas. Empirical



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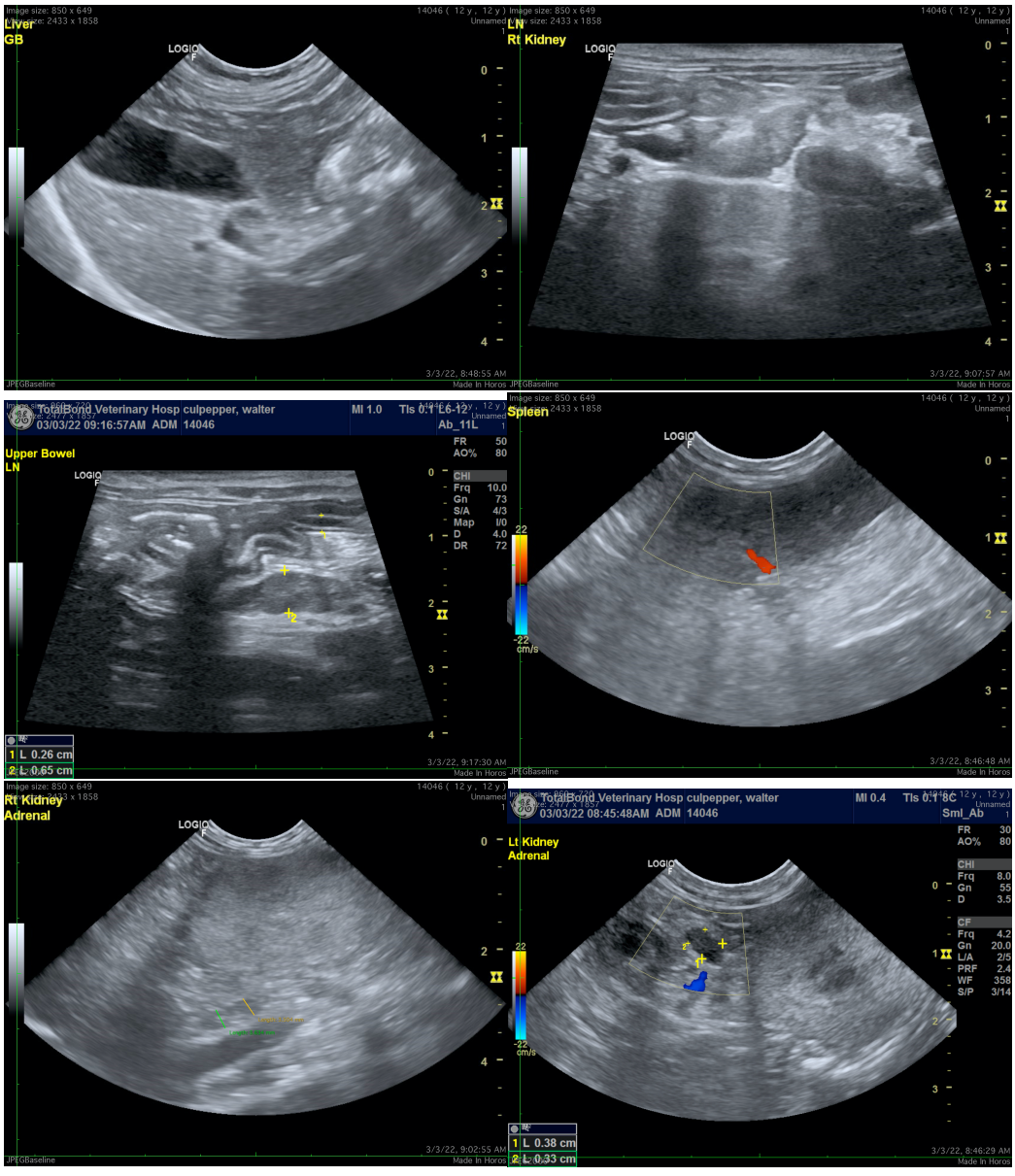
therapies, given the eosinophilia, could include empirical deworming with a 5-day course of Panacur, and a diet change to a novel or hydrolyzed protein diet.

If clinical signs persist, and a diagnosis is not obtained via splenic cytology, biopsies of the gastrointestinal tract and enlarged lymph nodes may be considered.



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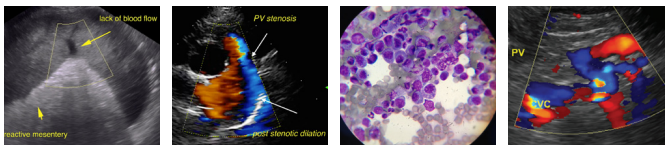

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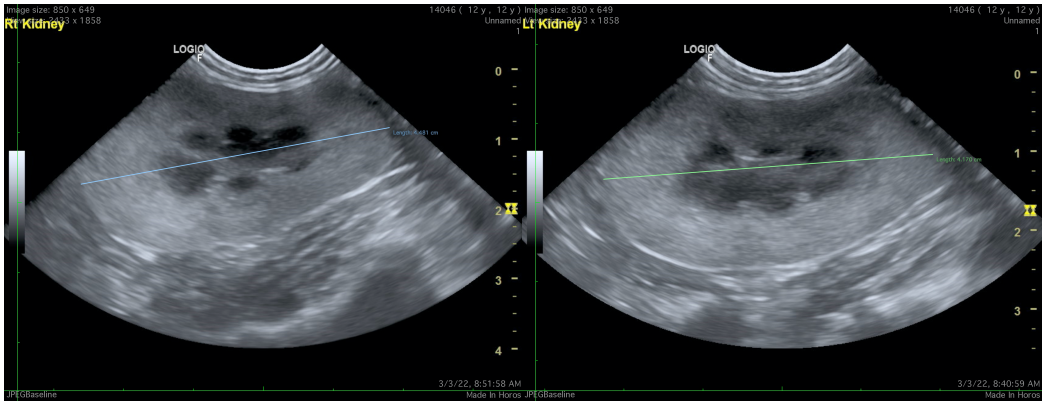

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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