

PATIENT PRESENTING CLINICAL SIGNS

Maia Winters

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

6.68 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Brasted Maki

INVOICE

36614

DATE

3/30/22

Primary complaints are inappetence and severe weight loss. Patient is lethargic and appetite is currently very poor, although weight loss was initially seen when patient was still eating fairly well. Patient has prior diagnoses of hyperthyroidism, hypertension, and IRIS stage 2 renal disease. These conditions are being appropriately managed and weight loss is disproportionately severe and rapid. Examination: Patient is very geriatric in appearance, quiet/weak, underweight, with marked dental disease. Dehydration seen prior to initiation of SQ fluids.

Abnormal PE/Chem/CBC/UA Results: March 25, 2022: Chemistries: SDMA 16 (BUN and creatinine WNL) Electrolytes: K 3.0 CBC: Hct 26.8% (non-regenerative), WBC 21,080, Neuts 19,890, Lymph 630, Eos 0 Feb 22, 2022: T4 3.1 SG 1.015 Current Medications Methimazole, Amlodipine; Mirataz transdermal, Claro, KCl given in SQ fluids, Gabapentin for procedure. Radiographic Findings Thoracic/abdominal rads: Spinal DJD, Hip DJD, Kidneys appear slightly small.

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 kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney. The left kidney measured 3.21 cm. The right kidney measured 3.16 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.48 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.30 cm thick), 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 homogeneously 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.

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.



PATIENT *Gastrointestinal*

Maia Winters 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.

SPECIES

Feline The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. 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.

BREED

DSH The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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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. There is no apparent lymphadenopathy.

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PRIMARY FINDINGS

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- 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.
- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

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SECONDARY FINDINGS

- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Non-obstructive nephrolithiasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Top differential/concern for this patient is infiltrative round cell neoplasia, given the appearance of the spleen. Recommendations include a fine needle aspirate of the spleen if coagulation status is appropriate, and pre-procedure administration of Diphenhydramine is recommended in case of mast cell tumor. Other diagnostic recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the gastrointestinal tract and pancreas.

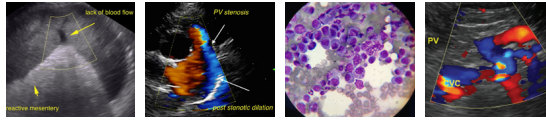
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Ultimately, if a diagnosis is not obtained from a splenic aspirate, biopsies of the bowel, being sure to include ileum, if possible, may be necessary to definitively diagnosis the underlying cause of the weight loss. If a diagnosis is not obtained from the splenic aspirate, and biopsies are declined, empirical steroids



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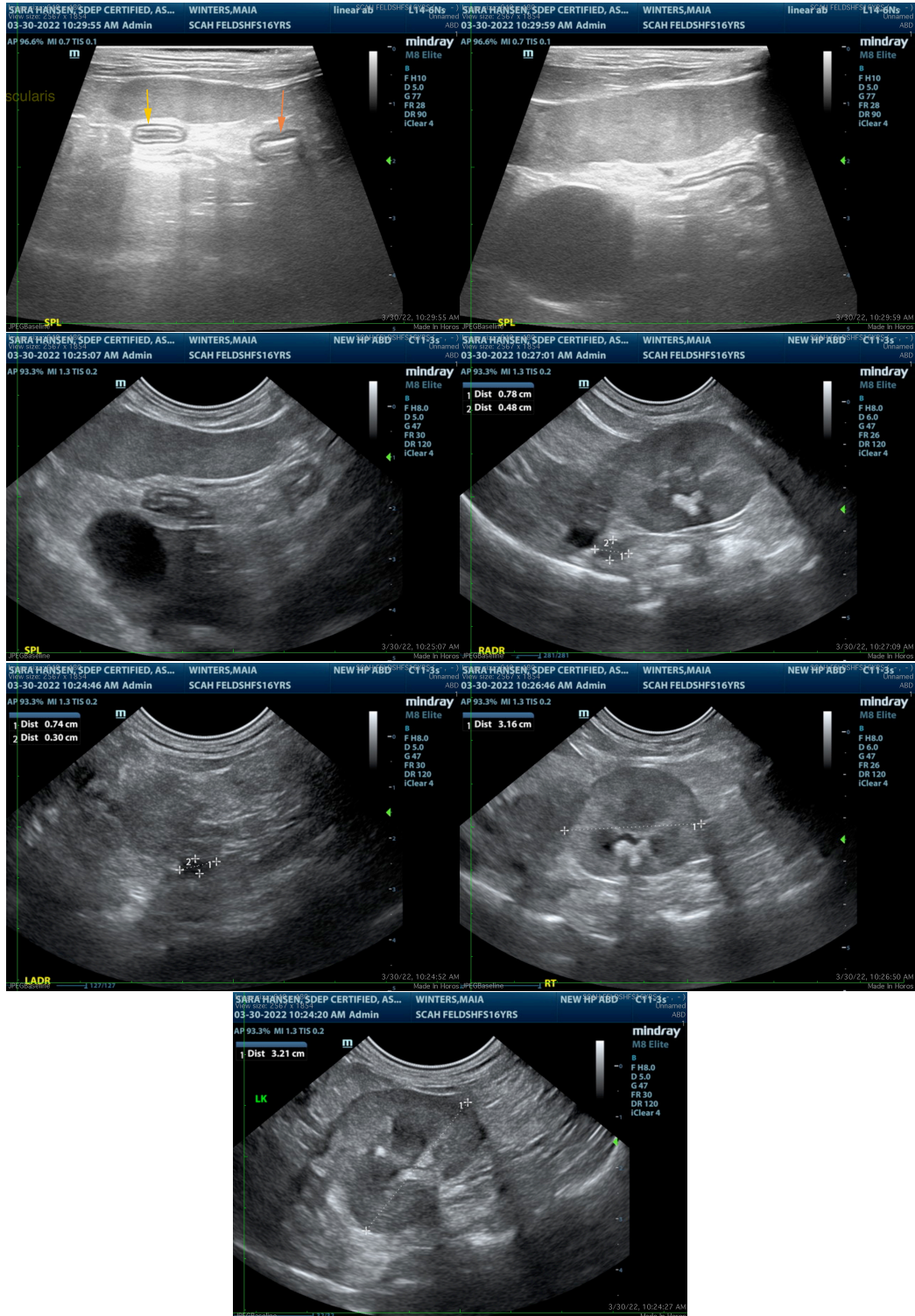
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Beth.Johnson@sonopath.com

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