



PATIENT PRESENTING CLINICAL SIGNS

Kitai Sutton

Patient presented to Sunriver on 6/14/2023 for the following: -- Patient has been anorexic x 3 days, has lost ~ 1 # body weight in ~ 6 months. -- Patient received Cerenia, mirtazapine, and SQF yesterday at the time of the venipuncture. -- Patient reportedly ate a few bites of food last night following symptomatic therapy.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

Abnormal PE/Chem/CBC/UA Results: PE: -- Evidence of weight loss 6/15/2023: CBC: -- HCT 35.9% (previously 61%, 10/2022) -- WBC: 1.7 K/uL (L) -- PMN: 0.578 K/uL (L) -- LYMPH: 0.629 K/uL (L) -- EOS: 0.017 K/uL (L) -- UNCLASSIFIED: 102 (< = 0/uL) CHEM: -- SDMA: 18 ug/dL (H) -- Ca: 11.9 mg/dL (H) -- TP: 10.7 g/dL (H) -- GLOB: 8.4 g/dL (H) -- ALB: 2.3 g/dL (L) -- CHOL: 27 mg/dL (L) Spec fPL: pending UA (cysto): -- dark yellow, turbid, USG: 1.044, pH: 6.5 -- 2+ proteinuria -- trace ketonuria -- No significant hematuria, nor bacteriuria, nor pyuria UPC ratio: -- 0.2 (non-proteinuric) T4: 1.2 ug/dl (wnl) FeLV/FIV/HW: NEG x 3 Fecal O&P/giardia: pending Clin Path review of the CBC: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

11 years

Urinary System

WEIGHT

5kg

The urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous, and/or small blood clots. Both sterile inflammation, as well as urinary tract infection, can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right kidney is normal in size (4.01 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.

IMAGING PERFORMED BY

Patti Mayfield, DVM

The left kidney is normal in size (3.88 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.

HOSPITAL NAME

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Adrenal Glands

REFERRING VET

Emily Kent, DVM

The right adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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Spleen

DATE

6/15/2023

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. 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.



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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.

SPECIES

Feline

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.

BREED

DSH

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 or foreign material.

SEX

Spayed Female

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.

WEIGHT

5kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

IMAGING PERFORMED BY

Patti Mayfield, DVM

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.
- Urinary bladder debris

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REFERRING VET

Emily Kent, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient reported hypercalcemia, hyperglobulinemia, cytopenia, etc. the top differential for the visible splenic pathology is infiltrative neoplasia such as lymphoma. Therefore, if further CBC/path review analysis doesn't result in a diagnosis. The next diagnostic recommendation is a fine needle aspirate of the spleen if patients' coagulation status is appropriate.

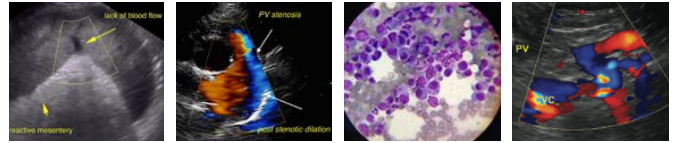
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Additionally, if not recently evaluated urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein-to-creatinine ration is recommended.

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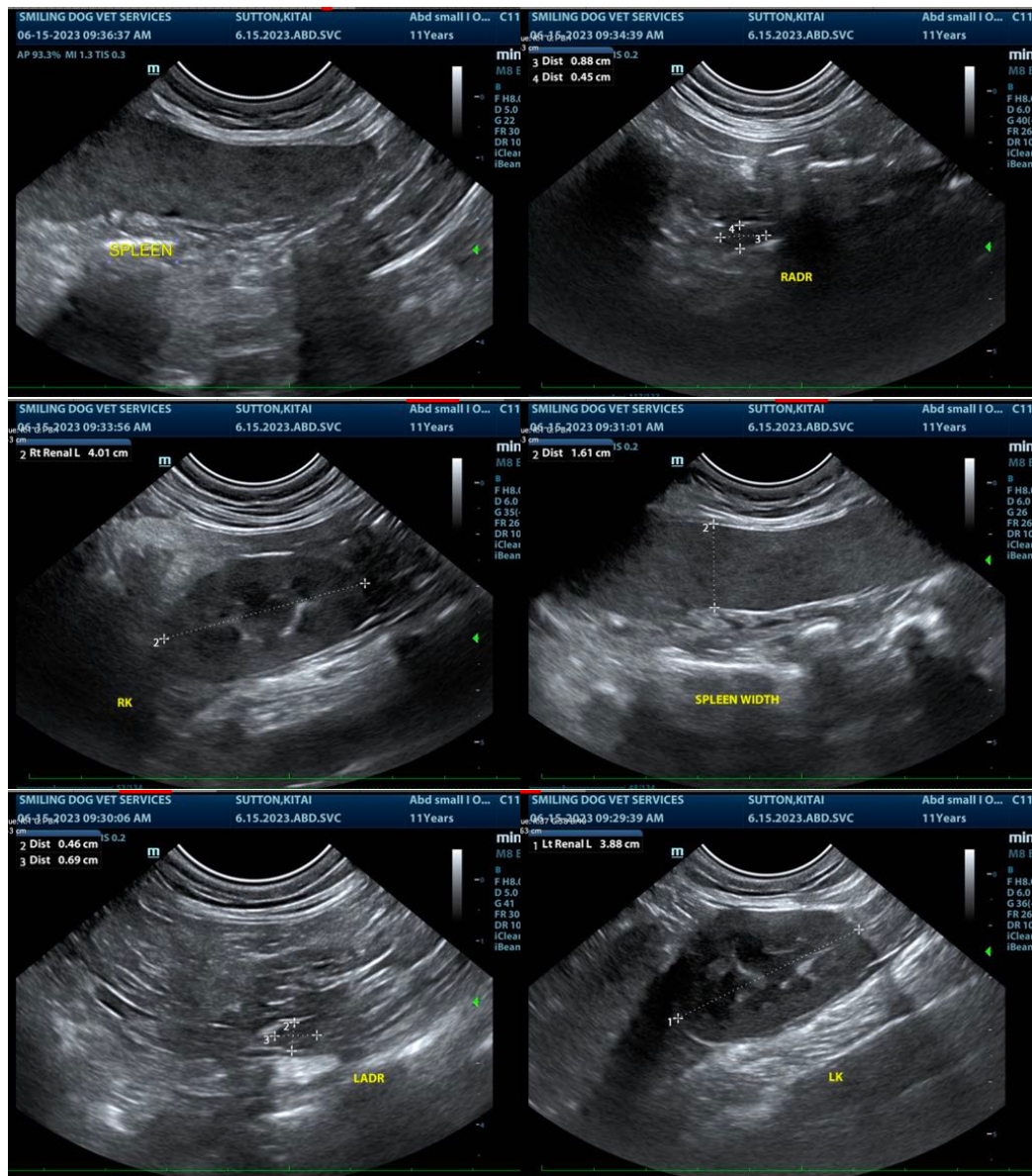
Emily Kent, DVM

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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
info@sonopath.com