



PATIENT

Taco Flanagan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General
on the Hudson

REFERRING VET

Dr. Karen Zelinski

INVOICE

38997

DATE

6/22/22

PRESENTING CLINICAL SIGNS

Weight loss, pancytopenia, mild elevation T. bili., FELV/FIV (-/-). Current med: Orbax
Abnormal PE/Chem/CBC/UA Results: Glob. 5.8, AP 139, T. bili 0.7, HCT 23 ; non-regenerative. WBC 2.5, PLTs 42,000 w/clumps Rouleaux elevated NRBR. U/A: 1+ bili, 2+ protein, USG 1.051.

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 (3.6 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.

The left kidney is normal in size (3.28 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 (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. The primary capsular bulge is focal and could actually represent a splenic nodule. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. 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. A tortuous common bile duct was noted, which could be a normal anatomic variant in a cat and should be interpreted in combination with clinical signs and/or laboratory changes to indicate cholangitis.

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



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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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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.

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Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

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- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Hyperechoic hepatomegaly – consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Tortuous common bile duct – often an incidental normal anatomic variant in cats. However, given this patient’s icterus, while believe based on images to be intrahepatic cholestasis, concurrent cholangitis can’t be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient’s laboratory changes, the high globulin count, the pancytopenia, and the ultrasonographic abnormalities reported here, top differentials are infiltrative round cell neoplasia such as lymphoma, or less likely but possible multiple myeloma.

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Recommendations include a fine needle aspirate of the spleen if the patient’s coagulation status is appropriate, and if not, next steps could include a bone marrow cytology. In the meantime, due to the possibility of mild cholangitis combined with this patient’s neutropenia, recommendations include supportive medical management with broad-spectrum antibiotics as well as appropriate supportive care of clinical signs.

HOSPITAL NAME

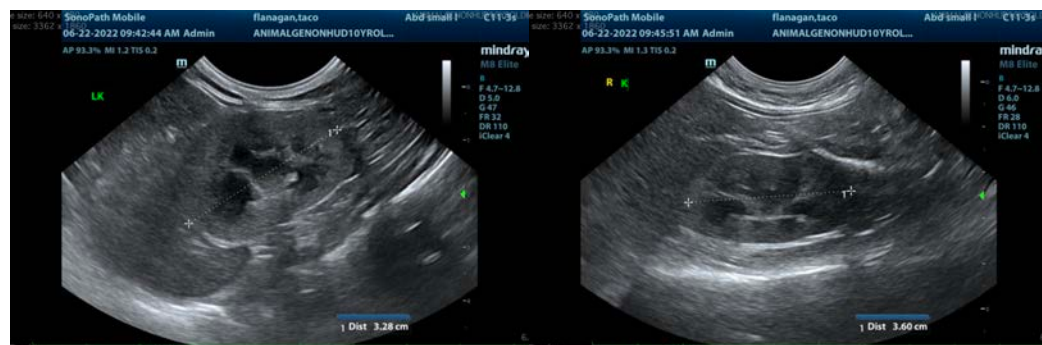
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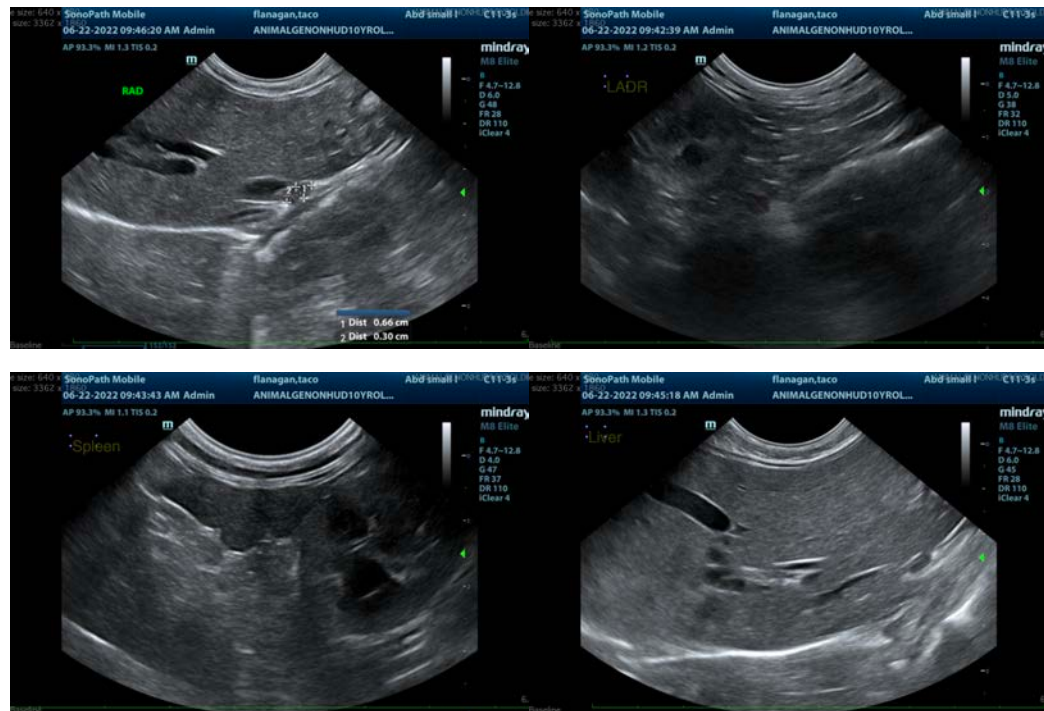
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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