



PATIENT	PRESENTING CLINICAL SIGNS
Tsenia Rocca	extremely lethargic and low energy for the past week Inappetent indoor cat may have eaten a bird a few days ago
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC shows marked neutropenia with a left shift Urinalysis shows 1+ bilirubin and some protein
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
DSH	Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
SEX	
Spayed Female	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.
AGE	
8 Years	The left kidney is normal in size (3.2 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.
WEIGHT	Adrenal Glands
3.47 kg	The right adrenal gland is unable to be fully visualized in these images. The area is examined without evident pathology.
INTERPRETED BY	The left adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
Dr. Singh	Liver
HOSPITAL NAME	The liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
Balmy Beach PH	
REFERRING VET	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.
Dr. Singh	Gastrointestinal
INVOICE	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.
39499	
DATE	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.
7/13/22	



PATIENT

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

SPECIES *Pancreas*

Feline 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.

BREED *Free Abdomen*

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

SEX Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Spayed Female Between the liver and spleen, what is believed to be a gastric lymph node is prominent and hypoechoic, and surrounded by enhanced hyperechoic fat.

AGE **PRIMARY FINDINGS**

- 8 Years
- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
 - Cranial abdominal suspect gastric or hepatic lymphadenopathy – both reactive and metastatic/infiltrative neoplasia are differentials.
 - Concurrent reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

WEIGHT

3.47 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

SECONDARY FINDINGS

- Urinary bladder debris

IMAGING PERFORMED BY

Dr. Singh

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Balmy Beach PH

- Given this patient's reported neutropenia, viral testing such as FELV/FIV, etc. could be considered.
- A fine needle aspirate of the liver is recommended, if patient's coagulation status is appropriate.

REFERRING VET

Dr. Singh

- There is not a definitive source of infection in these images. However, given the neutropenia with reported left shift, empirical therapy pending diagnostic results is recommended, including broad-spectrum antibiotics as well as supportive medical management of clinical signs in the form of fluid therapy, antiemetics, etc.

INVOICE

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- If an underlying cause is not diagnosed and the neutropenia persists and/or progresses, a bone marrow cytology could be considered.

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PATIENT

Tsenia Rocca

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

3.47 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

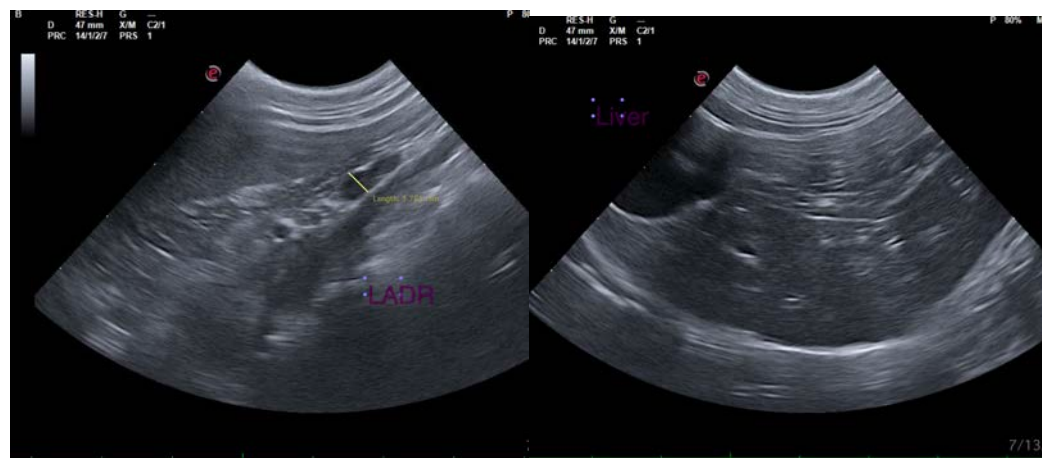
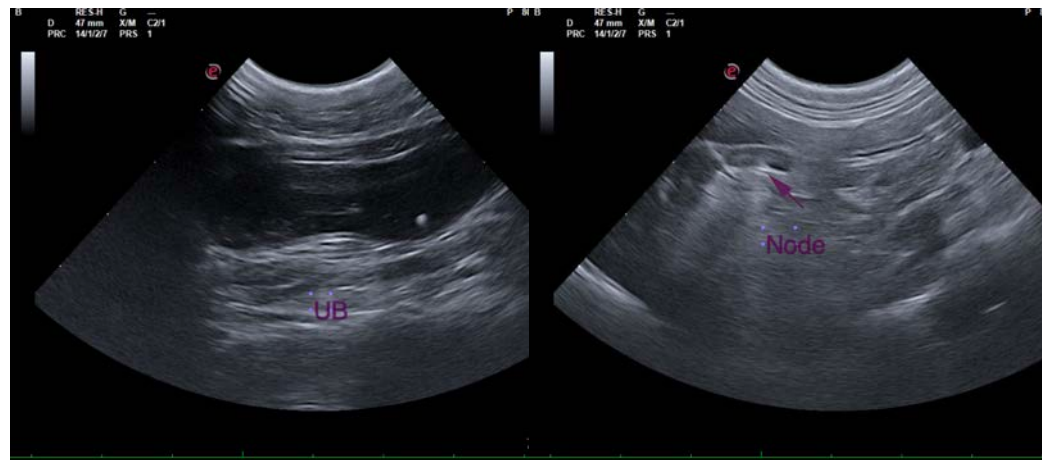
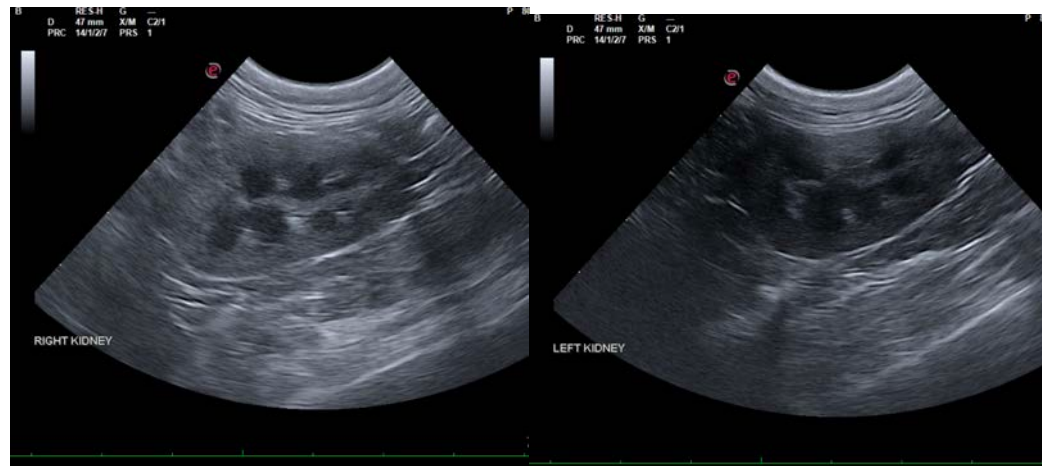
Dr. Singh

INVOICE

39499

DATE

7/13/22



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