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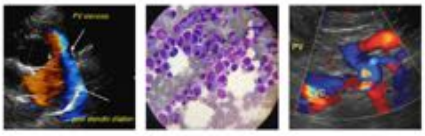

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Lester Ross

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

5.26 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Zeid

INVOICE

42792

DATE

2/14/23

PRESENTING CLINICAL SIGNS

History: Acting normal at home, was here for dental and had fever of 104.
Abnormal PE/Chem/CBC/UA Results: HCT 23, TP 10.8, Glob 7.9, Ratio 0.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

Left kidney is enlarged with marbled cortical echotexture and an irregular capsular surface with hypoechoic intracapsular rim sign consistent with intracapsular effusion and surrounding small volume retroperitoneal effusion. No pelvic dilation noted. The right kidney was normal in size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm and the right kidney measured 4.07 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.69 cm in length and 0.45 cm in width. The right adrenal gland measured 1.0 cm in length and 0.38 cm in width.

Spleen

The spleen was enlarged with a smooth homogeneous hyperechoic parenchyma with normal splenic vasculature with no signs of congestion or thrombosis. No specific nodules or masses were visualized.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal

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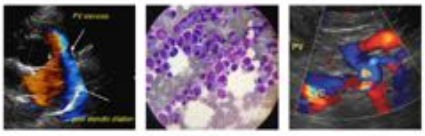

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junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Left renomegaly with structural changes and surrounding effusion
2. Splenomegaly, hyperechoic parenchyma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left renal changes are concerning for infiltrative disease with renal lymphoma, given concurrent anemia and fever, being a top differential. FIP is a consideration given hyperglobulinemia and A/G ratio. Other infectious or toxic insult or inflammatory insult (such as recent passage of a nephrolith and resulting inflammation) cannot be definitively ruled out. FNA and cytology of fluid and renal cortex and submission of fluid and/or renal FNA samples for FIP mRNA PCR testing is recommended (available directly through Auburn university or indirectly through commercial lab).

Splenomegaly with hyperechoic parenchyma is concerning for infiltrative disease such as lymphoma, mast cell tumor or FIP, and splenic aspirate to further characterize is recommended. This may be a benign reactive or inflammatory change, or could reflect extramedullary hematopoiesis secondary to reported anemia.

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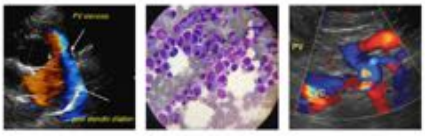

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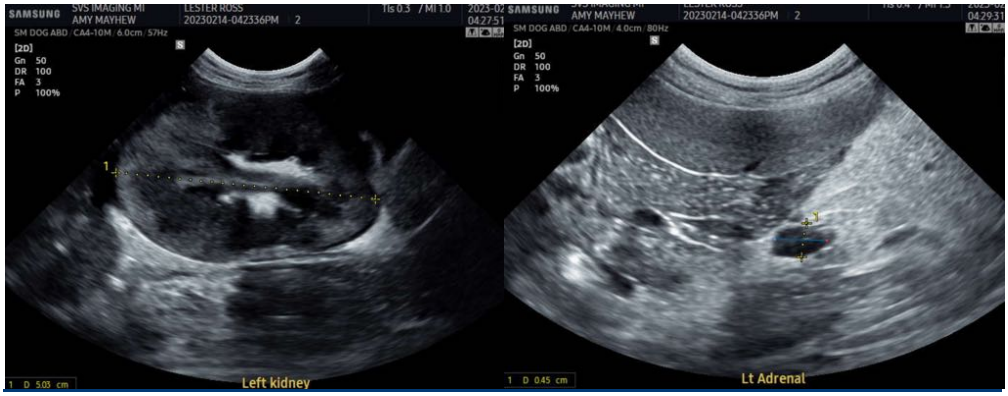

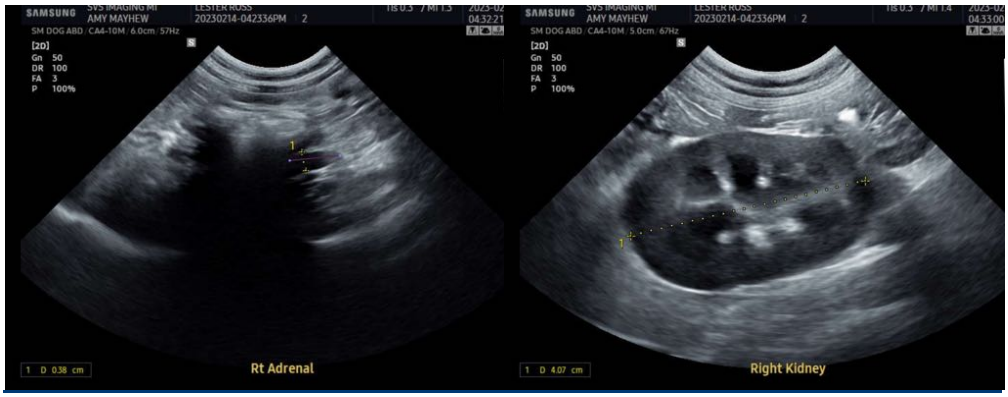

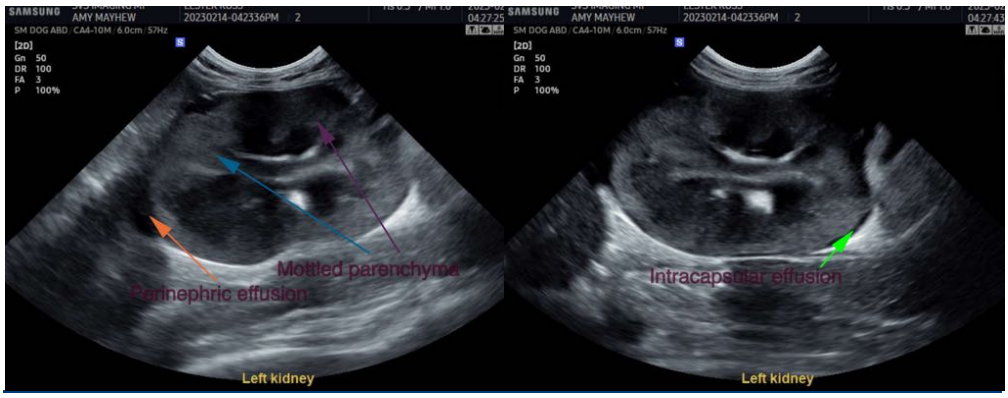

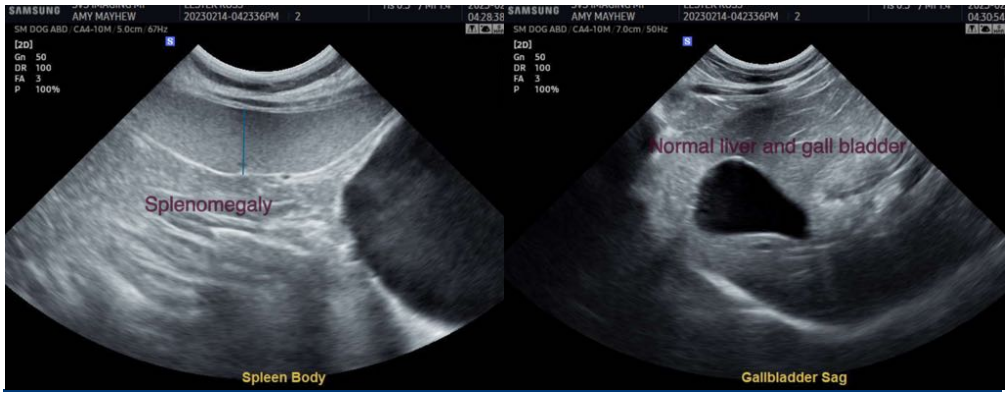

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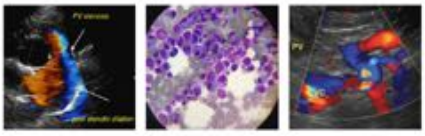

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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