



PATIENT

Capurricus Haus

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered male

AGE

15 years

WEIGHT

12 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Olson

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olson

INVOICE

43758

DATE

4/10/23

PRESENTING CLINICAL SIGNS

History: Weight loss over last two years, has lost 3/4 lb in past year and 1 & 1/2 lb the year before that. Per owner has always vomited occasionally, but that has been decreased in frequency lately. O reports mild signs of arthritis/decreased mobility at home. Exam NSF, BW NSF.

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.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio and pinpoint areas of cortical mineralization. No evidence of pelvic dilation was present. The left kidney measured 3.69 cm the right kidney measured 4.13 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 0.73 cm in length and 0.32 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measured 1.1 cm in length 0.37 cm at the cranial pole and 0.34 cm at the caudal pole.

Spleen

The spleen was enlarged with a smooth homogeneous 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 slightly rounded contours and normal structure. The parenchyma is slightly heterogenous with a coarse appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Small volume of free fluid is present between liver lobes and spleen. The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

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



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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 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

Perihepatic free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Splenomegaly
2. Course liver with perihepatic free fluid
3. Gall bladder debris
4. Degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenomegaly is significant and is concerning for infiltrative disease such as lymphoma or mast cell tumor. Given these changes and concurrent weight loss, splenic aspirate is recommended. This may be a benign reactive or inflammatory change or could reflect extramedullary hematopoiesis.

Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

Gall bladder debris is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. Correlate clinical significance with bloodwork findings and clinical signs. Serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated.



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Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.

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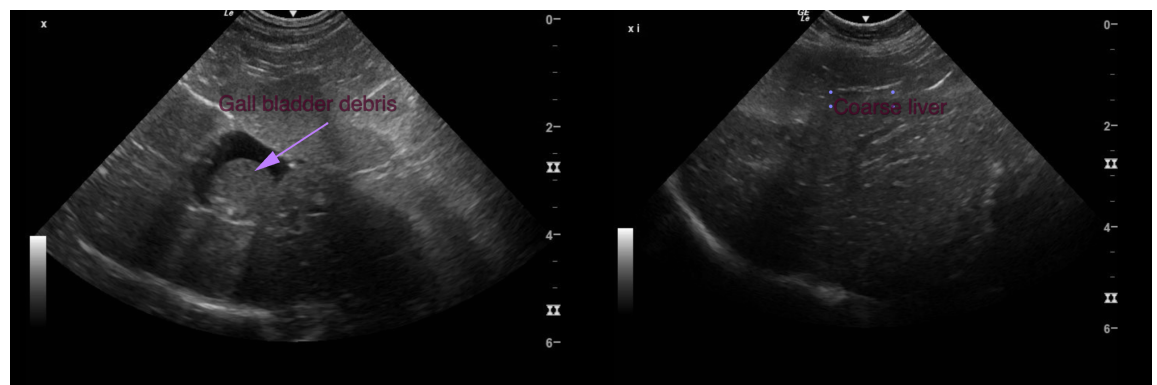
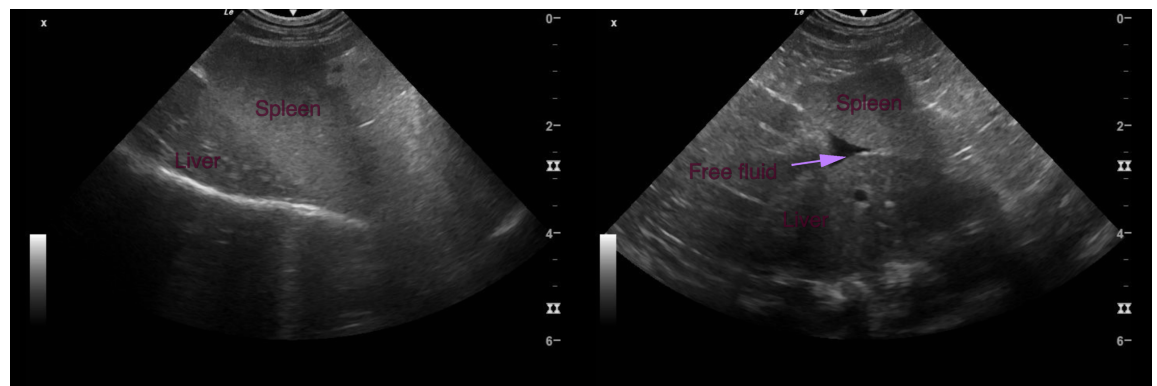
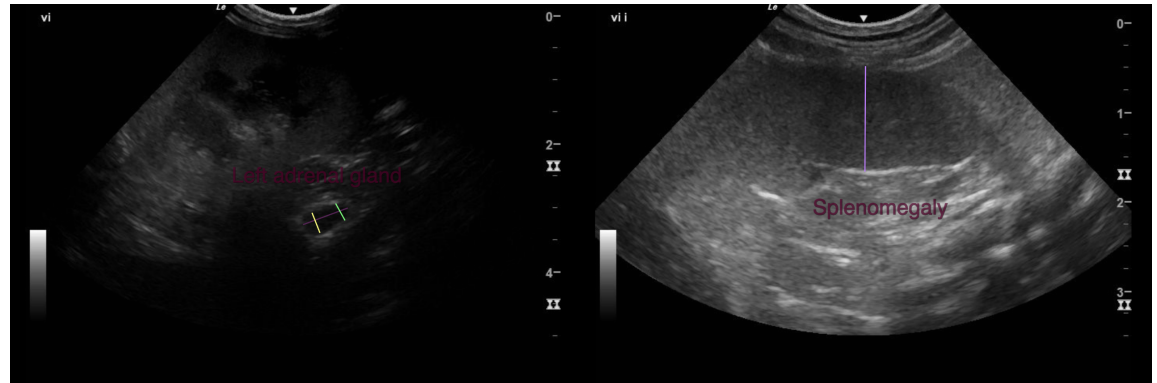
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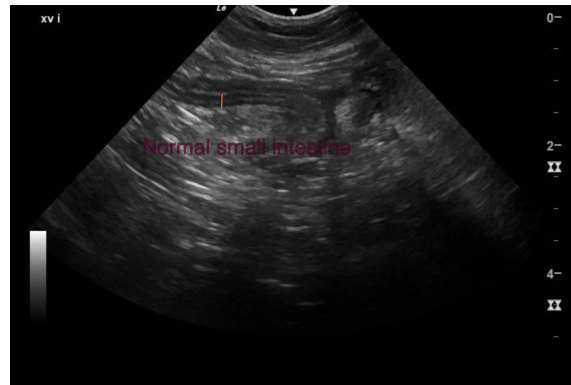
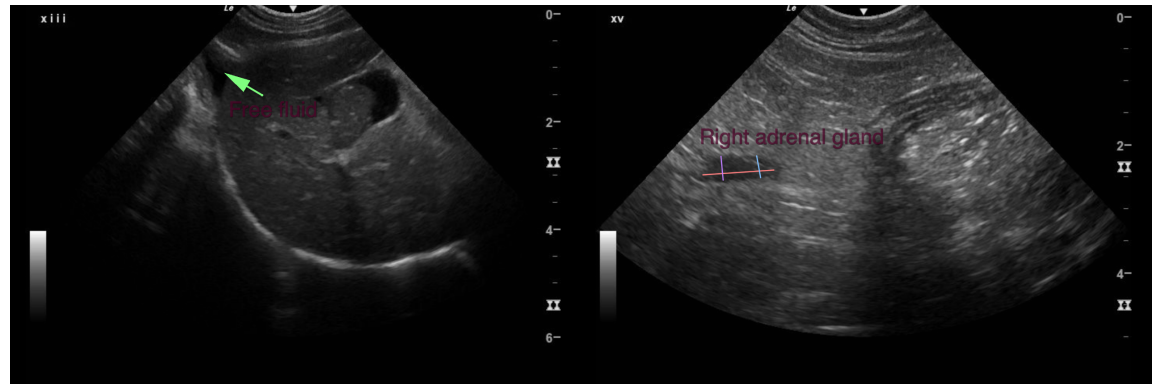
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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