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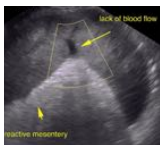
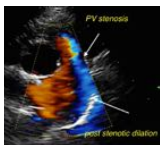
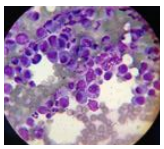
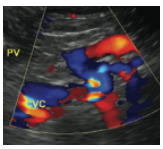
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Maggie Burbank

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
7 years

WEIGHT
11 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
JK

HOSPITAL NAME
Hamburg VC

REFERRING VET
Dr. DenHeyer

INVOICE
43662

DATE
4/3/23

PRESENTING CLINICAL SIGNS

History: Anorexic for 3 day,
Abnormal PE/Chem/CBC/UA Results: Splenomegaly, hepatomegaly and loss of serosal detail on radiographs

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 left kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The right kidney has an irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 4.05 cm and the right kidney measured 4.54 cm.

Adrenal Glands

Left adrenal gland was 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 0.95 cm in length x 0.23 cm at the caudal pole and 0.25 cm at the cranial pole. The right adrenal gland was not definitively visualized but the vasculature in the area was within normal limits.

Spleen

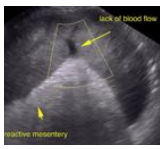
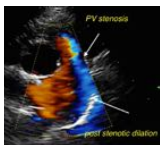
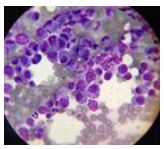
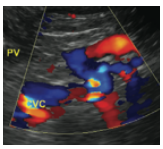
The spleen was enlarged with a slightly irregular capsular surface and homogeneous hypoechoic parenchyma with normal splenic vasculature with no signs of congestion or thrombosis. Surrounding free fluid. No specific nodules or masses were visualized.

Liver

The liver is enlarged, generally hyperechoic with rounding and scalloping of lobes and the parenchyma contains multifocal variably sized well to poorly defined hypoechoic nodules and a coarse appearance. Surrounding free fluid. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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.

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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

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Splenomegaly with parenchymal changes
2. Hepatomegaly with multifocal nodules
3. Moderate volume free fluid
4. Degenerative renal changes – right worse than left

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenomegaly and hepatomegaly with parenchymal changes are most concerning for infiltrative disease such as lymphoma or mast cell tumor, and aspirates are recommended. Aspiration and evaluation of free fluid is also recommended.

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

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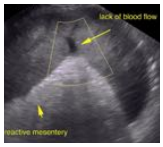
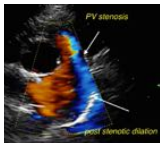
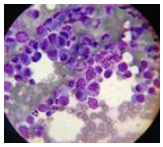
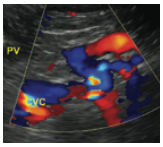

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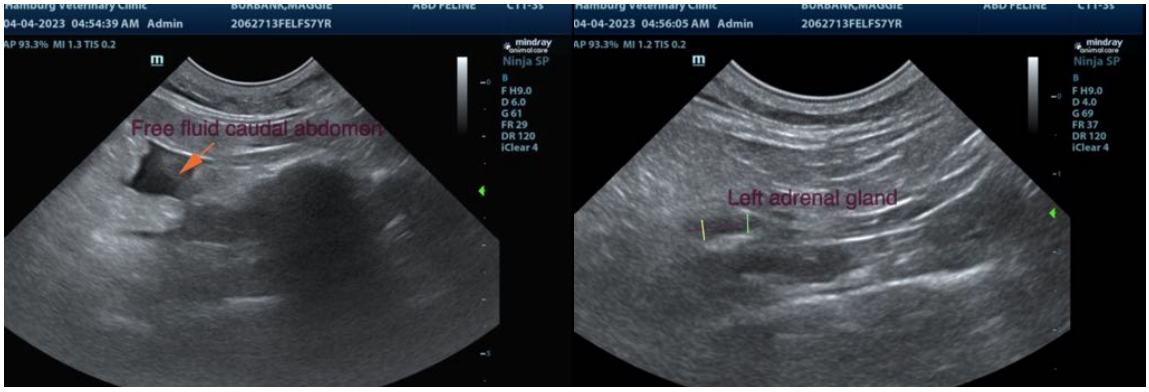

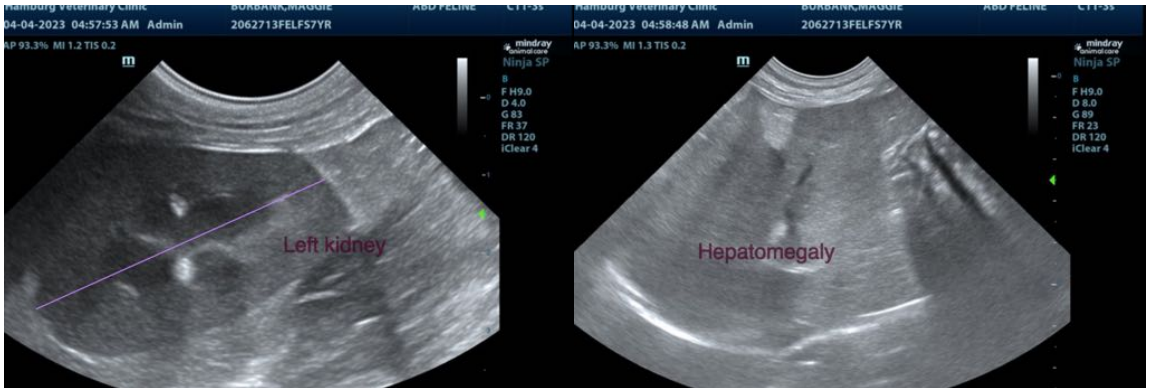

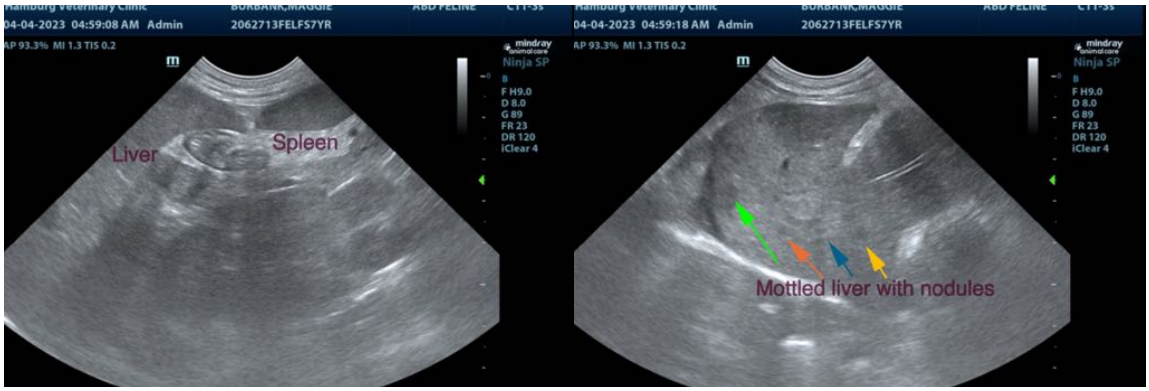

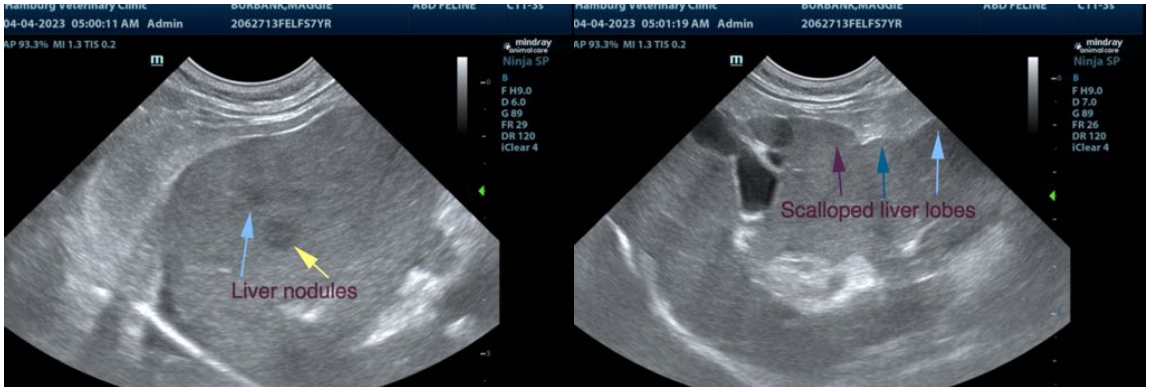

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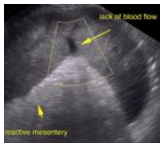
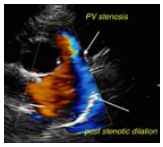
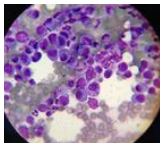
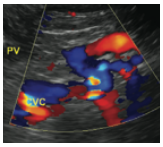

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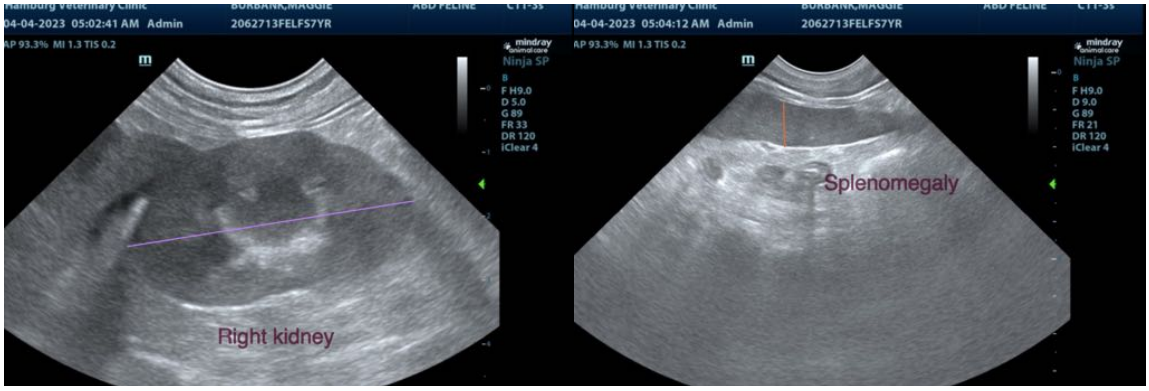

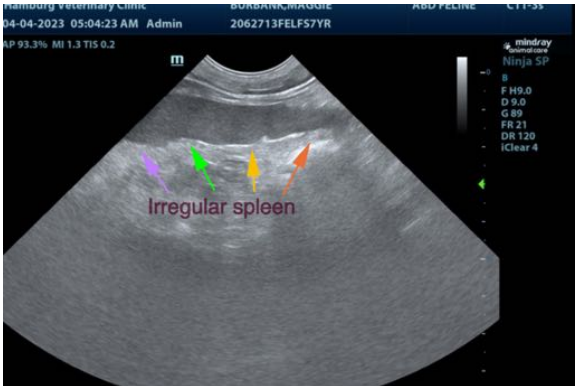

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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