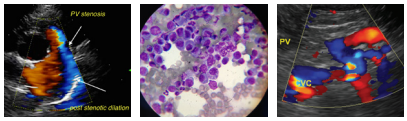
IMAGING PERFORMED BY

IntraPet.com



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

DATE

3/10/22

PATIENT

Theo Civiletti

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11/1/12

WEIGHT

11 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Homeward Bound Vet

REFERRING VET

Dr. Keil

INVOICE

36088

PRESENTING CLINICAL SIGNS

Hx: P has decreased appetite, drinking less, lethargic, hiding for the past week. Normal BMs. Dark urine, no blood that the owner notes. No v/d. O giving Acidophillus, ESSIAC, Ahoy farm bladder support, Curccumin, was giving others as well but recently cut back. Weight loss ~ 1.6lb in 1 month. T: 99.5, P 192, R Eup, CRT 1-2 sec, MM: Pale pink/moist. Integ NSF, Dental dz ¾, MS 5/9, CV : 2/6 L systolic murmur (new), Resp WNL, Abd NSF, G/U NSF, Neuro QAR, LN WNL. O to take to AEH for transfusion and return for AUS.

Current Medications: None.
Lab Results: CBC/Chem 17/Lytes/SDMA/T4: Severe non-regenerative anemia, stress hyperglycemia, hyperglobulinemia. FELV/FIV negative. UA: Hematuria, epithelial cells, suspects rods.
Radiographs: NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Corticomedullary calculi and infarcts noted. The left kidney measured 4.04 cm. The right kidney measured 4.57 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 0.65 cm. The right adrenal gland measured 0.58 cm.

Spleen

The **spleen** was enlarged with scalloping contour, measuring 1.3 cm in width.

Liver

The **liver** revealed multifocal hypoechoic nodular changes and swollen, irregular contour. Minor gallbladder debris noted. The common bile duct was normal.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The **pancreas** was heterogeneous and hypoechoic. A nodule was noted in the left base measuring 0.77 cm. Other nodular changes and coarse architecture noted with mild duct dilation. Left limb measured 0.90 cm.

Free Abdomen

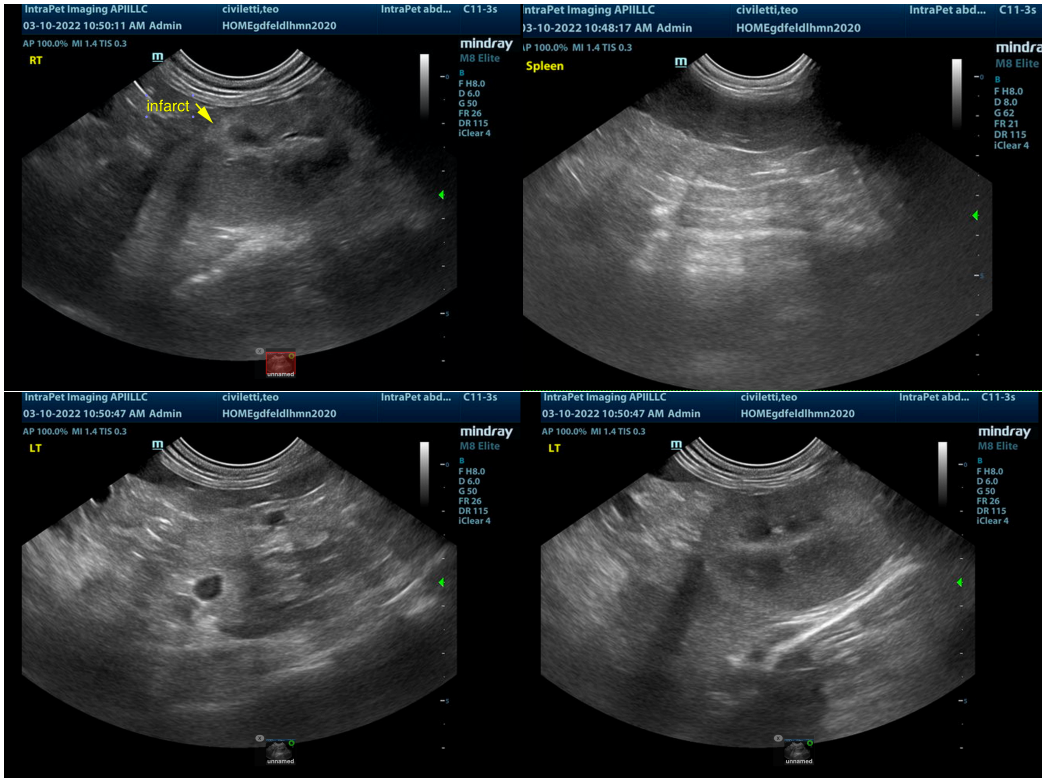
Free fluid noted in the abdomen.

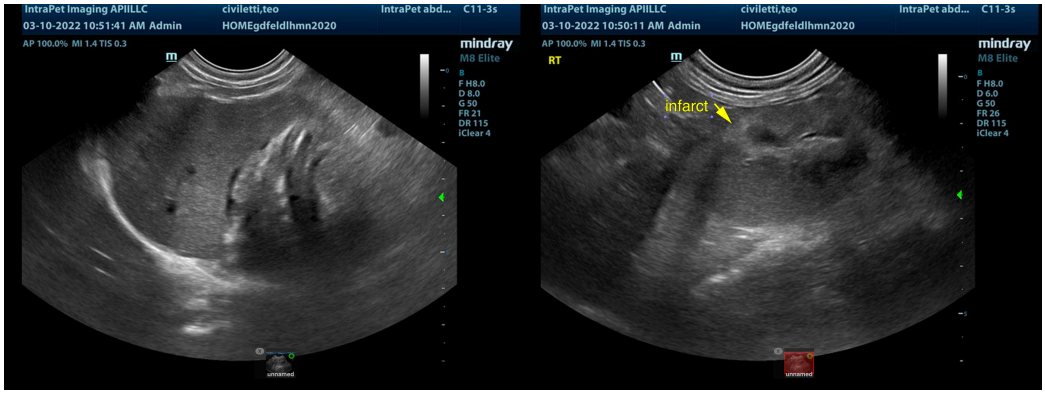
ULTRASONOGRAPHIC FINDINGS

- Enlarged, irregular liver and spleen – suspect round cell neoplasia.
- Chronic renal changes with cortical infarcts
- Chronic pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CBC path review +/- bone marrow aspirate and blood transfusion warranted followed by FNA of the spleen and liver. Prognosis is guarded to poor. Mild potential for reactive hepatopathy and reactive/hyperplastic spleen. However, this would not explain the severe anemia. Bone marrow aspirates are essential in this case.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com