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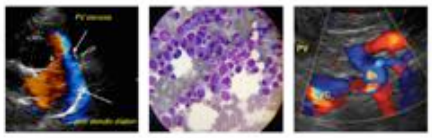
SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



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

PATIENT

Apollo Omernik
48764B

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered Male

AGE

6 years

WEIGHT

15 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison VS

INVOICE

30800

DATE

5/10/22

PRESENTING CLINICAL SIGNS

History: Saturday PM, Apollo had started vomiting food and has been vomiting around 2 times per day since then. It was dry food at first which progressed into clear liquid with some mucus and he usually vomits after he eats or drinks. He has eaten a little bit of wet food which he has kept down. No diarrhea and Sarah mentioned there are no plants in the house and no known instances of eating things we are not supposed to, though Sarah is not 100% sure. Apollo is indoor only and takes Cyclosporine for food allergies.
Abnormal PE/Chem/CBC/UA Results: Bloodwork revealed a neutrophilia (12.61k), moncytosis (0.99k), elevated SDMA (20), hyperproteinemia (10.1), hyperglobulinemia (7.4), and elevated ALT (164).

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. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Minor microinfarcts were noted in the renal cortices. The renal cortices were mildly thickened. The right kidney measured 4.33 cm. The left kidney measured 4.12 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 right adrenal gland measured 0.36 cm. The left adrenal gland measured 0.31 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 0.95 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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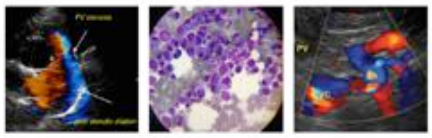

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Gastrointestinal

The **gastrointestinal tract** revealed minor areas of luminal fluid and regional muscularis hypertrophy. The curvilinear patterns were maintained. The epigastric lymph node was reactive and measured 1.12 x 0.73 cm. The mesenteric lymph node was enlarged, hypoechoic and irregular measuring 2.0 x 1.0 cm. Other enlarged lymph nodes were noted and measured 2.0 x 1.0 cm. There was some rounding of the lymph nodes, which is concerning for emerging neoplasia. However, the majority of the lymph nodes maintained length to width ratio.

Pancreas

The **pancreas** revealed undulating contour that was at the upper limits of normal in width at 0.75 cm. Minor pancreatic duct dilation was noted.

Free Abdomen

Slight effusion was noted in the mesenteric root.

ULTRASONOGRAPHIC FINDINGS

Lymphadenitis pattern with inflammatory bowel.

Minor splenic enlargement.

Slight, irregular pancreas.

Minor renal infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory bowel, lymphadenitis and possible minor pancreatitis are all potentials. Given the global profile I am concerned about emerging round cell neoplasia as well as underlying infectious agents such as Toxoplasmosis and Bartonella are possible, yet given that this is an indoor patient it is unlikely. FNA of the larger, rounder lymph nodes are recommended with cytology and culture +/- PCR for lymphoma. FNA of the spleen would also be warranted. No overt neoplastic criteria was met by any of the organs; however, the lymph nodes may represent a precancerous state if not emerging into a round cell neoplastic state especially given the SDMA elevations. Urinalysis work-up is warranted to assess for inflammatory sediment given the minor renal infarcts.

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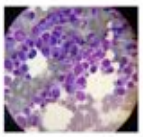


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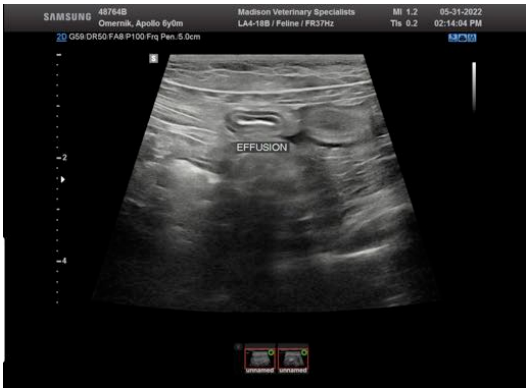

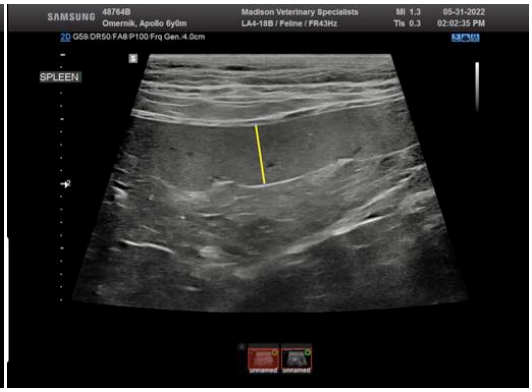

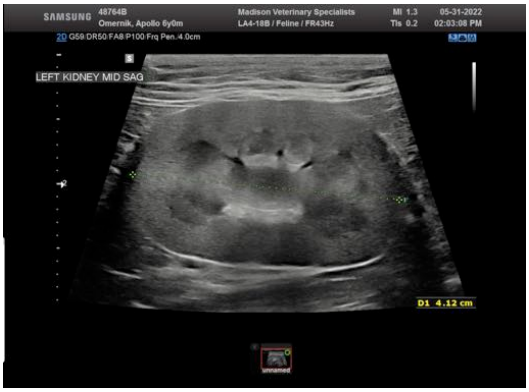

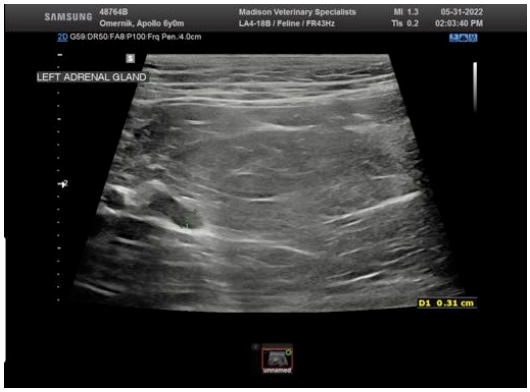

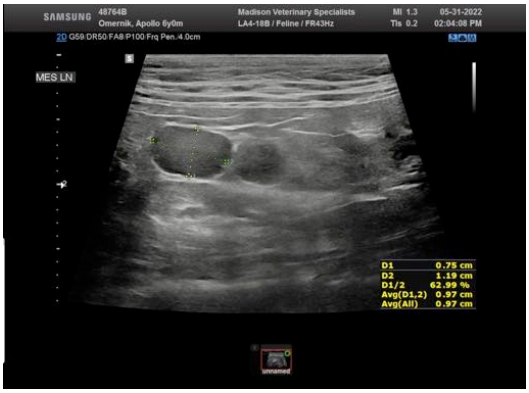

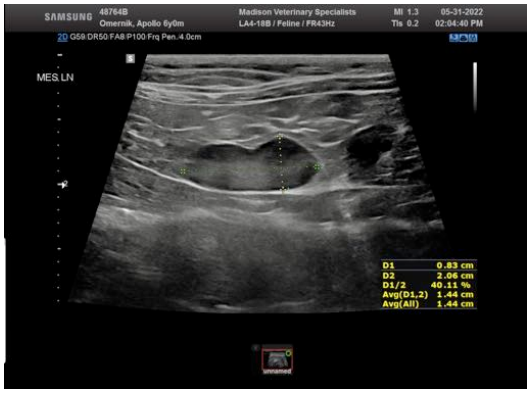

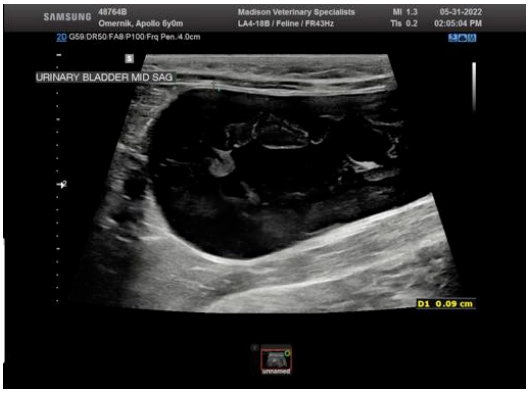

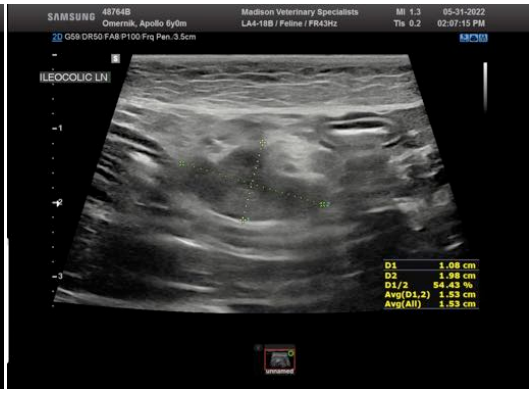

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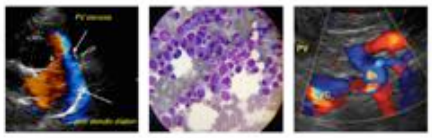

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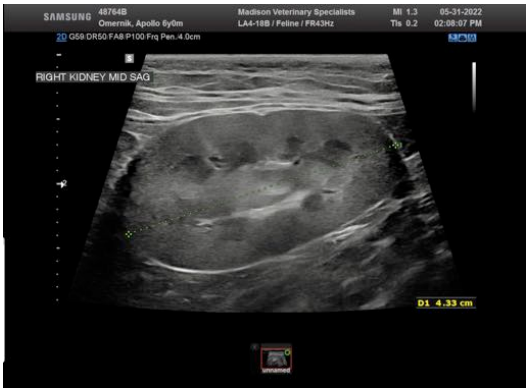

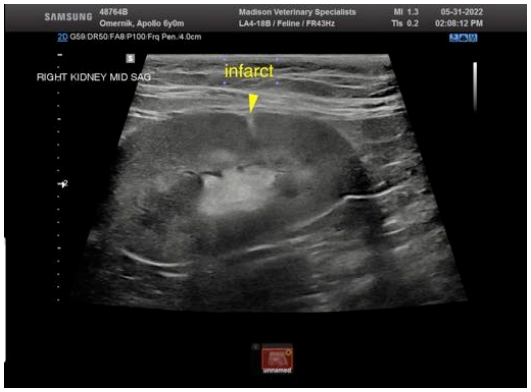

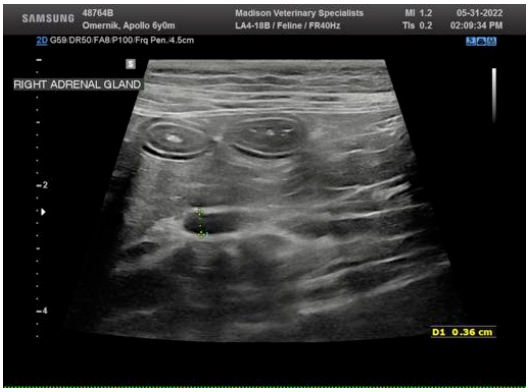

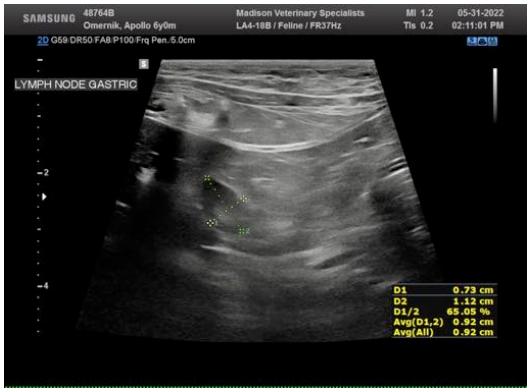

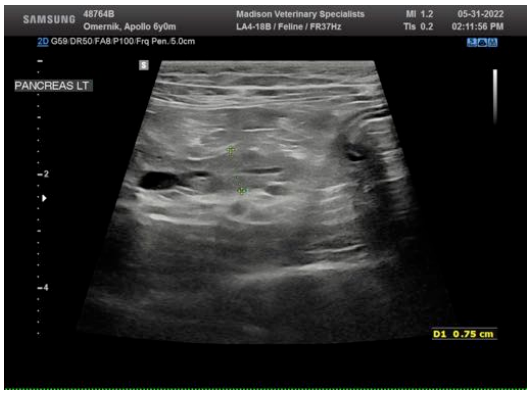

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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