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Clinical Sonography & Telecytology
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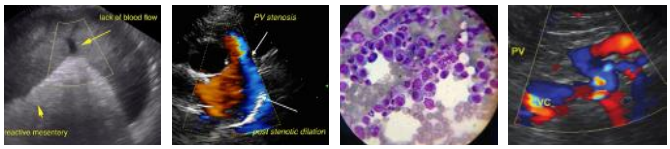


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lolo Torres Viada

SPECIES
Feline

BREED
DLH

SEX
MN

AGE
12yr

WEIGHT
10.1lb

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos Veterinary Center

REFERRING VET
Dr. Fonseca

INVOICE
11267ag

DATE
08/03/2022

PRESENTING CLINICAL SIGNS

History: Presented as a referral from the Emergency clinic for an abdominal ultrasound to evaluate hypoglycemia. PT presented to EC on July 30, 2022 for major complain of pet vocalizing differently and panting. Indoor cat. Not UTD on vaccines or preventatives. Fed urinary SO because of past hx of FLUTDS. No other know health issues. Objective/Exams: BAR BCS 3/5 Pink and moist mm. Pyrexia with fever of 105F. Rest WNL Assessment: 1. CBC: RBC 19.01 HCT 85.1 HGB 26.2 RDW 37.4 LYM 0.27 EOS 0.11; 2. FIV/FeLV test: NEGATIVE; Machine was unable to read chemistry because of level of dehydration. Ddx: fever of unknown origin. Pt was treated at the EC from 7-30-22 to 8-3-22 and did well, but pt continued to have low Blood glucose even with good appetite and doing better.
Abnormal PE/Chem/CBC/UA Results: 8-3-2022 Lolo is BAR. PE: CV/Resp- WNL, LN- WNL, MM/CRT- PK/<2sec, Abd palp- soft/ non painful abdomen, eating well, no V/D, BG: 39mg/dL (@8am; w/o dextrose) 8-2-22 CBC: HCT * * 72.8 % H* 30.3 - 52.3 WBC * * 11.51 K/uL 2.87 - 17.02 PLT = 232 K/uL 151 - 600 CHEM: 8-1-22 pt was on dextrose. ALB = 3.3 g/dL 2.3 - 3.9 ALKP < < 10 U/L L 14 - 111 ALT = 130 U/L 12 - 130 BUN/UREA = 19 mg/dL 16 - 36 CREA = 1.3 mg/dL 0.8 - 2.4 GLU = 110 mg/dL 71 - 159 TP = 7.6 g/dL 5.7 - 8.9 GLOB = 4.3 g/dL 2.8 - 5.1 ALB/GLOB = 0.8 BUN/CREA = 15

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. Bilateral pyelectasia was present.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

Spleen

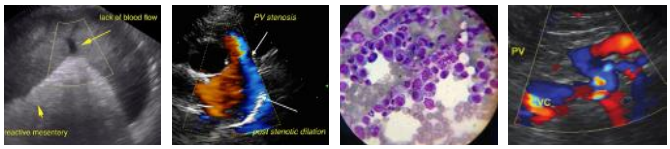
The spleen revealed an expansive 3.1 cm parenchymal mass noted at the cranial pole. Subtle hypoechoic nodular changes were present.

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.

Gastrointestinal

Examination of the gastrointestinal tract revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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

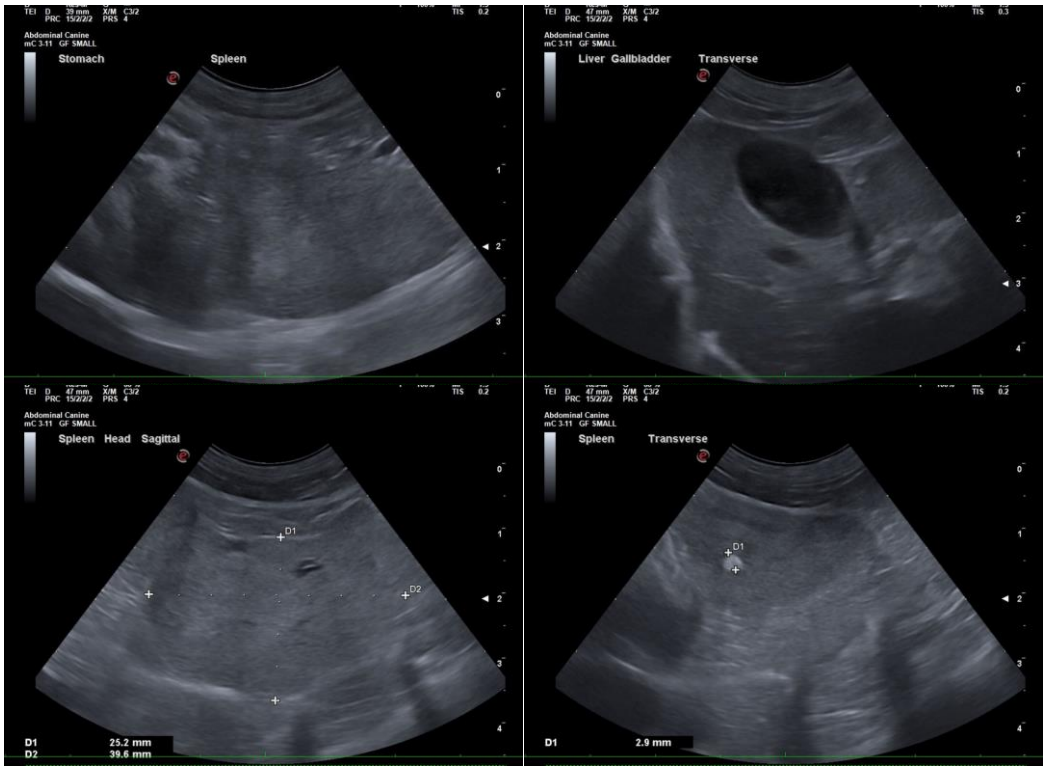
ULTRASONOGRAPHIC FINDINGS

- Splenic mass-may be incidental finding
- No overt evidence of insulinoma was noted
- Interstitial nephrosis renal pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eventual splenectomy is warranted however stabilization regarding fluid support is indicated. Sepsis should be considered as a cause of the hypoglycemia. Splenic differentials include round cell neoplasia, hemangiosarcoma or abscessation with hyperplasia or splenitis less likely.

Three view chest radiographs are recommended to rule out occult thoracic pathology if not already done.



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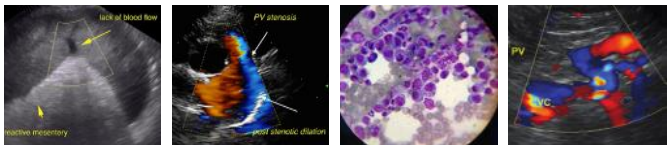

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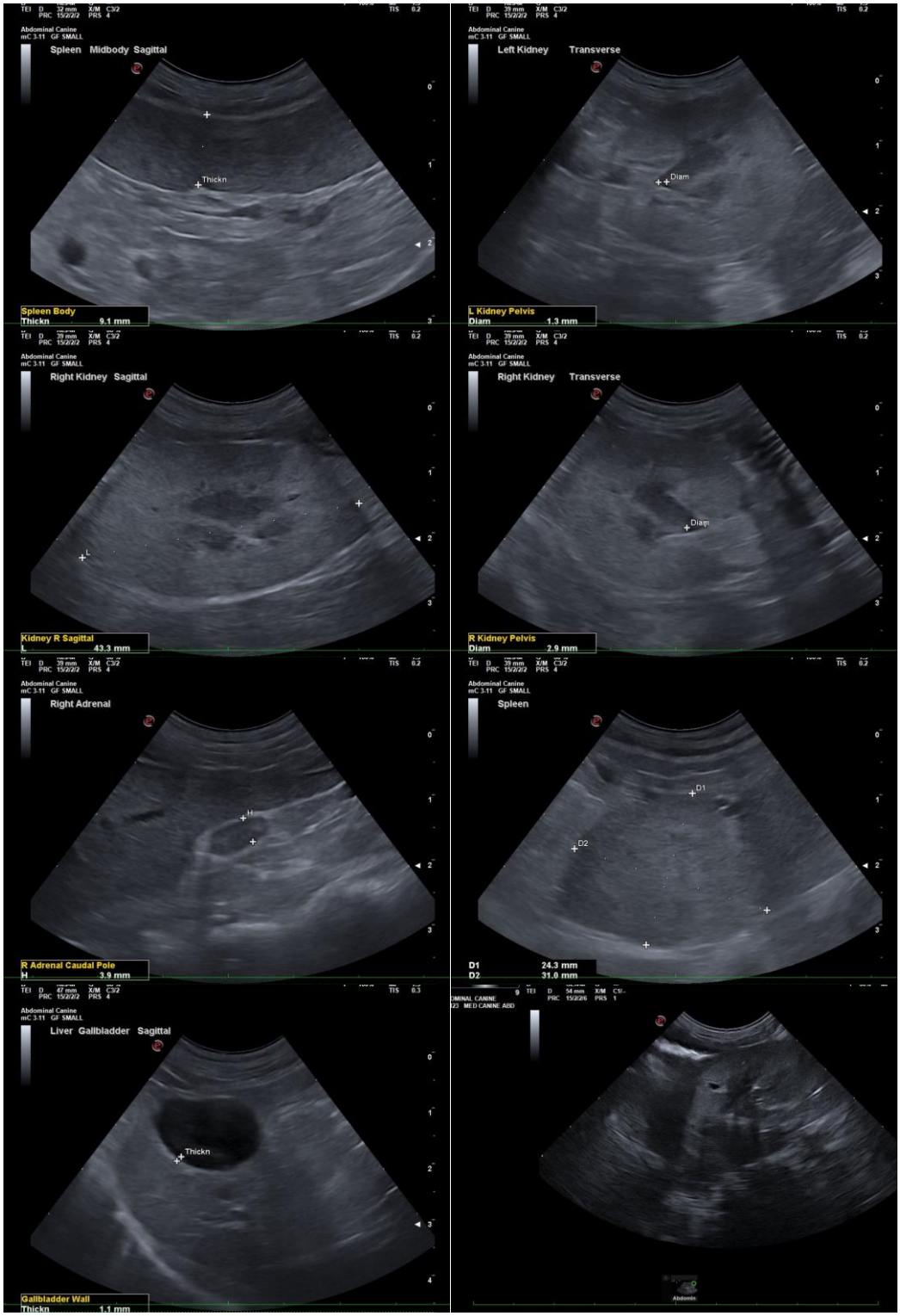

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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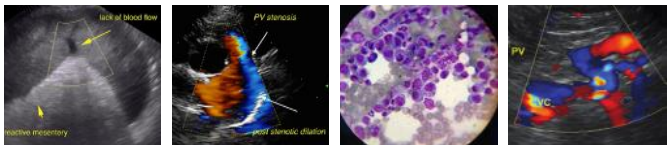

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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