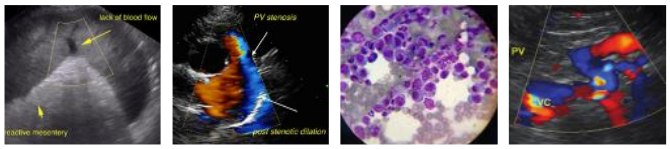
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Marley VanDyke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.5 Pounds

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Jenny Parrish

HOSPITAL NAME

Local Mobile Vet

REFERRING VET

Dr. Jenny Parrish

INVOICE

20995

DATE

2/4/23

PRESENTING CLINICAL SIGNS

History: Hx of chronic intermittent vomiting with vomiting every day for past 2 weeks, hx of a few seizure-like episodes over the past few months that O thinks is due to anxiety as bloodwork was WNL, Hx of upper respiratory symptoms of ocular and nasal discharge

Abnormal PE/Chem/CBC/UA Results: ear mites, chronic dental disease, ocular discharge with negative corneal stain

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. Anechoic urine and bladder thickness is considered normal for volume of urine. A normal ureteral jet was seen. No masses, inflammatory changes or calculi are observed.

The left kidney has a significantly flattened cranial pole, likely from a prior infarct. Subtle irregular contour is noted in the left kidney. There is decreased corticomedullary distinction with a bright medullary rim. There is no evidence of pyelectasia, nephroliths or inflammation. The left kidney measures 3.3 cm.

The right kidney reveals subtle irregular contour. There is decreased corticomedullary distinction with a bright medullary rim. There is no evidence of pyelectasia, nephroliths, or inflammation. The right kidney measures 3.44 cm.

Adrenal Glands

The left adrenal gland is normal in size at 0.35 cm. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland was not distinctly visualized, although the regions appear unremarkable.

Spleen

The spleen is diffusely significantly enlarged, though the parenchyma is homogenous and normal in echotexture. The spleen measures up to 2.2 cm in some sections. The edges are rounded with bulging of the capsule and parenchyma. Both the cranial and caudal portions of the spleen curl and the cranial portion curls all the way up around the stomach.

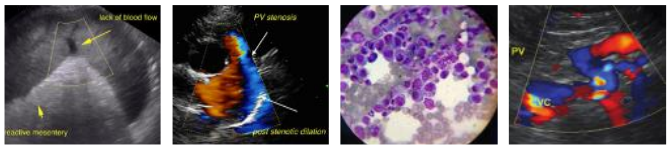
Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder contains a small volume of bile. The wall is normal in thickness and smooth. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness ,with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed.



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Certain loops of bowel have mild blurring of layers, and certain loops of jejunum measure at the upper limits of normal (2.5 mm). The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions are observed. The ileocolic junction was visualized and had normal intact wall layering and is subjectively of normal thickness.

The section of colon is 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 area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

There was a hypoechoic abdominal lymph node noted near the tail of the spleen, measuring 4.0 mm, surrounded by slightly hyperechoic fat.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Significant splenomegaly with bulging of edges and contours, concerning for infiltrative neoplasia
- Mild evidence of gastroenteritis

Secondary Findings

- Moderate chronic degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is markedly enlarged, and while the parenchyma has a normal echotexture, this is concerning for infiltrative neoplasia, such as lymphoma or mast cell tumor. Other differentials include certain sedatives, significant inflammation, lymphoid hyperplasia or extramedullary hematopoiesis. Fine needle aspiration of the spleen is recommended, as these neoplasias could be amenable to splenectomy.

There are subtle indications of gastroenteritis and chronic enteropathy, although the gastrointestinal tract mostly measures normal in thickness, certain loops did measure just over normal and there was subtle blurring of layers. The more acute increase in vomiting could be secondary to splenic disease (e.g., infiltrative neoplasia), or chronic enteropathy, such as IVD or small cell lymphoma, which cannot be sonographically distinguished. A GI work up could be considered, including GI panel, diet trial and intestinal biopsies (endoscopic or surgical).

There is evidence of moderate chronic changes to the kidneys. Continue to monitor for the emergence of overt chronic kidney disease or azotemia.

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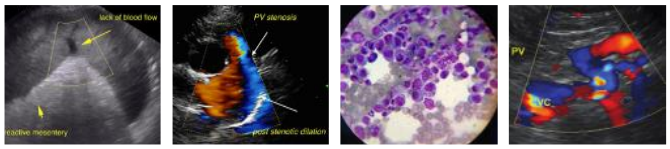

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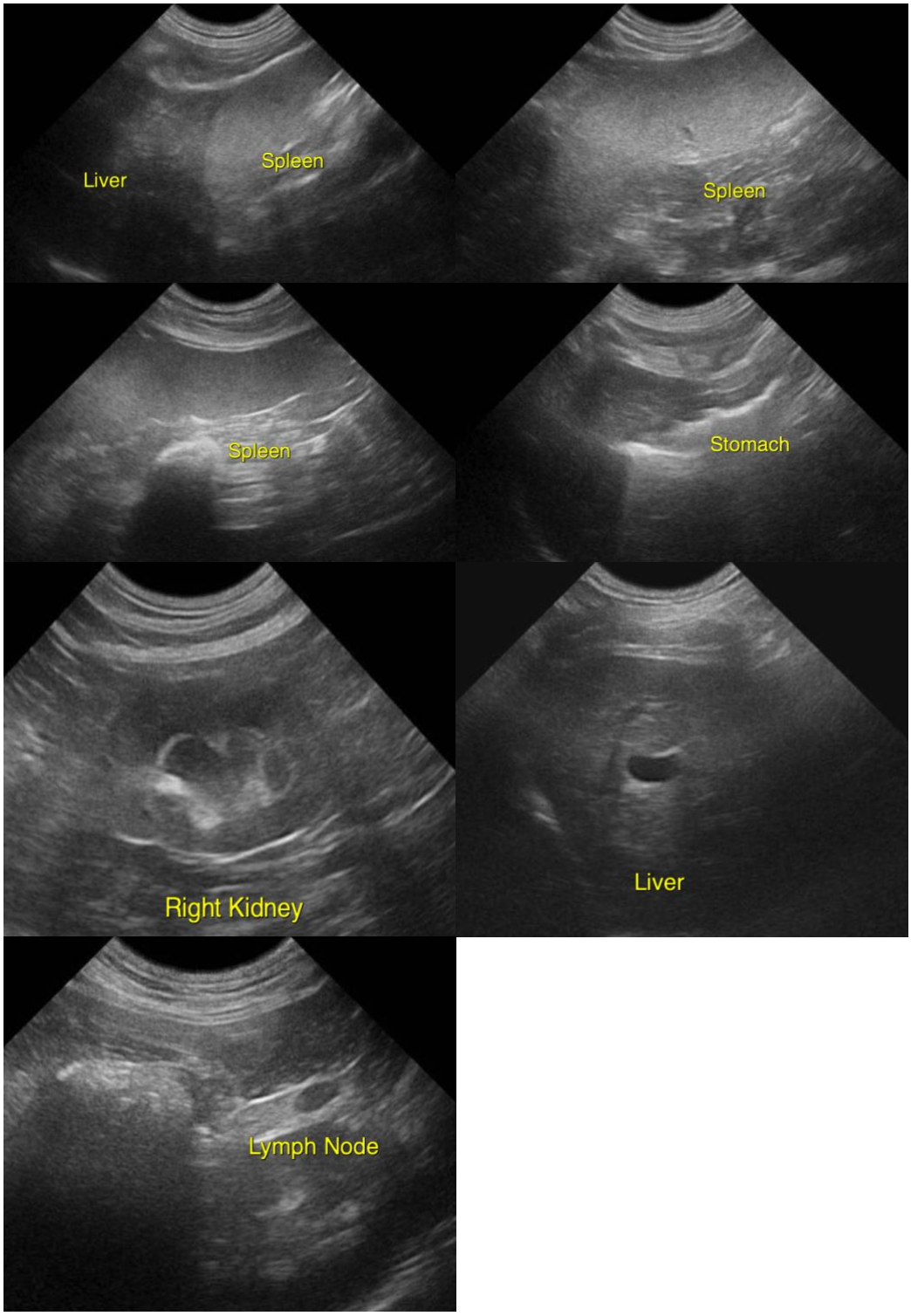

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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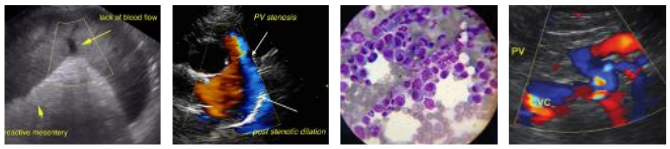

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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