SonoPath
Clinical Sonography & Telecytology
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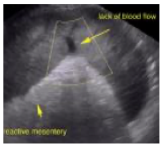
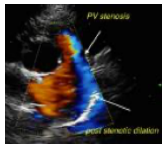
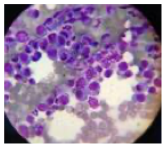
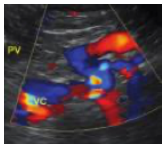

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Elwood Blues Brown

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
13 years, 2 mos

WEIGHT
11.06 lbs

INTERPRETED BY
Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Dr. Britt DeNuzio

HOSPITAL NAME
Kings VH

REFERRING VET
Dr. Britt DeNuzio

INVOICE
13973

DATE
8.5.23

PRESENTING CLINICAL SIGNS

History: Approx. 10 days of almost complete anorexia, no vomiting or diarrhea noted although o reports "Frequent hairballs" in the past. Somewhat lethargic, wandering house aimlessly but eyesight has been worsening for years. Hx of heart murmur.

Abnormal PE/Chem/CBC/UA Results: 8/4/23 - T4 6.4, otherwise CBC/Chem/UA unremarkable. proBNP SNAP abnormal. Normal blood pressure.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The bladder, trigone and visible pelvic urethra were normal in tone and thickness. The bladder contents were mainly anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra. The ureters were not visible, which is normal. The urethra was visualized to a distance of 2 cm beyond the cystourethral junction.

Both kidneys were of a normal size and shape, with a smooth capsule contour. A normal 1:3 cortex to medulla ratio was maintained. The echogenicity of the cortex was normal. There was a hyperechoic corticomedullary band, consistent with a medullary rim sign. This is a nonspecific finding that can be seen in both normal and abnormal kidneys. When associated with pathology, it has been associated with interstitial kidney disease, hypercalcemia, tubular necrosis and FIP. However, it can be seen in normal kidneys. The left kidney measured 3.80 cm. The right kidney measured 3.90 cm.

Adrenal Glands
The adrenal glands were not visualized.

Spleen
The spleen was mildly increased in size with a mild scalloping capsule contour. The parenchyma was finely textured with no over masses or nodules. There was no free fluid or inflammation visible around the spleen, The spleen measured 10 mm in thickness at the hilus, which is the high end of normal.

Liver/Gallbladder
The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. There was no evidence of inflammatory, neoplastic, infectious, or infiltrative disease. The gallbladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal
The stomach was empty, with normal wall thickness and layering. The small intestine walls were mildly thickened throughout with a mild prominence of the muscularis layer. Wall layering was maintained throughout. The visible colon wall was normal in thickness and layering. There were no visible masses, nodules or inflammation visible in or near the GI tract.

Pancreas
The pancreas was normal in size with a mildly irregular capsule contour. The parenchyma was isoechoic to heterogeneous compared to adjacent omentum. No signs of active inflammation or neoplasia. The pancreatic duct was mildly dilated and undulating, which is common in older cats.

FINDINGS

- Mild muscularis thickening in the small intestines – suspect mild, chronic IBD

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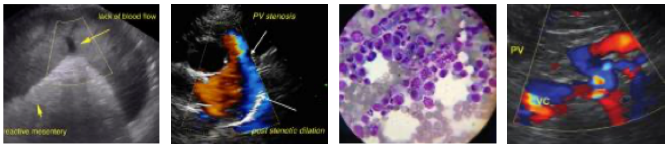

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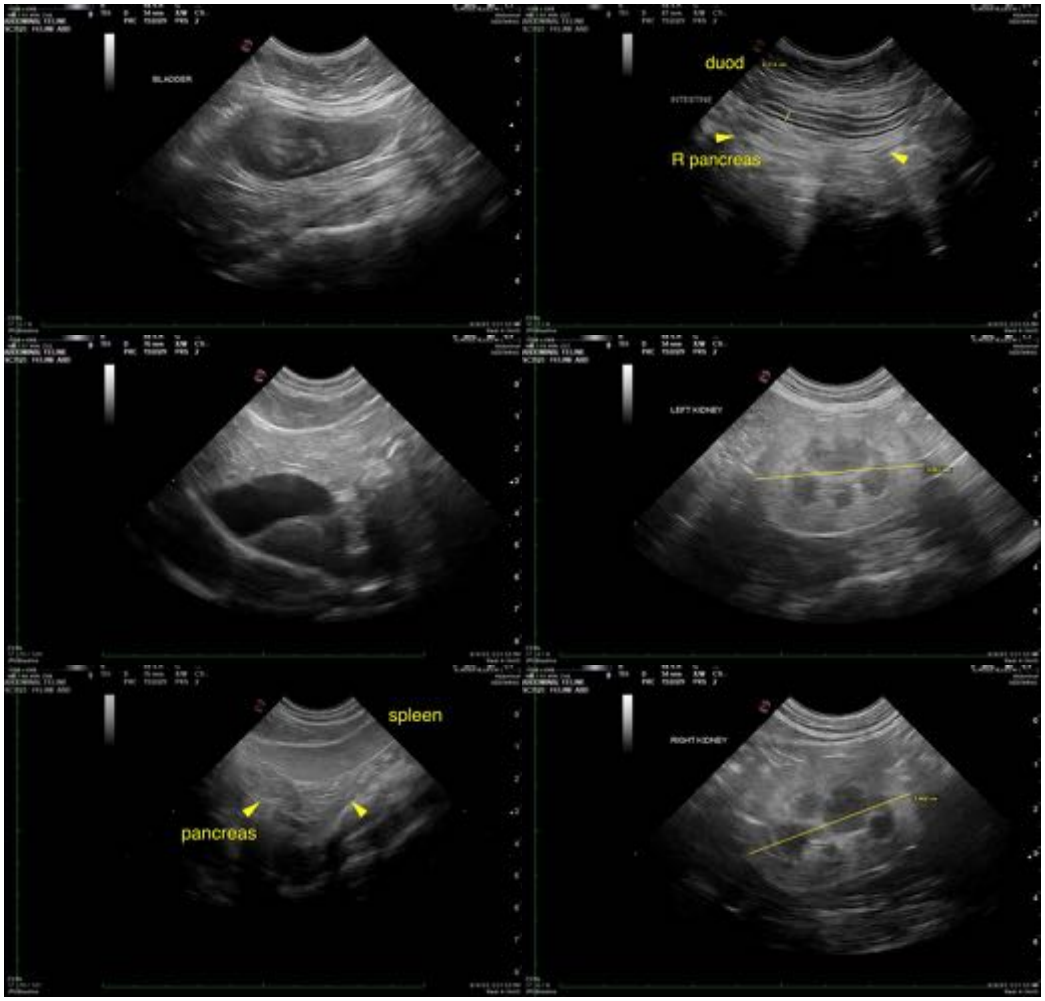
- Mild heterogeneous pancreas – suspect aging changes or mild, chronic low-grade pancreatitis
- Mild splenomegaly with mild scalloping – ddx splenitis versus emerging infiltrative disease
- Mild medullary rim sign both kidneys
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is at the high end of normal in thickness, with mild scalloping of the capsule. The spleen could be reacting to the GI and pancreas, or could be emerging infiltrative disease (lymphoma, FIP, etc.). Assuming normal clotting parameters, a splenic FNA can be done for further assessment, with a 25G needle. I would recommend giving Benadryl IM 15 minutes prior to FNA as a routine when doing FNA on cat spleens. Aside from the spleen, there are only mild changes in the abdomen, many of which are commonly found in older cats. Subjectively, there isn't any visible pathology in the abdomen to explain 10 days of near complete anorexia. I recommend three view chest rads, full CNS and orthopedic exam. I am concerned for the possibility of neurologic disease given the reported clinical signs. FIP and Lymphoma can both spread to the CNS, thus the spleen FNA may be able helpful.



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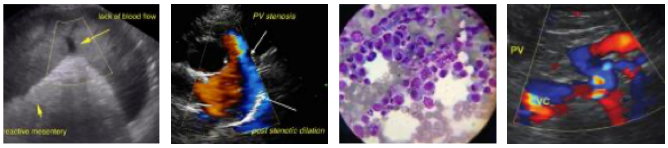

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com