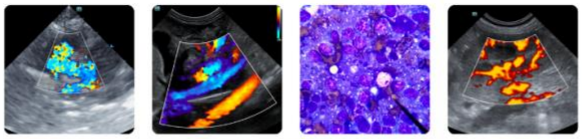


PATIENT

Donkey Wisniewski

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

3 Years

WEIGHT

9.7 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Mountain View

REFERRING VET

Dr. Ashlie Brown

INVOICE

35542

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Patient was seen back in November for acute onset of lethargy and vomiting. He was taken to urgent care where he had blood work done that showed a neutrophilia, monocytosis, with elevated ALT, GGT, globulins and total bilirubin. FAST scan done showed per DVM at that time hyperechoic nodules in the liver. Radiographs performed which were unremarkable. They treated with Metronidazole, Clavamox and Cerenia.
- Patient was seen here and treated with ozone, dex SP injection, and Convenia for suspected triaditis. After the initial treatment he did well, but has slowly declined until this past weekend. He was vomiting food all weekend (no water), lost 1/2 pound and has been very lethargic. Patient was treated with Dex SP injection, convenia and cerenia. No longer vomiting and ate a little on 1.21.26.
- Primary concern is either triaditis vs FIP

Abnormal PE/Chem/CBC/UA Results: Blood work performed on 1.20.26 was as follows: Monocytes 0-95 (H) Eos/Baso 0 Platelets 85 (L), however blood smear showed multiple large platelet clumping so cannot be accurately determined Plateletcrit 0.16 (L) TP 10 (H) Glob 7.6 (H) Alb/Glob ratio 0.3 ALT 295 (H) GGT 19 (H) T Bili 2.3 (H).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.46 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. Mild pyelectasia is noted in the left kidney, measuring 0.2 cm.

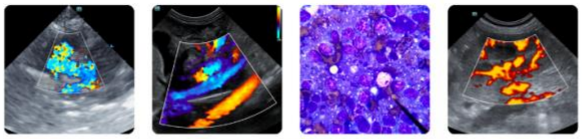
The right kidney has a normal shape and size (4.67 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.63 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen



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The spleen is subjectively large in size (1.52 cm in width at the level of the hilus). The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The mottling is distinct and most consistent with a micronodular pattern.

Liver

The liver is subjectively large in size and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (0.23 cm in wall thickness) and the jejunum measured as normal (0.26 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

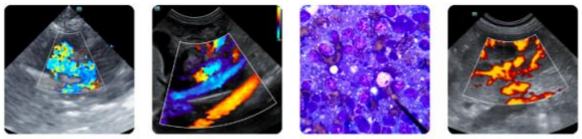
The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. In the right limb of the pancreas, there is a slightly hyperechoic nodule, measuring 0.8 cm, suspected to be an overlapping lymph node, but a pancreatic nodule cannot be ruled out. Prominent pancreatic duct is noted, measuring 0.3 cm. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid noted. There is a moderate diffuse lymphadenopathy present with large mesenteric lymph nodes, measuring 0.41 cm x 2.2 cm and 0.43 cm. An iliac lymph node measured 0.58 cm x 1.95 cm. A cranial abdominal/portal lymph node measured 1.16 cm x 1.53 cm. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large, mottled spleen with micronodular pattern- Findings are concerning for possible neoplastic infiltration. Other differentials, such as severe lymphoid hyperplasia, etc., are possible.



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- Pancreatic changes most consistent with chronic pancreatitis and chronic pancreatic remodeling. Neoplastic infiltration cannot be ruled out.

- Large heterogenous rounded liver- Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

- Moderate diffuse mesenteric lymphadenopathy- The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is very large with a diffuse micronodular pattern. Recommend a fine needle aspirate for cytologic evaluation, as a neoplastic process would be a significant concern.

Additionally, the liver is heterogenous and rounded. Given the elevations in liver enzymes reported, recommend a fine needle aspirate (provided coagulation parameters are normal). Neoplastic infiltration would be a significant concern, but a primary hepatopathy could also be a consideration.

There are numerous large lymph nodes in the abdomen. If a safe window for sampling is available, consider a fine needle aspirate.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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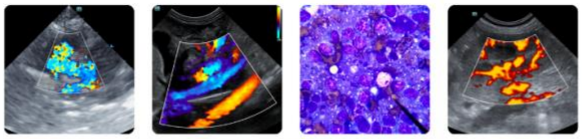
pawsonography@gmail.com
530-786-8340



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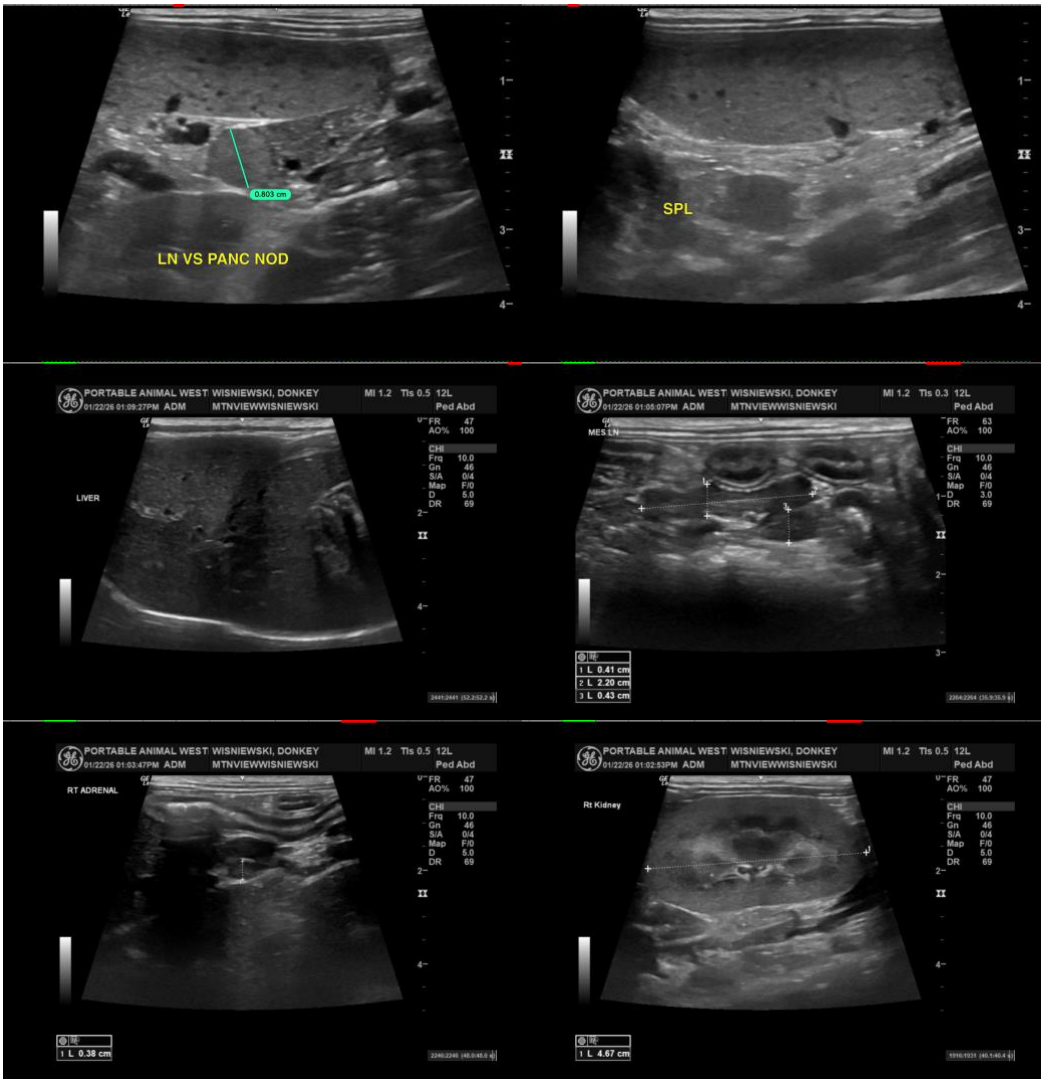

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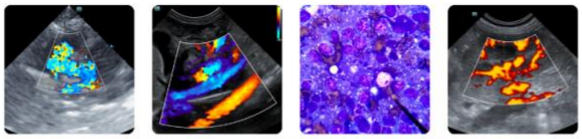

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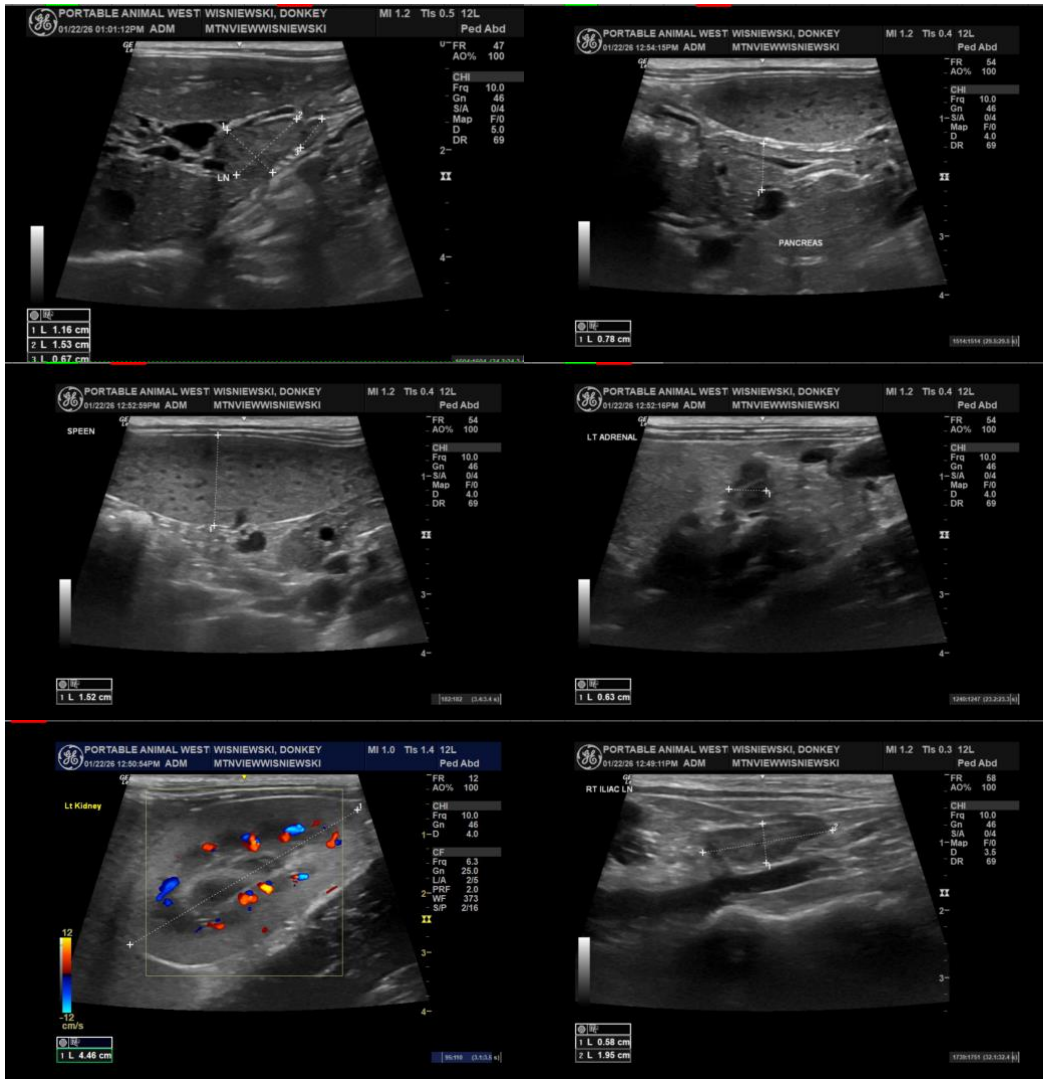

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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