**DATE**

2/25/22

PRESENTING CLINICAL SIGNS

Has not been to a veterinarian in several years. 10 days of lethargy, anorexia, fever and weight loss. Hospitalized on IVF, IV Abx, supportive meds. Current bloodwork shows non-regenerative anemia PCV 20% thrombocytopenia, bilirubin 0.7 and awaiting cbc/path review. Initial rads splenomegaly is apparent with abnormal shape.

PATIENT

Stella Burker

Current Medications: Received Convenia 2/17, Onsior PRN as often as SID, Baytril 20mg IV diluted over 20mins SID, Cerenia 0.5mL SID, Mirtazipine 0.18mg q48hrs.

Lab Results: PCV 20% non regenerative. Thrombocytopenia, bilirubin 0.7.

Radiographs: Splenomegaly.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Domestic Shorthair

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

2/20/09

The left kidney has a normal shape and size (3.95cm). 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.

WEIGHT

10 lbs

The right kidney has a normal shape and size (4.22 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. Mild pyelectasia was noted at 0.09 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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.

HOSPITAL NAME

Pleasantville AH

The right adrenal gland is normal in size measuring 0.46 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.

REFERRING VET

Dr. Gounaris

Spleen

The spleen is large, irregular and severely heterogenous. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous, ill-defined, bulges throughout the splenic parenchyma. The largest measured 2.09 x 1.59 cm. This area overlaps the hilus region of the spleen where the thickness of the spleen is 1.57 cm.

INVOICE

96334

Liver

The liver is large in size and hyperechoic. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an ill defined, intraparenchymal hyperechoic nodule/lesion visualized measuring 1.07 cm in diameter. The

gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The bile duct is visualized and somewhat tortuous and dilated at 0.24 cm. There is some mucoid debris visualized within the bile duct, but no apparent obstruction is visualized.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free fluid visualized around the liver and spleen. There is no lymphadenomegaly noted and the omentum is of increased echogenicity generally.

Heart

There is scant pericardial effusion visualized. I recommend cardiac ultrasound.

ULTRASONOGRAPHIC FINDINGS

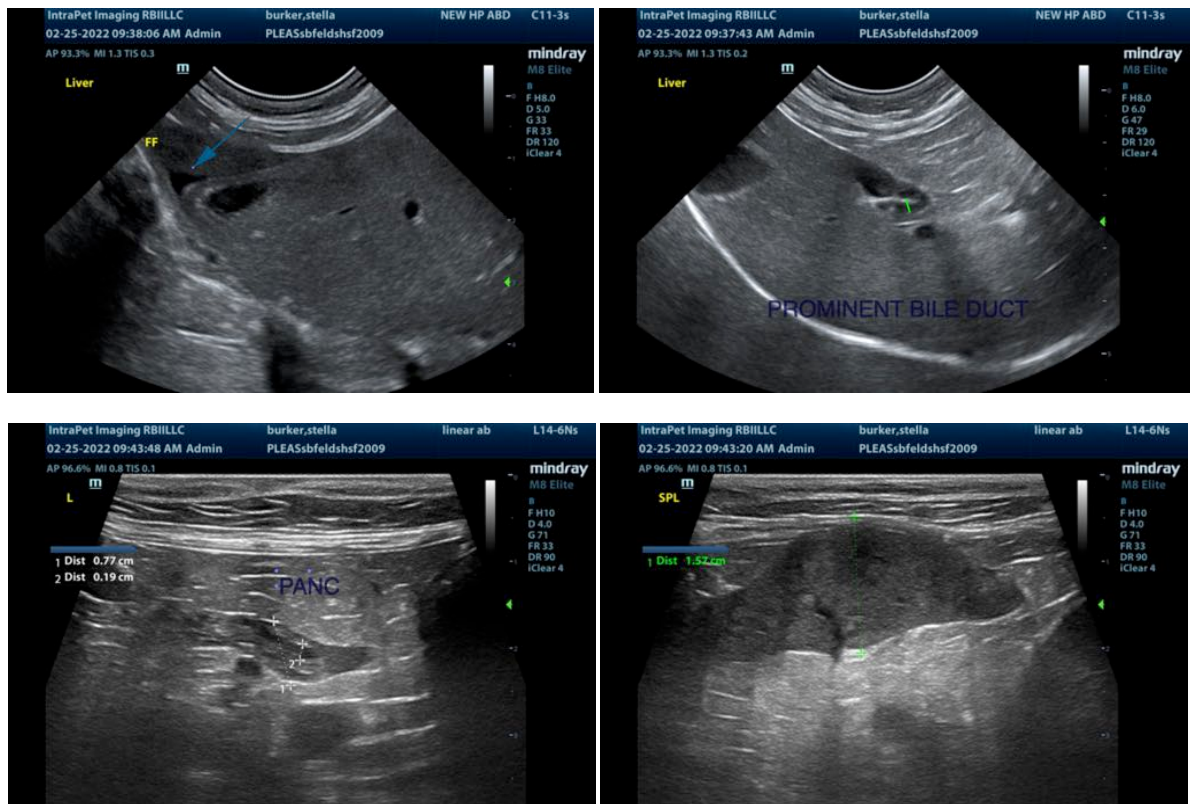
PRIMARY FINDINGS:

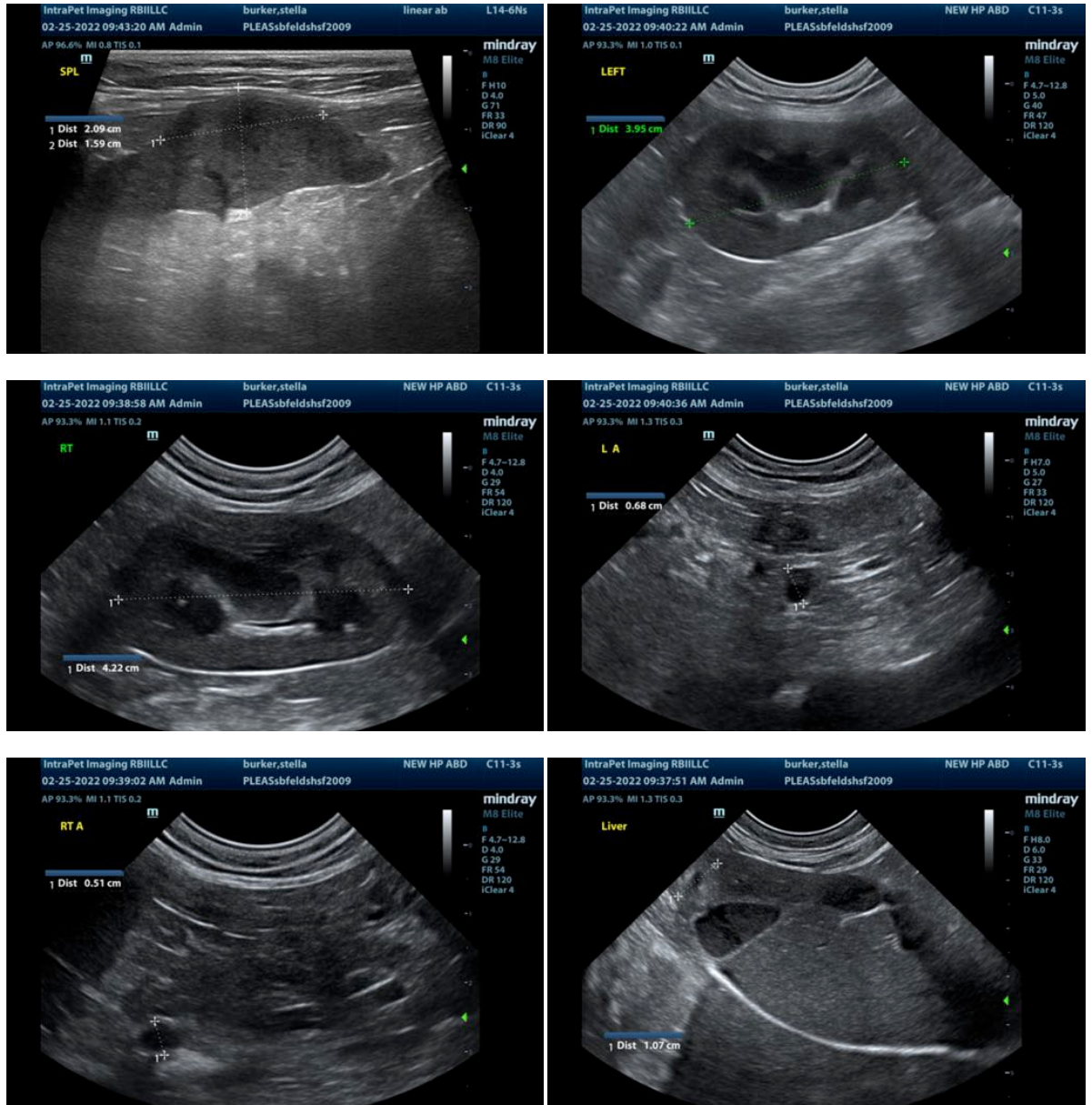
- Large, irregular spleen with ill-defined masses/bulging areas. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogenous and hyperechoic liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidoses or other hepatopathy.
- Hypoechoic, prominent pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Free abdominal fluid and scant pericardial effusion evident. I recommend three view thoracic radiographs and cardiac ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is significant hepatosplenomegaly visualized in particular the spleen is very irregular with intraparenchymal bulges/mass effects. I recommend a FNA of the liver and spleen. Likely differentials would include round cell neoplasia, possibly infectious disease. If cytology does not reveal a neoplastic lesion then consider a feline comprehensive panel to NC State vector borne disease lab. Additionally consider three view thoracic radiographs and sampling of the free abdominal fluid in the abdomen for fluid analysis and cytology. If these tests do not reveal a diagnosis and there remains a non-regenerative anemia consider bone marrow evaluation.





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.

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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