

PATIENT

Diamond Anderson

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Maggiulli

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Maggiulli

INVOICE

36896

DATE

4/15/22

PRESENTING CLINICAL SIGNS

rdvm transfer for severe regenerative anemia (hct 13% and reticulocytosis @15,600 moderate hypochromasia, moderate polychromasia, thrombocytosis (616), Leukocytosis (31.2) with neutrophilia (29,952), Lymphopenia (936), has progressed in anemia in the face of prednisolone (5mg BID) and mycophenolate (started 48hrs prior), currently on B12 injections, completed course of orbax and doxycycline, ongoing hx of weight loss dx with hypertrophic cardiomyopathy 3/21/22- normal LA:Ao ratio dx hypertension 2/4/21-o amlodopine dx heart murmur(3/6 ht murmur) 2/4/21 wt loss 2/4/21- 12.2#, 4/11/22- 7.7# 3/17/22- ABD US and ECHO at RDVM- QAR - minor progressive weight loss noted; unkempt haircoat; generalized cachexia Ventral abdomen/R hemithorax clipped AUS (preliminary): moderate loss of corticomedullary distinction; both kidneys slightly irregular and smaller than expected. Adrenals WNL. Spleen/liver/GB WNL. One spot on stomach wall slightly thickened w/ possible loss of wall layering, otherwise NSF. SI WNL. No ascites. No enlarged LN's. Echo (preliminary): mild HCM w/ normal LA;Ao ratio. NO obvious valvular disease. Thoracic rads (2 view): NSF - lungs clear 3/4 dental disease poor unkempt hair coat with generalized seborrhea moderate cachexia doughy on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: rdvm transfer for severe regenerative anemia (hct 13% and reticulocytosis @15,600 moderate hypochromasia, moderate polychromasia, thrombocytosis (616), Leukocytosis (31.2) with neutrophilia (29,952), Lymphopenia (936), has progressed in anemia Pre transfusion PCV/TS- 13% and 8.2g/dl EPOC- HCT 17%, CA2+ 1.12, GLU 250, K+ 3.0, LAC 8.47,

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 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.1 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.

The right kidney has a normal shape and size (3.9 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.

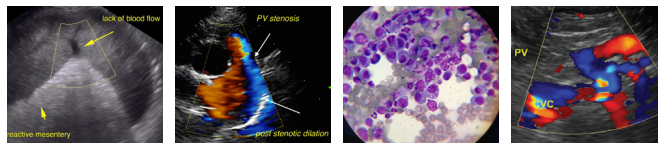
Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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The gallbladder 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.

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Gastrointestinal

DMH

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.35cm 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.

SEX

Neutered Male

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.

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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 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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. In some views of the stomach wall, there appears to be mild thickening with intact layering, but I could not get these lesions to be repeatable between imaging, so I suspect they are likely artifact, but continued monitoring for any evidence of melena or dark vomit is warranted.

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The primary categories for regenerative anemia would be blood loss, which seems likely unless there is a very small, chronic GI bleed. These most often cause an iron deficiency anemia. You could consider measuring serum iron levels. These are often due to gastric or small intestinal lesions, and unfortunately are sometimes small and difficult to pick up on ultrasound. This seems somewhat less likely based on the

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CBC parameters.

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Alternately, there could be increased destruction of red blood cells. Recommend vector borne disease testing, a pathologist review of a CBC, 3-view thoracic radiographs, and if no other cause can be identified (zinc, parasites, etc.), then consider immune mediated destruction and continued immunosuppression. Oddly, the spleen is not enlarged as you would suspect in such a case, unless the patient is dehydrated and hypovolemic.

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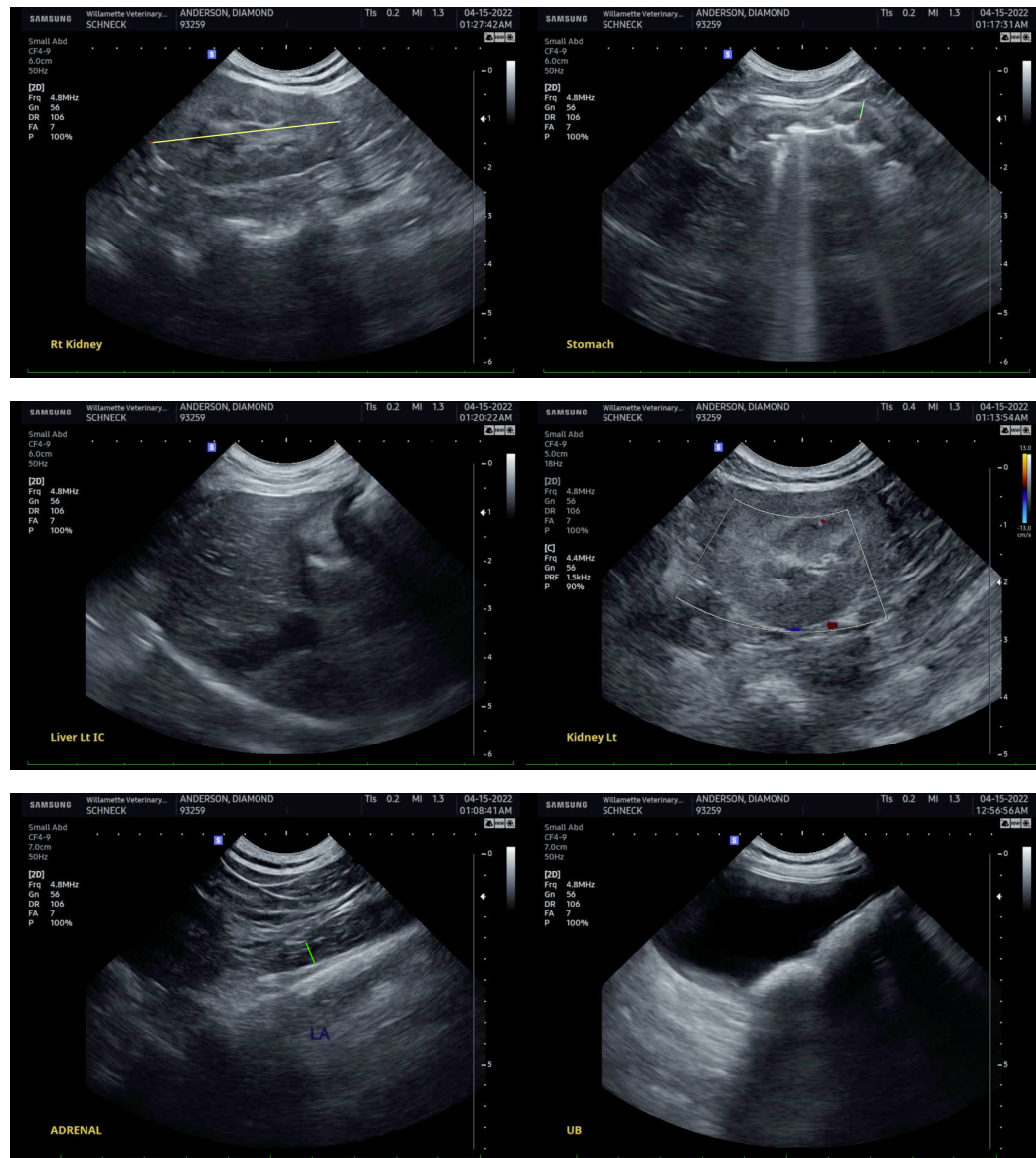
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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