

PATIENT PRESENTING CLINICAL SIGNS

Monty King acute onset lethargy and anorexia. Indoor only.

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 years

WEIGHT

11.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small Veterinary Clinic

REFERRING VET

Dr. Jessica Bailes

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10258

DATE

6/14/2023

Abnormal PE/Chem/CBC/UA Results: Splenomegaly, moderate MCS atrophy dorsum, otherwise NSF on PE Slightly mentally dull while in hospital today BW: A: USG = 1.051; 3+ proteinuria (UPC increased @ 1.1); IS CBC: non - regenerative anemia (HCT = 21%; normal reticulocyte count); slight rouleaux. lymphopenia (HCT = 21%), thrombocytopenia (47K) w/ adequate estimate. CHEM/lytes in house: increased SDMA (45), increased BUN (50); CREAT = 2.1, increased TP (>12.0) w/ hypercalcemia (12.3); ALB low normal @ 2.4 (GLOB probably >10 - actual value not measured) TT4: Low normal @ 0.8 Felv/FIV: negative/negative Aspirates of spleen performed today - cytology pending but in house concerning for plasma cels TNTC.

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 (4.63 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal 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 (4.21 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

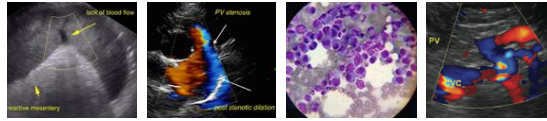
The left adrenal gland is normal in size measuring 0.24 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.36 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

The spleen is large, hypoechoic, and irregular (1.33 cm in width at the level of the hilus), 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.

Liver



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The liver is subjectively large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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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.

SEX

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The visualized areas of duodenum, jejunum, and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis: mucosa layer ratio. The jejunum measured 0.35 cm in diameter. 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.

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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 reveal scant amount of free abdominal fluid. There is a significant lymphadenopathy in the cranial abdomen with large round hypoechoic lymph nodes. Examples of which measure 0.96 cm x 1.4 cm and 1.02 cm in diameter. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is hyperechoic in the cranial abdomen.

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PRIMARY FINDINGS

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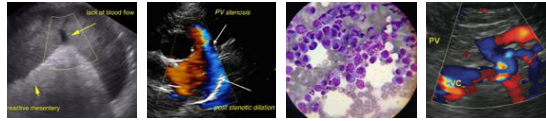
- Large, irregular, hypoechoic spleen. Findings are concerning for possible infiltrative disease. Recommend a fine needle aspirate.
- Large hyperechoic liver. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Prominent muscularis layer of the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Moderate mesenteric lymphadenopathy. The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in

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some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as Bartonella, fungal infections, FIP, etc. A fine needle aspirate with cytology is recommended for further evaluation.

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- Scant free abdominal fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver and the spleen are large and have rounded margins concerning for possible infiltrative disease. Recommend a fine needle aspirate of the spleen (I believe this has already been done). If cytologic evaluation of the spleen is not diagnostic, consider hepatic aspirates. Additionally, there are enlarged lymph nodes in the cranial abdomen, a fine needle aspirate of a lymph node could be considered as well.

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The severely elevated globulin level would be concerning for underlying neoplastic processes (multiple myeloma, LMA, etc.). Additionally, you could consider FIP or a chronic infectious process (bartonella, etc.) If cytology of the spleen is not diagnostic, consider a protein electrophoresis to further classify the hyperglobulinemia reported and consider a three view thoracic radiographs. A bone marrow aspirate could be considered due to the pancytopenia reported. Recommend consultation with a veterinary oncologist if cytologic diagnosis is obtained to discuss treatment options and prognosis.

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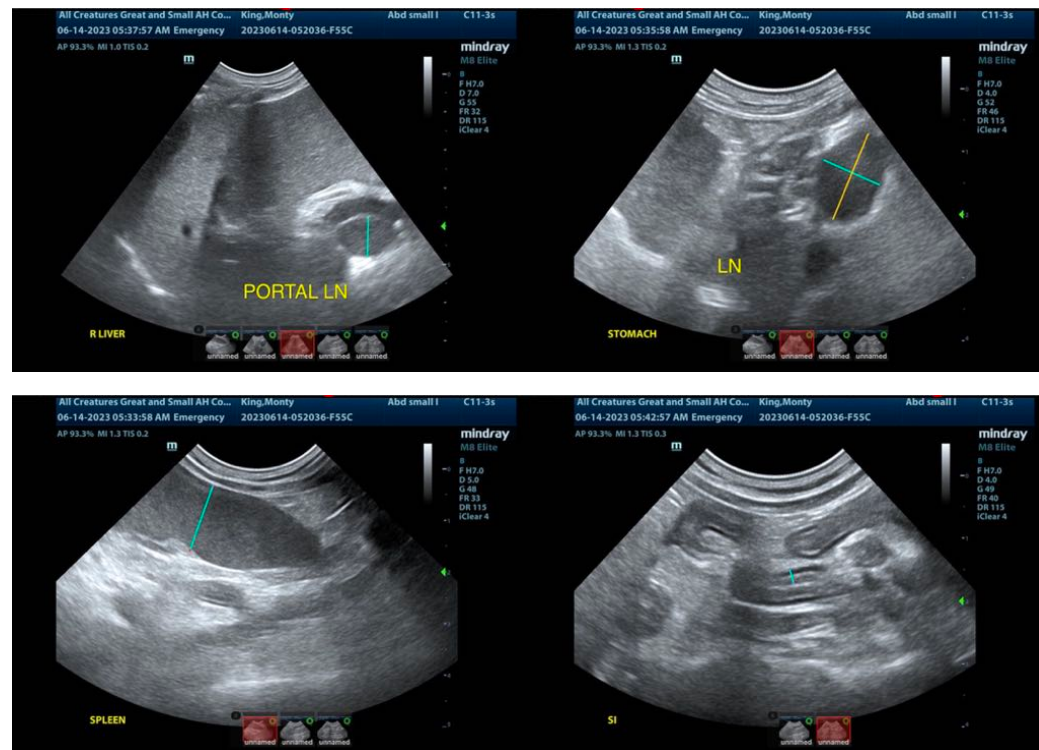
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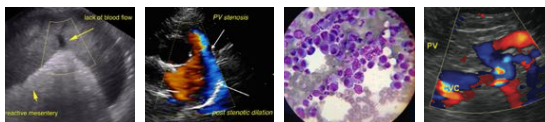
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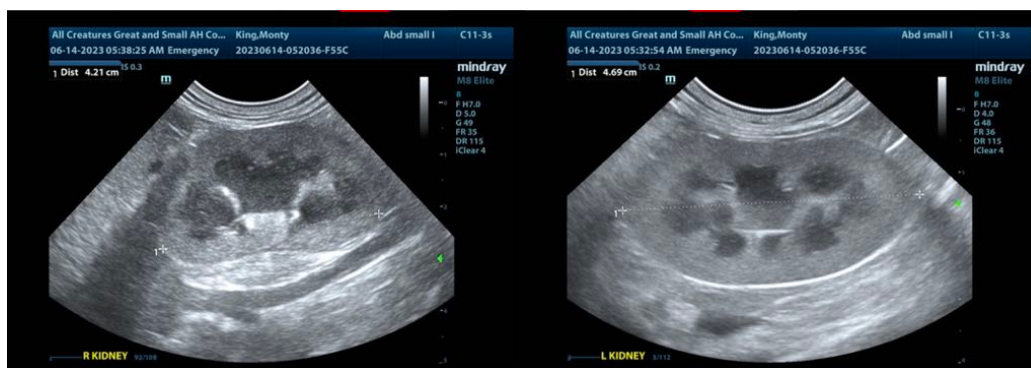
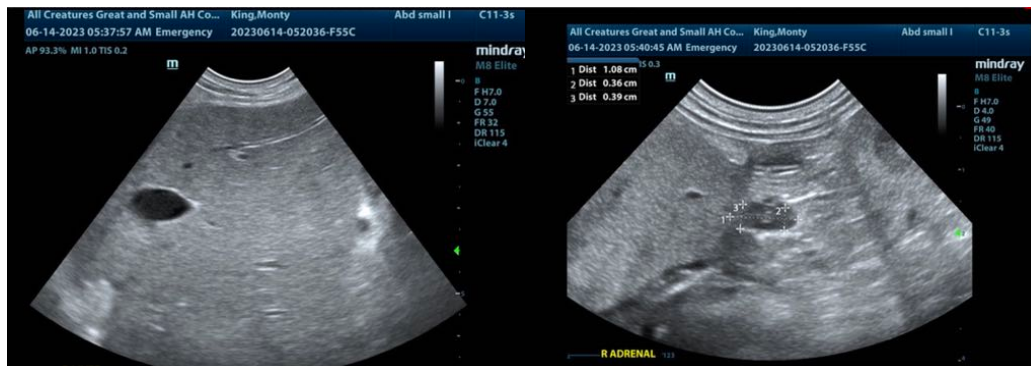
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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