



PATIENT

Smokey Sultani

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9

WEIGHT

4.22

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Haseeb Ashraf

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Haseeb Ashraf

INVOICE

43363

DATE

6/22/23

PRESENTING CLINICAL SIGNS

Second opinion from another Vet clinic. History - 3 days ago stopped eating, producing dark smelly urine. Hospitalized for 3 days at previous vets; placed on IVFT, ceftriaxone IV, vitamins. Not receiving any eye drops during this time. X-rays show liver and splenic enlargement. No Vomiting or diarrhea during past 4 days. In 2021 right eye glaucoma diagnosed and started on - cosopt (Dorzolamide hydrochloride) eye drops. Eye doesn't appear to be responding to treatment over past 3months. On CE today 22-6-23, smokey is QAR, 4.22kg, T38.3C, large soft abdomen, liver or splenic enlargement, pale MM, yellow tinge to skin of ventral abdomen. HR220, RR 36. Right eye globally enlarged with dilated nonresponsive pupil, absent PLR. Left eye appears normal with PLR present. Bloods suggestive of Triaditis (elevated T.Bil) with elevated BUN 44mg/dL and hyponatremia 132mmol/L. Moderate Neutropenia and mild anemia. Possible renal azotemia also as been on IVFT for past 2 days.

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 (3.9 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 (4.39 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 is visualized.

Spleen

The spleen is large and irregular, measuring 2.42 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. There is the appearance of a mixed echogenic mass effect in the cranial abdomen measuring 5.15 cm x 3.76 cm. This is most consistent with a splenic mass lesion, although a direct attachment is not visualized.

Liver

The liver is large in size, and normal in echogenicity with rounded margins. 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.



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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

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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.

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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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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 area of 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

There is a small to moderate amount of free abdominal fluid. No lymphadenopathy. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

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- Large, irregular, mottled spleen – 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.

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- Hyperechoic mixed echogenic mass effect in the cranial abdomen – This lesion is most consistent with a primary splenic mass, although a direct attachment to the spleen is not visualized.

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- Large, heterogeneous liver with rounded margins – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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- Moderate free abdominal fluid

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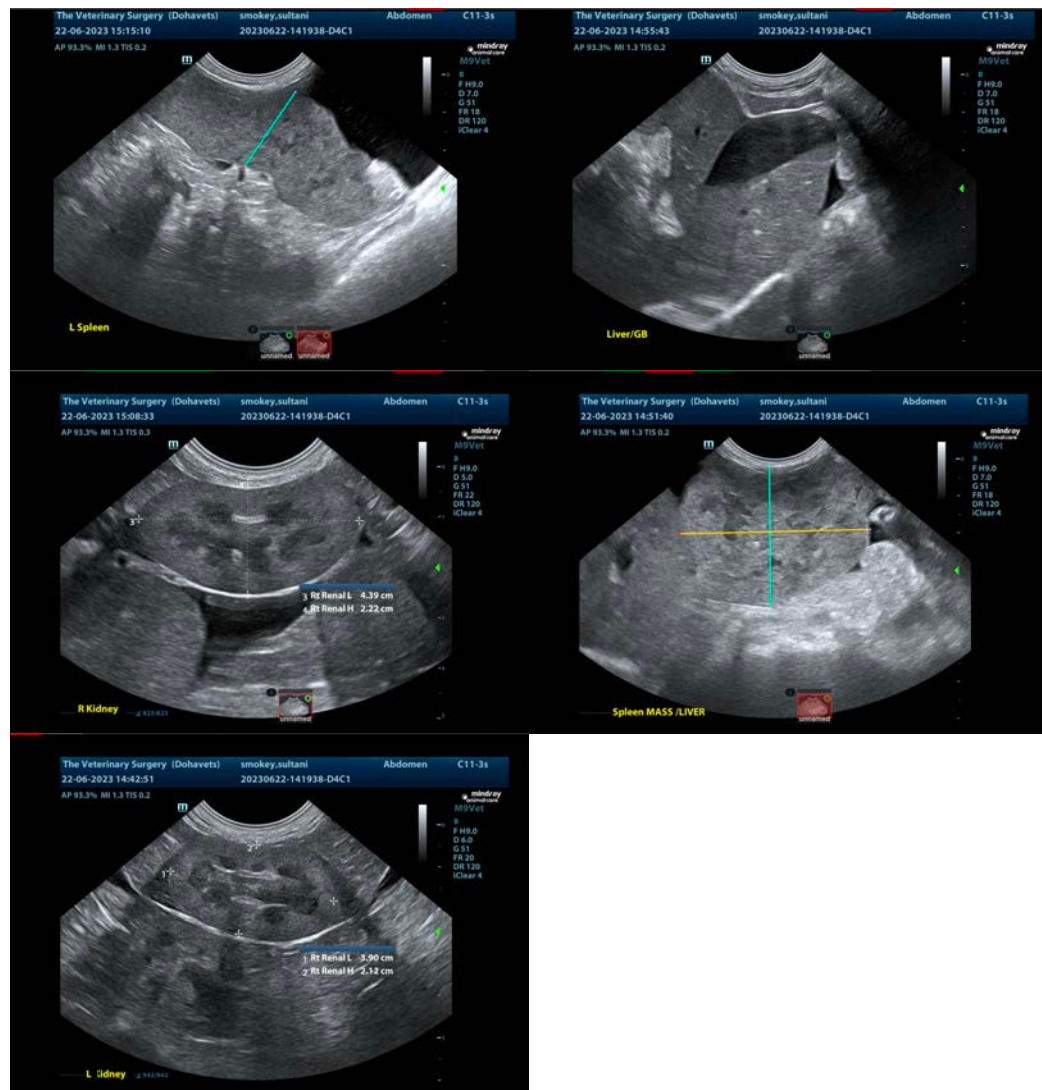
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen appears large, very irregular and mottled. There is a mixed echogenic, hyperechoic cranial abdominal mass that appears to be originating from the spleen, but a direct attachment is not visualized. Additionally, the liver is heterogeneous and enlarged with rounded margins. These changes are concerning for a possible neoplastic process. Recommend a fine needle aspirate of the spleen and liver. Additionally, you could consider sampling the free abdominal fluid for fluid analysis and cytology. If a cytologic diagnosis cannot be made, surgical biopsies may need to be considered.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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.

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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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info@sonopath.com

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