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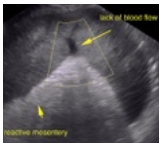
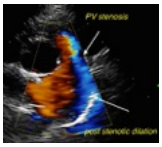
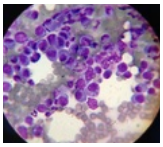
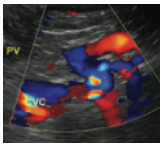

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1-800-838-4268 info@sonopath.com

PATIENT

Miko Scorsone

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

11y

WEIGHT

17.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Heather Brenner

INVOICE

10392

DATE

8/9/2023

PRESENTING CLINICAL SIGNS

Aggressive pet for examination. September 2020 acute onset anorexia and fever. History of coughing when lived in North Carolina. Vaccinated April 17, 2023. Presented June 6, 2023, progressing weakness, polyuria, weight loss of 2.7 lbs over 6 weeks. Diabetes Mellitus started Lantus insulin and clinically improved. July 7, 2023, 2 Units Lantus BID normal urine and eating. July 15, 2023, Urine glucose negative so decreasing insulin. Owner unable to do blood glucose checks at home. Since August 1 eating less and owner stopped Lantus.

Abnormal PE/Chem/CBC/UA Results: September 2020 weight 19.8 lbs. CBC lymphopenia 0.73 (0.92-6.88), PLT 123 (151-600). Glucose 216 (71-159), BUN 13 (16-36), Globulin 5.3 (2.8-5.1), ALKP <10 (14-111). Normal FPL June 6, 2023, weight 19 lbs. muscle loss dorsally, CBC normal, Glucose 462 (71-159), ALT 249 (12-130), CHOL 227 (65-225). August 7, 2023, weight 17.9 lbs. Urinalysis USG 1.018, trace protein, pH 7, 1+ glucose, negative ketones, occassional cocci, 2+ WBC microscopically, negative RBC, 2+ amorphous crystals. CBCRBC 6.21 (6.54-12.2) with normal HCT 33.2%, Reticulocytes 114.2 (3-50). WBC 37.77 (2.87-17.02) Neutrophils 12.36 (2.3-10.29) bands suspected, Lymph 8.07 (0.92-6.88), Mono 15.7 (0.05-0.67), PLT 87 (151-600) clumping detected. SDMA 44 (0-14) normal BUN and creatinine, ALKP 319 (14-111), GGT 9 (0-4), TBili 4.4 (0-0.9) August 9, 2023, stable neutrophilia, monocytosis, thrombocytopenia. Felv/FIV negative.

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 bladder wall measures 0.15 cm.

The left kidney has a normal shape and size (3.99 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 (4.24 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.

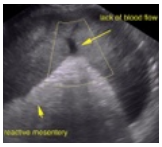
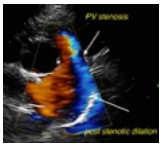
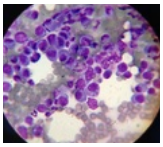
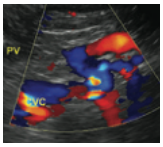
Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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 0.4 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 with rounded margins, and it measures 1.55 cm width at the level of the hilus. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no

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irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is severely enlarged in size with rounded margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined hypoechoic nodule visualized within parenchyma measuring 1.25 cm x 1 cm.

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.

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 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 duodenum measured 0.41 cm in diameter and the jejunum measured 0.27 cm in diameter. Visualized peristalsis appears appropriate. While there are severe diffuse small intestinal changes there is a focal section of small bowel with more prominent thickening and significantly reduced detailed wall layering, concerning for infiltrative disease. This loop of bowel measures 0.49 cm in thickness.

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

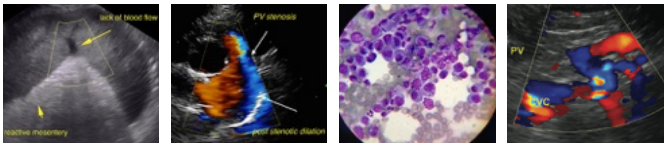
The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did reveal a moderate amount of free abdominal fluid. There are large hypoechoic rounded mesenteric lymph nodes visualized. Examples measure 0.8 cm and 0.48 cm. The omentum is diffusely hyperechoic.

PRIMARY FINDINGS

- Severely enlarged mildly mottled spleen. Findings are concerning for possible infiltrative disease or congestion. Recommend a fine needle aspirate.
- Severely enlarged rounded hyperechoic liver with an ill-defined hypoechoic nodule. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The severity of these changes is concerning for possible round cell neoplasia. Recommend a fine needle aspirate providing coagulation parameters are normal.



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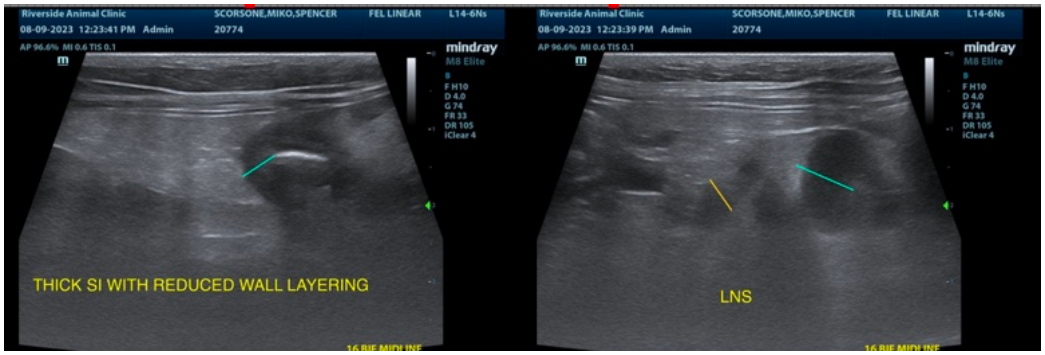
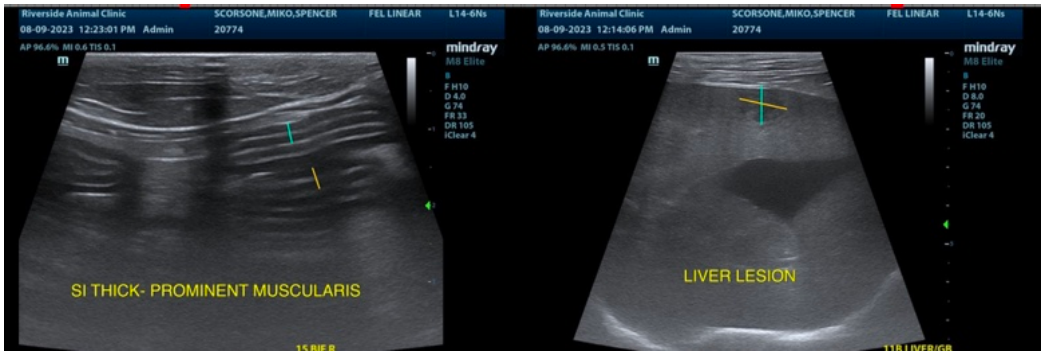
- Diffusely thickened small intestine with a prominent muscularis layer as well as a focal section of more severely thickened bowel with loss of wall detail. Findings are concerning for a diffuse enteritis (severe IBD, infiltrative disease, etc.). The changes observed in the focal section of small intestine are concerning for possible neoplastic process, severe focal inflammation, etc.
- Moderate volume free abdominal fluid.
- Large hypoechoic rounded mesenteric lymph nodes. 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 etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe hepatosplenomegaly present this combined with the changes in the small bowel and the lymph nodes is highly concerning for possible infiltrative disease. Recommend a fine needle aspirate of the liver and spleen provided coagulation parameters are normal.

Additionally, there is a focal section of small bowel which appears to have severe thickening and reduced detail of wall layering. Concerning for an early bowel mass effect and there are enlarged mesenteric lymph nodes, aspirates of these regions could be considered as well. Alternate differentials to diffuse round cell neoplasia would include cardiovascular disease, with severe diffuse congestion, severe IBD, etc. Recommend three-view thoracic radiographs.





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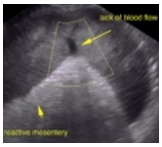
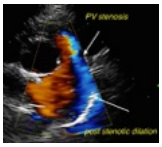
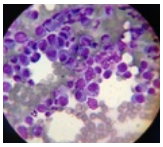
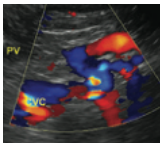

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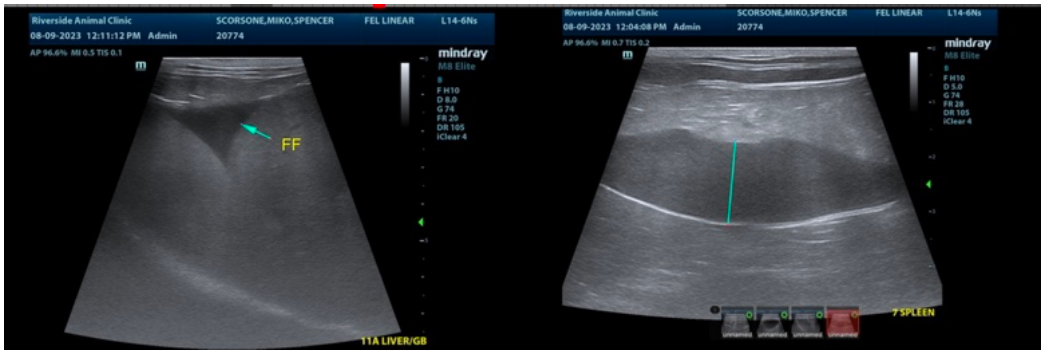

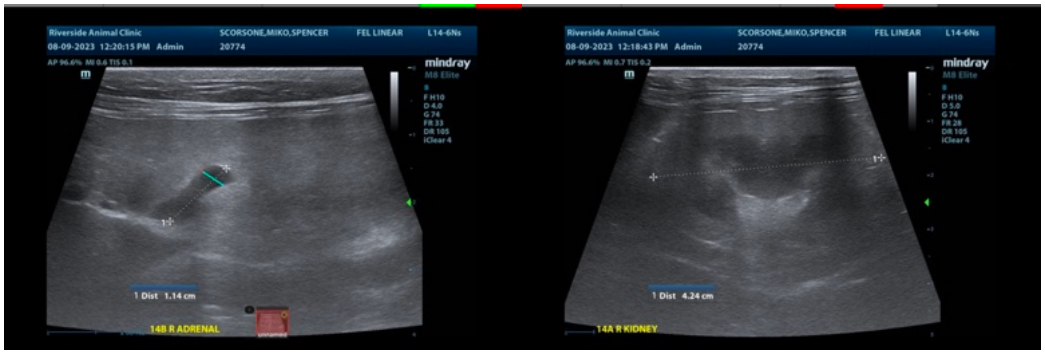

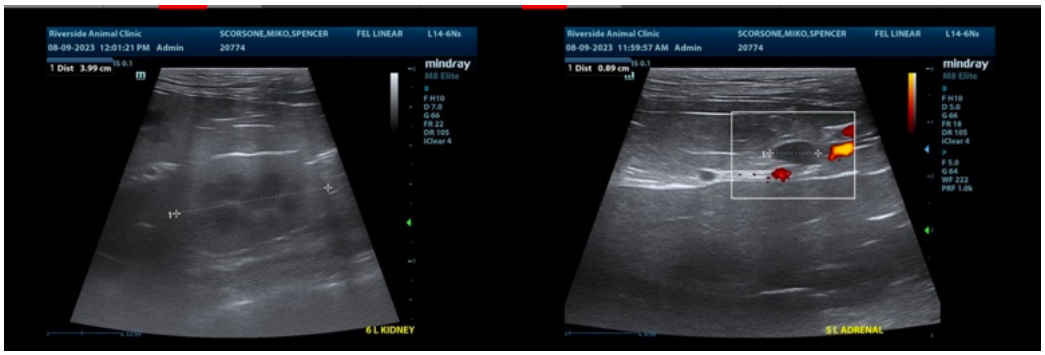

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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