



PATIENT

Charlie Leesti

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

2 Years

WEIGHT

5.23 kg

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Nigel Gumley

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Amber Labelle

INVOICE

37749

DATE

5/18/22

PRESENTING CLINICAL SIGNS

Recent history of anisocoria.
Abnormal PE/Chem/CBC/UA Results: Mild uveitis OD; fundic lesion consistent with flat detached region and subretinal debris. Concern for extraocular disease. Awaiting results for Crypto, FIP, Toxo. Normal CBC/chem. Chest rads normal cardiac silhouette and lungs/bone.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 3.55 cm (3.80-4.40 cm), which is mildly decreased in size. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 3.76 cm (3.80-4.40 cm). Findings are similar to the left.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.30 cm at the cranial pole, 0.31 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.35 cm at the cranial pole, 0.32 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

Splenomegaly is present in length, and it is folded on itself. It measures 8.64 mm (normal = 10 mm) in width. It is within normal limits in echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity; it is hypoechoic to the spleen. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder (GB) wall is mildly thickened (1.3-2 mm), however, no other abnormalities are observed with the GB. There is no evidence of echogenic material within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous, i.e. there are no signs of an obstruction.



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Gastrointestinal

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The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

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The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal.

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There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

Pancreas

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No overt abnormalities are observed with the echogenicity or echotexture of the right or left limb. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

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Other

Lymph nodes

No abnormalities are observed

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Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with preservation of the normal architecture. Differential diagnoses include splenitis due to antigenic stimulation and secondary inflammation, including immune mediated induced inflammation. Other differential diagnoses include extramedullary hematopoiesis, hypersplenism and reactive hyperplasia. Neoplasia, such as a round cell tumour, is considered less likely, but cannot be excluded. A fine needle aspirate is required to obtain a definitive diagnosis.
- The gallbladder (GB) wall is mildly thickened depending on the view. The latter may be due to fat, as no other abnormalities are observed with the GB.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A fine needle aspirate of the spleen is suggested to exclude a round cell tumour, which may also cause uveitis.

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An arterial blood pressure is recommended, if not already performed.

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Tick borne diseases, as well as *Mycoplasma* spp., may also cause uveitis.

PCR tests for *Mycoplasma* spp. are suggested depending on splenic cytology results.

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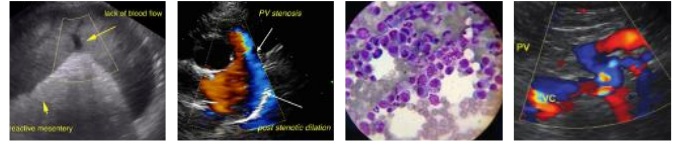
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Treatment with doxycycline may also be considered at 5 mg/kg PO q12h for 4-6 weeks.

Idiopathic uveitis may also occur.

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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Lisa.Carioto@sonopath.com

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