SonoPath
Clinical Sonography & Telecytology
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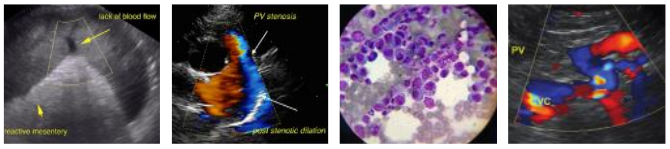

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oliver Porter

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5

WEIGHT

19.5

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Ascot

INVOICE

15175

DATE

10/12/22

PRESENTING CLINICAL SIGNS

acute onset lethargic abd bruising and painful regenerative severe anemia
Abnormal PE/Chem/CBC/UA Results: HCT 10% Retics 794K WBC 26K Neuts 14K Lympho 10K Mono 1K Glu 262

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Mild prominent size was noted in the kidneys which is nonspecific with potential for patient variant given the size of the patient. The kidneys exhibited mild, nonuniform increased cortex echogenicity with mildly indistinct corticomedullary border demarcation. A 1:3 cortex / medulla ratio was maintained. No evidence of pyelectasia or left or right retroperitoneal inflammation was noted. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.

Spleen

The spleen was normal to mildly subnormal in size with minor asymmetrical medial capsule contour. Subjective decreased splenic parenchyma echogenicity exhibiting mild nonhomogeneous echotexture was present.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with minor, non-dependent, mildly echogenic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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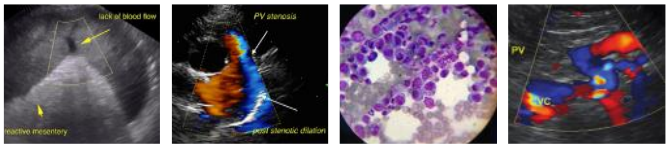

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Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No evidence of peritoneal free fluid was present. Reginal nonuniform to indistinctly nodular mesentery was noted in the mid to cranial abdomen and subjectively within the area of the left to mid pancreas.

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent to hypoechoic pancreas - potential for pancreatitis
- Regional nonuniform hyperechoic to indistinctly nodular mid to cranial abdominal mesentery - reactive mesenteric changes and associated minor mesenteric lymphadenopathy possibly associated with pancreatitis, potential for nonspecific emerging peritonitis or emerging omental neoplastic criteria possible
- Borderline subnormal spleen exhibiting mild nonhomogeneous to hypoechoic parenchyma – nonspecific, not overtly suggestive of neoplastic criteria
- Bilateral mild prominent kidneys exhibiting maintained cortex/medulla ratio
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potential for acute pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL could be considered, yet the potential for pancreatitis does not obviously explain the severe regenerative anemia.

CBC pathology review, infectious disease serology, FeLV/FIV testing +/- flow cytometry if clinically indicated, given lymphocytosis, may be considered. Blood typing and blood transfusion are indicated. Three-view chest radiographs are recommended if not done. Sonographic reassessment of the pancreas and mid to cranial abdominal mesentery suggested or if indicated pending the patients ongoing clinical status.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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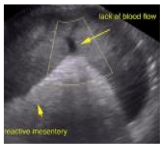

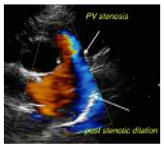

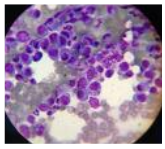
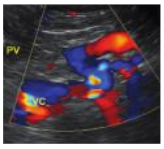

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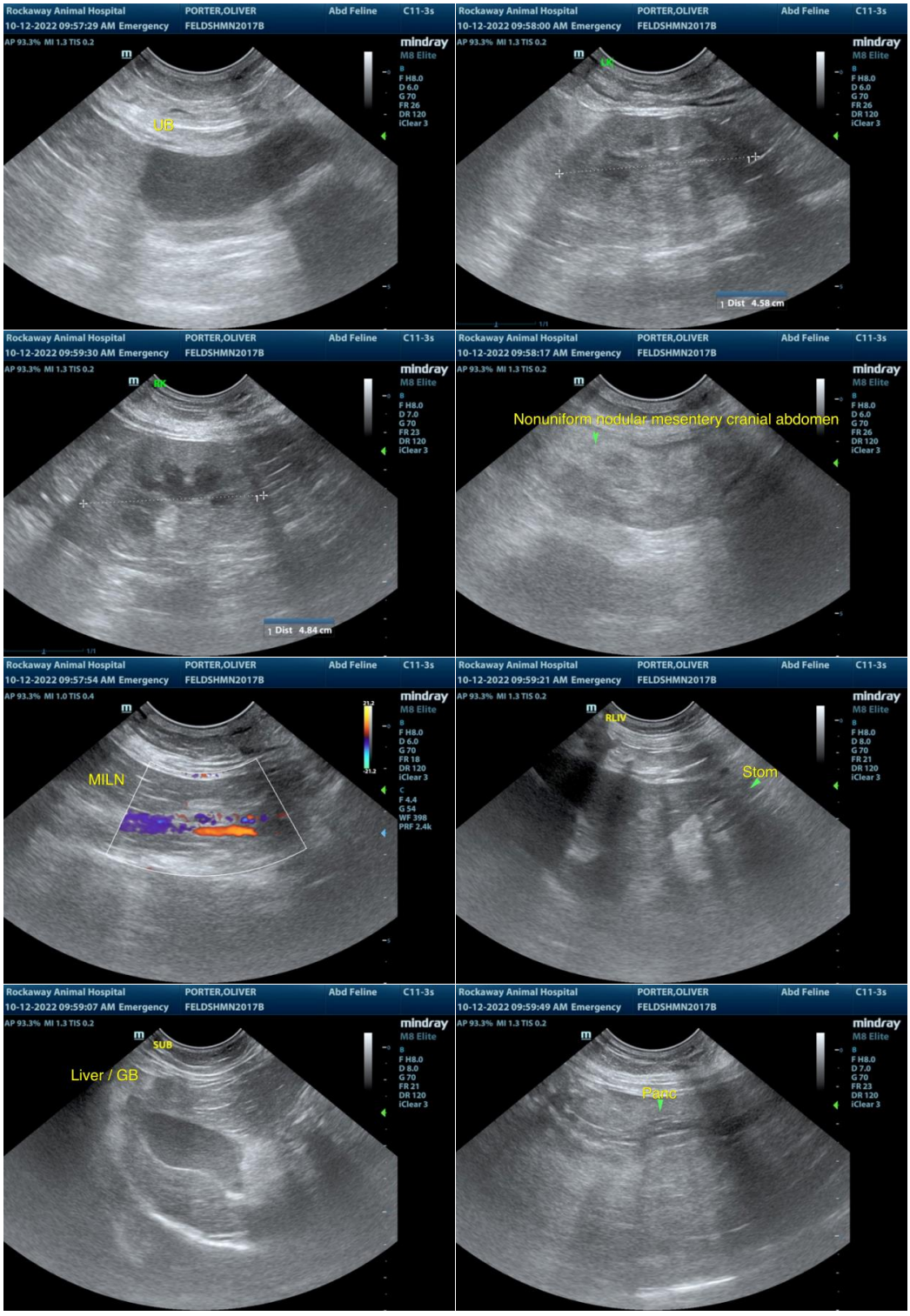

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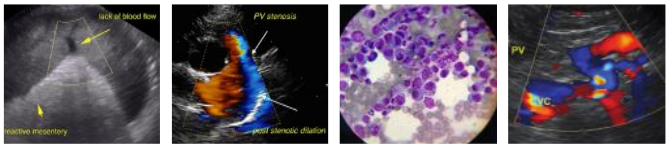

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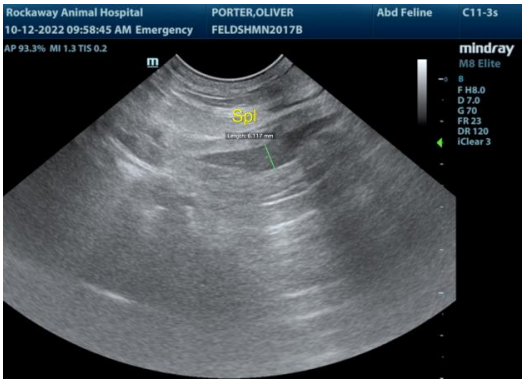

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com