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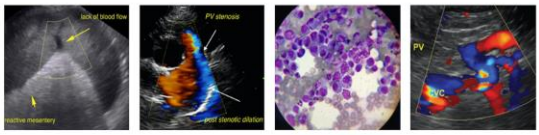


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Mac Richards

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2020

WEIGHT

7

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Blue Ridge VC

REFERRING VET

Dr. Filchner

INVOICE

15257

DATE

10/25/22

PRESENTING CLINICAL SIGNS

Lethargic, anorexia, palpable abdominal mass.

Medication: SQF, Cerenia

Bun 13, Calcium 7.9

CBC- WBC 2.0 with neutropenia, lymphopenia, and eosinopenia

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

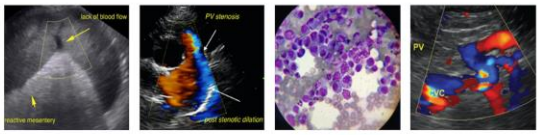
Spleen

The spleen exhibited generalized mild to moderate enlargement with areas of capsule asymmetry. Heterogeneous parenchyma exhibiting intermittent subtly expansive hypoechoic nodules was present. An example of a splenic nodule measured 1.5 cm in diameter. Normal splenic vascularity was noted. Potential soft tissue echogenicity in the area of the splenic hilus, which may indicate splenic parenchymal expansion or splenic vein thrombosis is possible although not definitive.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Moderate volume peritoneal effusion exhibiting echogenic changes suggestive of fluid cellularity was present. Generalized mild nonuniform hyperechoic mesentery was present. Intermittent mildly prominent yet hypoechoic to swollen perisplenic mesenteric lymph nodes were present. An example of a lymph node measured 0.66 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Asymmetrical splenomegaly exhibiting nonhomogeneous to nodular parenchyma
- Overtly normal gastrointestinal tract
- Sonographically normal liver
- Moderate volume peritoneal free fluid exhibiting marked echogenic changes
- Generalized mild nonuniform hyperechoic mesentery and intermittent perisplenic mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The palpable abdominal mass is suspected to correlate with the splenomegaly. Although sampling is required for further assessment, primary concern for infiltrative round cell splenic neoplasia, i.e., lymphoma, mast cell neoplasia, or other, with potential for regional perisplenic lymphatic and omental seeding i.e., lymphomatosis, mastocytosis, or other. Non-neoplastic etiology, which may include nonspecific peritonitis cannot be definitively excluded. FIP is technically a possibility, yet thought less likely.

Even though clotting status was mild abnormal, screening splenic FNA cytology using a 25-gauge needle, as well as effusion analysis cytology +/- C/S, if evidence of inflammatory cells, could be considered for further assessment. Potential unfavorable prognosis is indicated.

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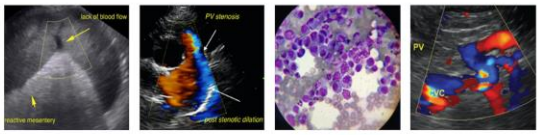

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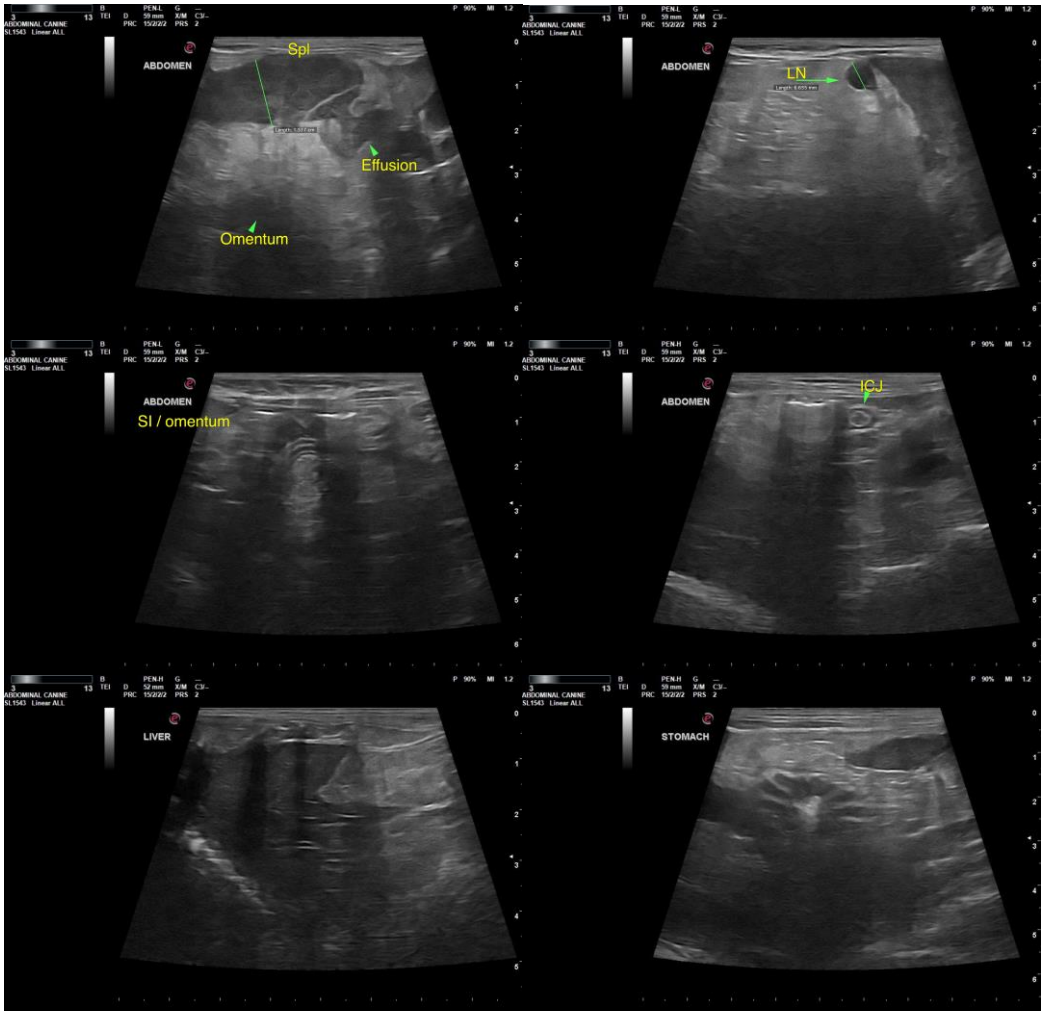

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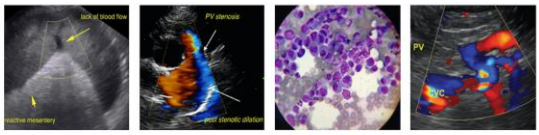

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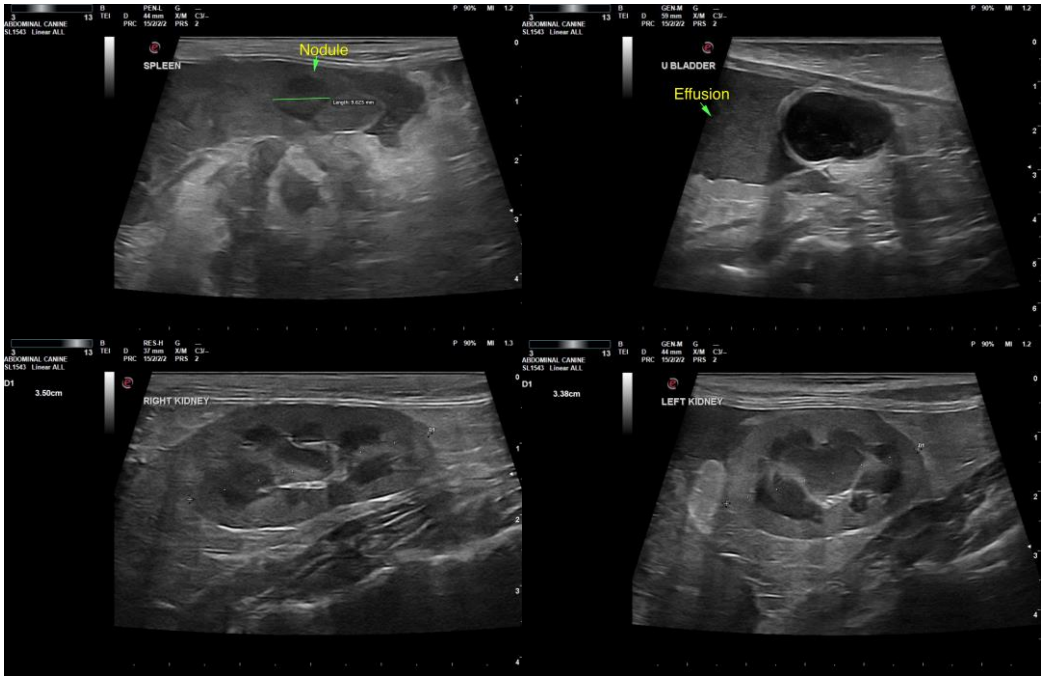

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com