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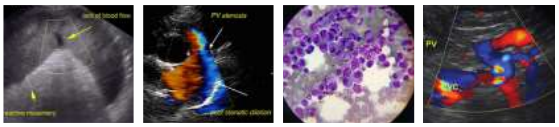


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Paul Breeton

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

9.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Zulauf

INVOICE

13143

DATE

2/2/22

PRESENTING CLINICAL SIGNS

Liver enlarged. No obvious mass noted on ultrasound.
Abnormal PE/Chem/CBC/UA Results: mild anemia (21%), low albumen (2.4)

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, nondependent, 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.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width.

Spleen

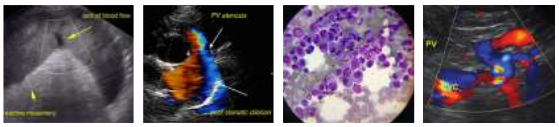
The spleen was mildly enlarged in size measuring 1.1 cm width at the level of the hilus. Generalized mild parenchyma heterogeneity exhibiting discreet hypoechoic micronodular parenchymal changes was present. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver exhibited marked generalized enlargement with swollen to mildly asymmetrical hepatic contour with generalized decreased parenchyma echogenicity exhibiting moderate coarse echotexture. Intermittent, well-demarcated, uniform mildly hyperechoic intraparenchymal nodules were present in the liver. An example measured 1.0 cm in diameter. The gallbladder was subnormal in size likely owing to the presence of gastric ingesta. Anechoic content was present in the gallbladder.

Gastrointestinal

The stomach presented intact wall layering and maintained a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without 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

Mild volume peritoneal free fluid was present primarily around the liver but yet noted adjacent to intestinal loops and in the caudal lateral abdomen. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Marked hepatomegaly exhibiting decreased parenchyma echogenicity and intermittent, nonspecific, mildly hyperechoic nodules
- Mild splenomegaly exhibiting discreet micronodular parenchyma
- Bilateral Interstitial nephrosis renal pattern
- Mild volume peritoneal free fluid primarily in cranial abdomen around the liver
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, a primary concern for infiltrative round cell hepatic neoplasia with potential for multicentric neoplasia also involving the spleen is warranted. Nonspecific hepatitis, vacuolar hepatic changes, splenic lymphoid hyperplasia or hematopoiesis, or other being etiologies are possible yet neoplasia Is considered the primary differential diagnosis in this case.

Assuming normal clotting status, hepatosplenic FNA using a 25-gauge needle is recommended for screening cytology with potential for an oncology consultation If neoplasia is confirmed. Further assessment may also include protein electrophoresis, given the hyperglobulinemia. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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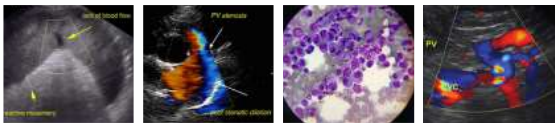

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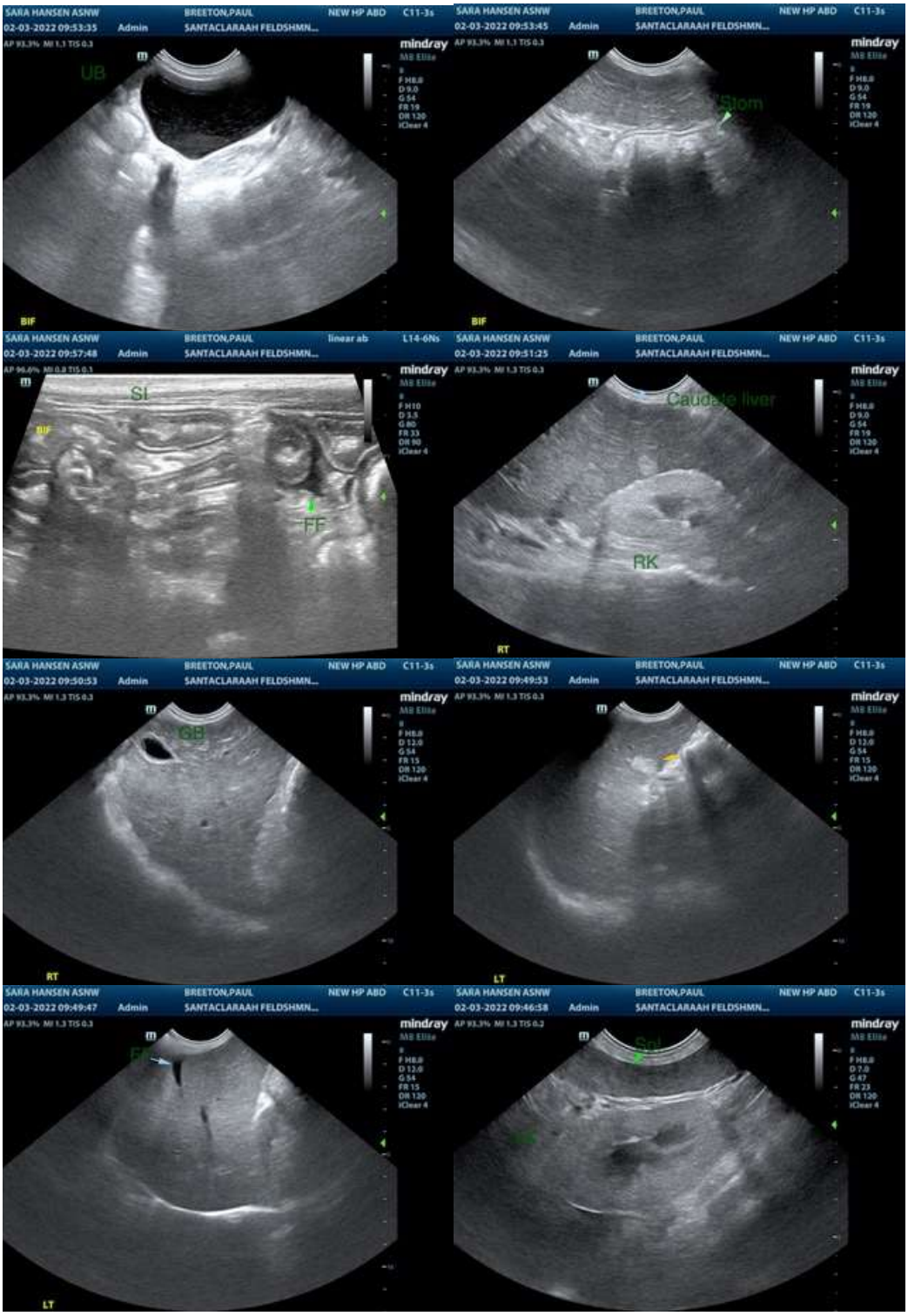

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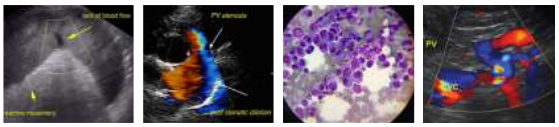

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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