

**PATIENT**

Levi Carmack

SPECIES

Feline

BREED

Noregian Forrest Cat

SEX

M/N

AGE

12 years

WEIGHT

11.6 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

16262

DATE

2/22/23

PRESENTING CLINICAL SIGNS

Jaundice and Anemia

Abnormal PE/Chem/CBC/UA Results: Anemic, elevated WBC, NEU, EOS, MONO, MPV. Low RBC, HCT, HGB, PLT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The area of the aortic trifurcation was free of pathology.

Mild prominent size compared to normal renal size for felines, was noted 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 mild left kidney pyelectasia. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 cm in length. No evidence of renal neoplastic criteria was noted.

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 0.41 cm width.

Spleen

The spleen was borderline to mildly enlarged measuring 1.1 cm width at the level of the hilus. Mildly splenic capsule contour was present with regions of minor asymmetry. A finely textured and homogenous parenchyma exhibiting subjective mild decreased splenic parenchyma echogenicity was noted.

Liver/ Gallbladder

The liver was markedly enlarged with symmetrical to swollen hepatic contour. Subjective mild decreased hepatic parenchyma echogenicity exhibiting mild coarse echotexture was present with normal hepatic vascular volume. No evidence of definitive hepatic masses or nodules was noted. The gallbladder was subnormal in size exhibiting mildly prominent gallbladder walls. Potential for discrete gallbladder wall edema is possible. Mild anechoic content was present in the gallbladder. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.42 cm diameter. Evidence of minor nonobstructive mucoduct was noted.

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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.

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 omental masses or significant omental lymphadenopathy was noted. Scant to mild volume, primarily perihepatic and perisplenic free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatosplenomegaly exhibiting subjective decreased hepatosplenic parenchyma echogenicity
- Mild nonobstructive proximal common bile duct dilation, subnormal gallbladder size
- Mildly prominent kidneys with minor left kidney pyelectasia - suspect patient variant, no evidence of neoplastic criteria
- Pancreatitis - subjectively mild
- Scant to mild volume peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, primary concern for infiltrative hepatosplenic round cell neoplasia i.e., lymphoma or other, may be indicated. Possible acute hepatic inflammatory process and secondary mild cholangitis as well as reactive or hyperplastic splenic changes, given the anemia, are possible.

Further assessment may include, assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology, as well as recheck retroviral status, if not done. No evidence of post hepatic obstruction was noted. A guarded prognosis, pending recommended sampling, is indicated.

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Clinical Sonography & Telectyology

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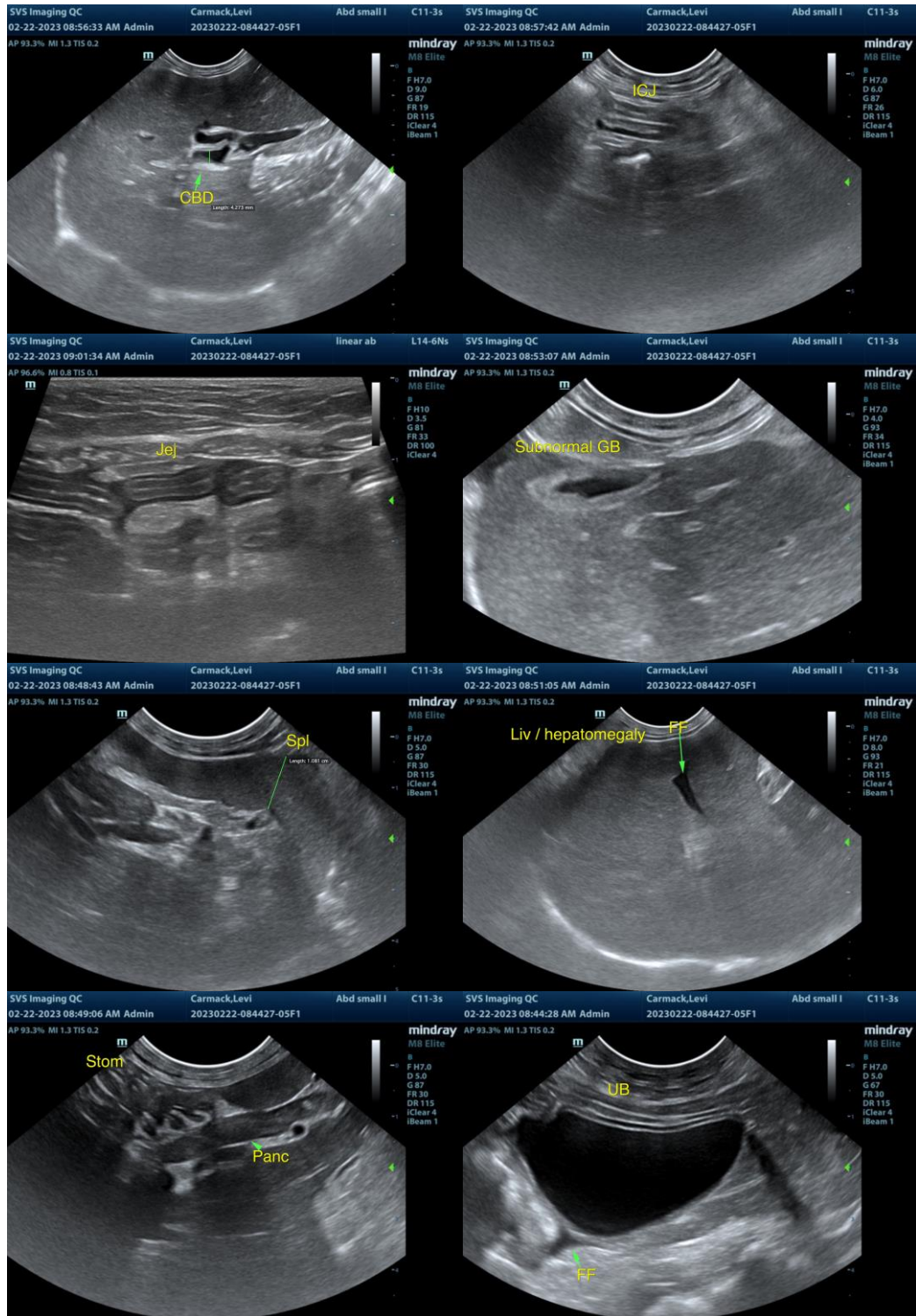
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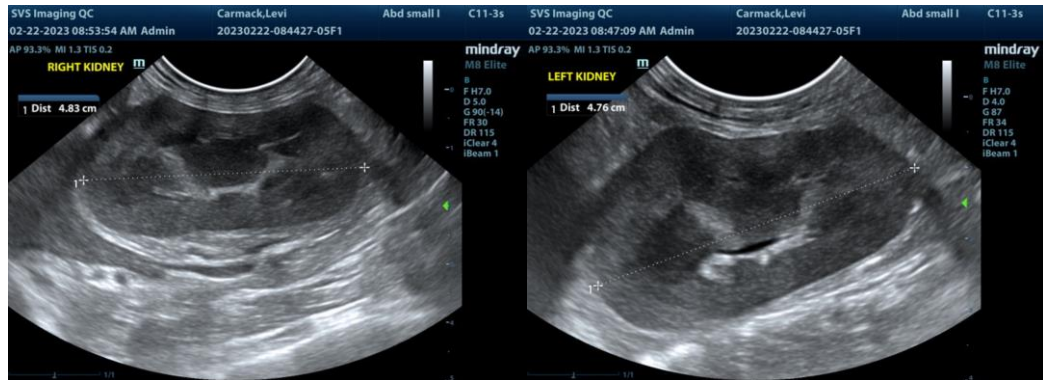
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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