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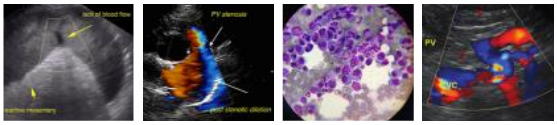

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Lucy McComb

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9yr

WEIGHT

13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Wadford

INVOICE

12911ag

DATE

02/06/2023

PRESENTING CLINICAL SIGNS

Hydration Dehydration - Est 5 % dehydrated Digestive Vomitus Vomiting Lethargy/vomiting Lucy presented for progressive lethargy, vomiting, and possible abdominal pain. Examination did give concern for abdominal pain with consistent reaction to palpation. Remainder of physical exam was relatively unremarkable. Screening diagnostics were discussed and offered, in house bloodwork and abdominal radiographs were authorized. Bloodwork revealed elevated liver enzymes, hyperglycemia, and presumed stress leukogram. Radiographs give some concern for irregular liver size/margins. Brief abd u/s scan revealed no free fluid, but did reveal the liver with slightly mottled appearance/echogenicity. Referral vs outpatient treatment options were reviewed (Ideal would include transfer to 24hr facility for abd ultrasound +/- tissue sampling for analysis and ongoing treatment). Outpatient/empiric treatment with home monitoring elected at this time. Please continue to monitor Lucy closely at home for any changes in her condition (appetite/thirst, energy/lethargy, comfort, abnormal behavior, pale/yellow/purple mucous membranes).

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: Hyperglycemia - 316 (70-150) ALT - elevated - 552 (20-100) ALP - elevated - 91 (10-90) Leukopenia - WBCs - 25.56 (3.5-20.7) Neutrophilia - 18.23 (1.63-13.37) Eosinophilia - 0.75 (0.02-0.49) Thrombocytopenia - 116 (125-618) - verified artifact via manual platelet count on blood smear - adequate PLT numbers present Current Medications Elura Radiographic Findings Radiographs give some concern for irregular liver size/margins.

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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited variable enlargement and asymmetrical lateral and medial capsule contour. A moderately sized to expansive well demarcated uniform hypoechoic nodule was present in the mid spleen with associated mild distortion of the capsule measuring 1.2 cm in diameter. Concurrent smaller discrete hypoechoic nodules present in the cranial and caudal spleen. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.6 cm in width at the level of the hilus.

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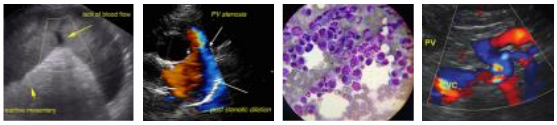

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Liver/Gallbladder

Moderate to marked hepatomegaly exhibiting asymmetrical contour and reduce non-uniform parenchymal echogenicity with increased yet indistinct prominence of portal vascular borders. Overtly normal vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. No distinct hepatic masses were visualized. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 contained variably echogenic gastric ingesta exhibiting subtle progressive distal acoustic shadowing 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 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

Perisplenic to perihepatic generalized hyperechoic omentum was present along with mild volume peritoneal free fluid.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Irregular hepatomegaly with non-uniform parenchyma hypoechogenicity
- Asymmetrical splenomegaly exhibiting variably sized to expansive hypoechoic splenic nodules
- Generalized perisplenic to perihepatic hyperechoic omentum and mild volume peritoneal free fluid
- Possible concurrent left pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for multicentric hepatosplenic neoplasia given the presentation is warranted. Non neoplastic etiologies i.e., acute hepatitis, non-cardiogenic hepatic congestion, splenic hyperplasia, hematopoiesis, splenitis etc. possible yet considered less likely. Assuming normal clotting status and using a 25g needle and with Benadryl/Vit K premed a hepatosplenic FNA for screening cytology is warranted for further assessment and potential oncology consult. Recheck retroviral status may be considered.

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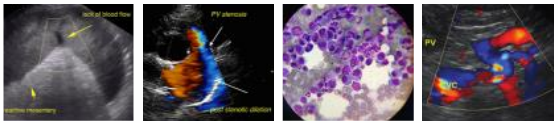

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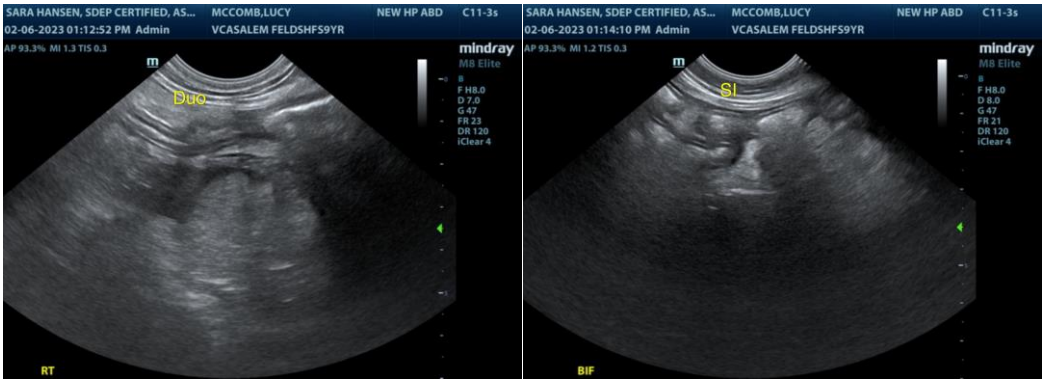

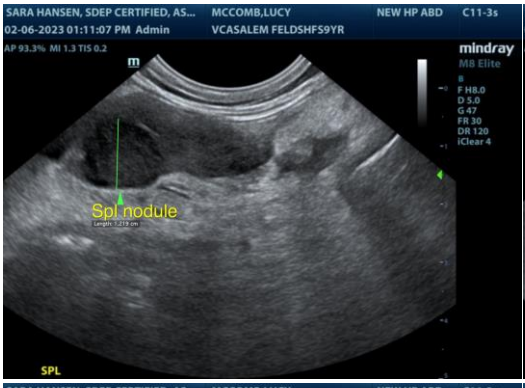

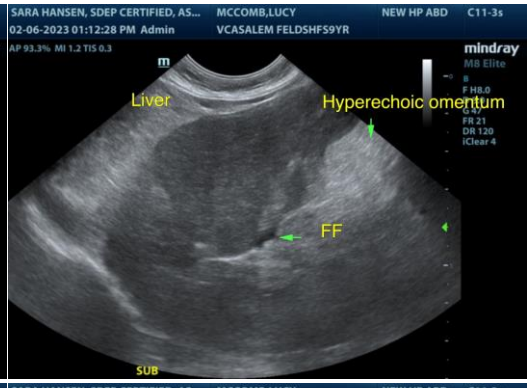

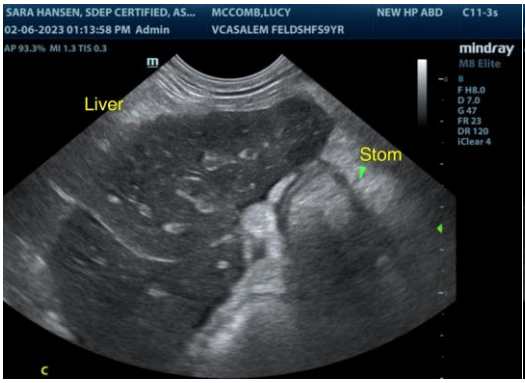

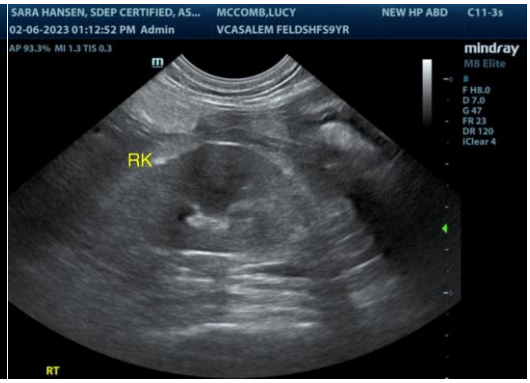

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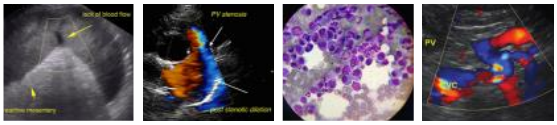

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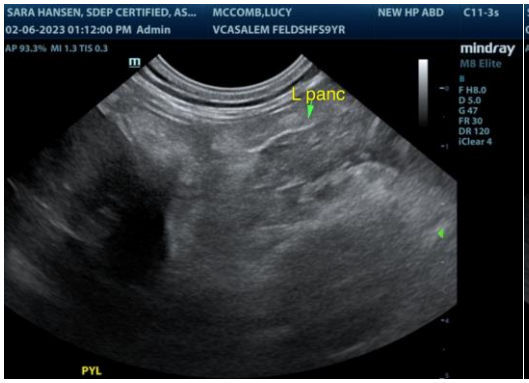

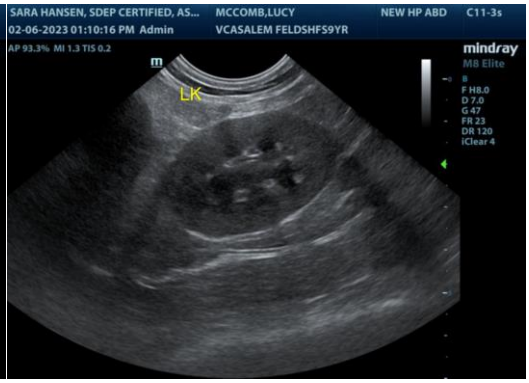

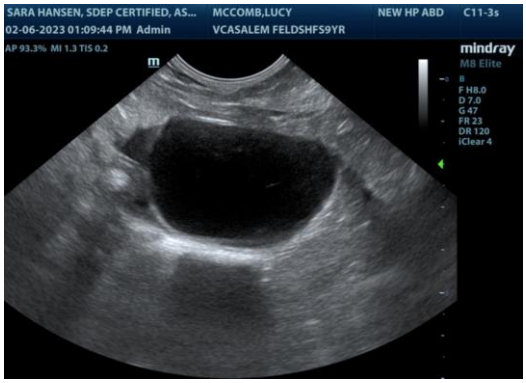

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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