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Clinical Sonography & Telecytology
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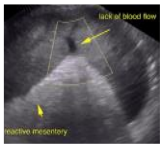
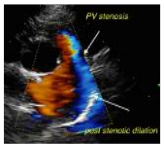
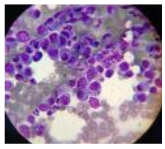
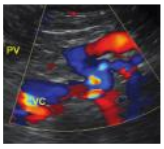




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Decker Probst

SPECIES

Feline

BREED

DSH

SEX

Male, Neutered

AGE

5 years

WEIGHT

4.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Lupole

INVOICE

16332

DATE

3/10/23

PRESENTING CLINICAL SIGNS

Presented at our hospital for recheck due to seizures. Patient was here last night for a seizure. Diagnosed with inner ear infection and abdominal mass. Patient had another seizure this am. Owner mentioned that she would be interested in the ultrasound. Previous Health Concerns: seizures Current Medications: tresaderm; convenia

Abnormal PE/Chem/CBC/UA Results: Radiographs – ingesta throughout GIT; intra-abdominal fat; mild bronchial pattern, left abdominal mass like effect on VD CBC – MCV (36.9) CHEM – gluc (132) EPOC – WNL T4 – 3.07 (WNL) FELV/FIV negative ProBNP normal

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. Minor, primarily dependent sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, 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 urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The area of the aortic trifurcation was free of pathology.

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 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

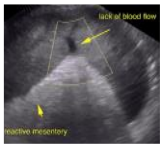
No overt pathology was noted in the area of the left adrenal gland, although not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 cm width.

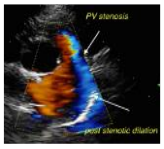
Spleen

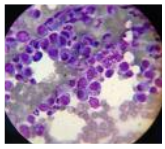
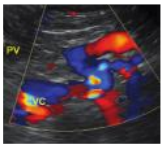
The spleen exhibited mild to irregular enlargement and suspect mild folding. Nonspecific nondisruptive nodular exhibiting mild central hyperechogenicity with mild hypoechoic periphery was present in the spleen measuring 0.77 cm in diameter. The nodule did not distort the splenic capsule. No splenic masses were noted. Normal splenic vascularity 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. Normal hepatic vascular volume was noted. The





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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 moderate, nonshadowing ingesta / chyme with luminal gas without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental intestinal ingesta / chyme was noted. Sonographically, the appearance of the gastric and segmental intestinal ingesta / chyme was consistent with food. No evidence of an obstructive pattern was noted.

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

Pancreas

The left pancreatic limb was normal in size and contour with subtle hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum. This is nonspecific with potential for patient variant, or potential for low-grade left pancreatic inflammation if clinical signs of pancreatitis or evidence of cranial abdominal / subxiphoid discomfort on palpation in the area of the pancreas. Further correlation may include a Spec fPL if clinically indicated.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild to irregular splenomegaly with nonspecific nodule
- Sonographically unremarkable gastrointestinal tract with gastric and mild segmental intestinal ingesta / chyme
- Normal liver exhibiting adequate vascular volume

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of intraabdominal masses or significant lymphadenopathy. The reported diagnosis of abdominal mass may correlate with potential mild irregular splenomegaly.

The splenomegaly is nonspecific with some contribution owing to sedation. Incidental hyperplasia, hematopoiesis, or splenitis are possible while the potential for early infiltrative splenic neoplasia cannot be excluded.

Assuming normal clotting status and with potential Benadryl pretreatment, splenic parenchyma, and if accessible, nodule FNA cytology using a 25-gauge needle could be considered for further clarification, especially if evidence of weight loss. Monitoring for evidence of persistent splenomegaly and recheck sonogram following sedation would be a more conservative approach.

Overall, a definitive cause of the patient's seizures was not obvious within the intraabdominal cavity.

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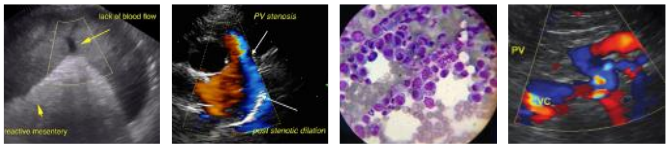

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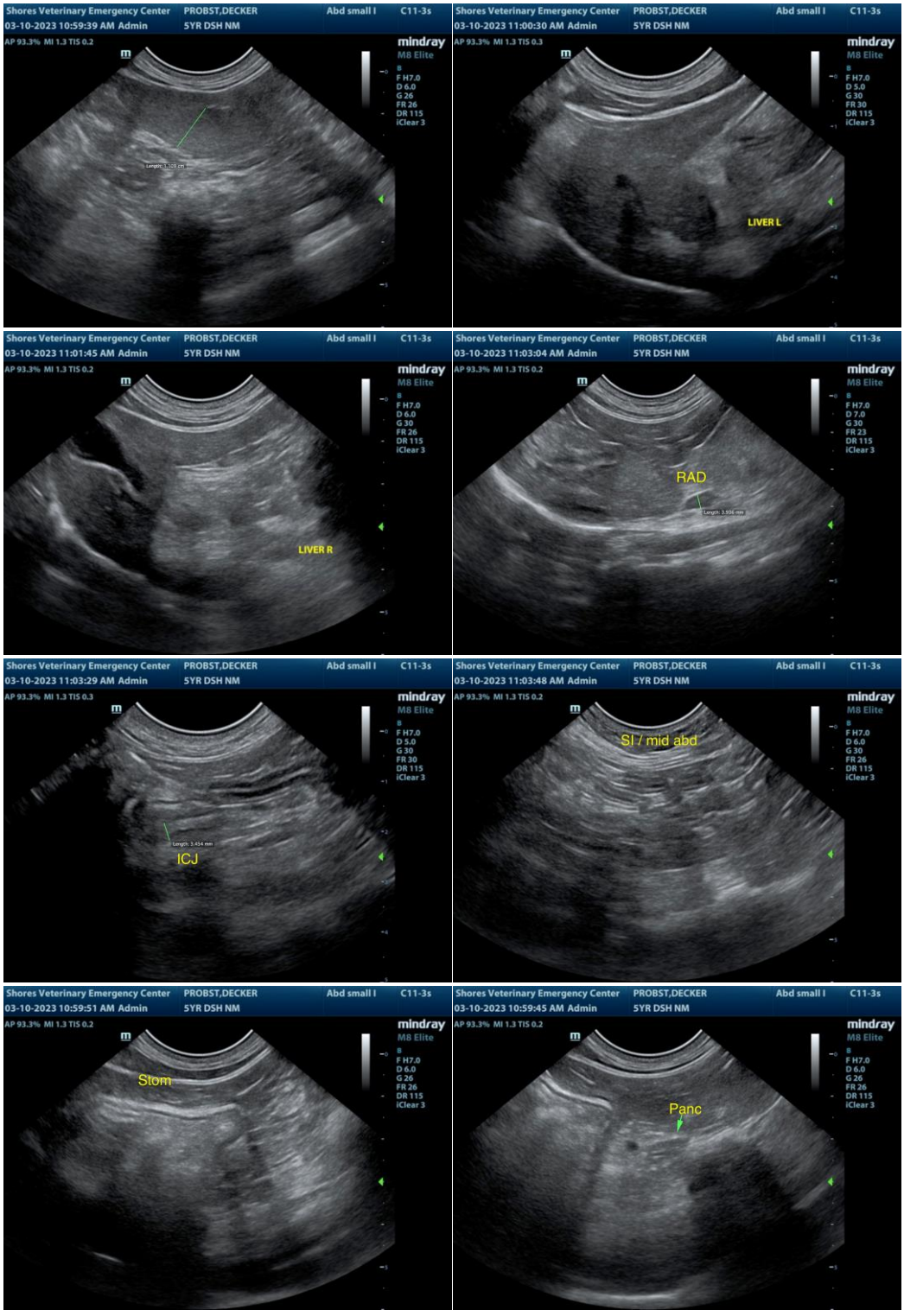

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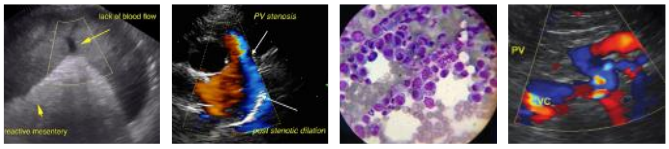

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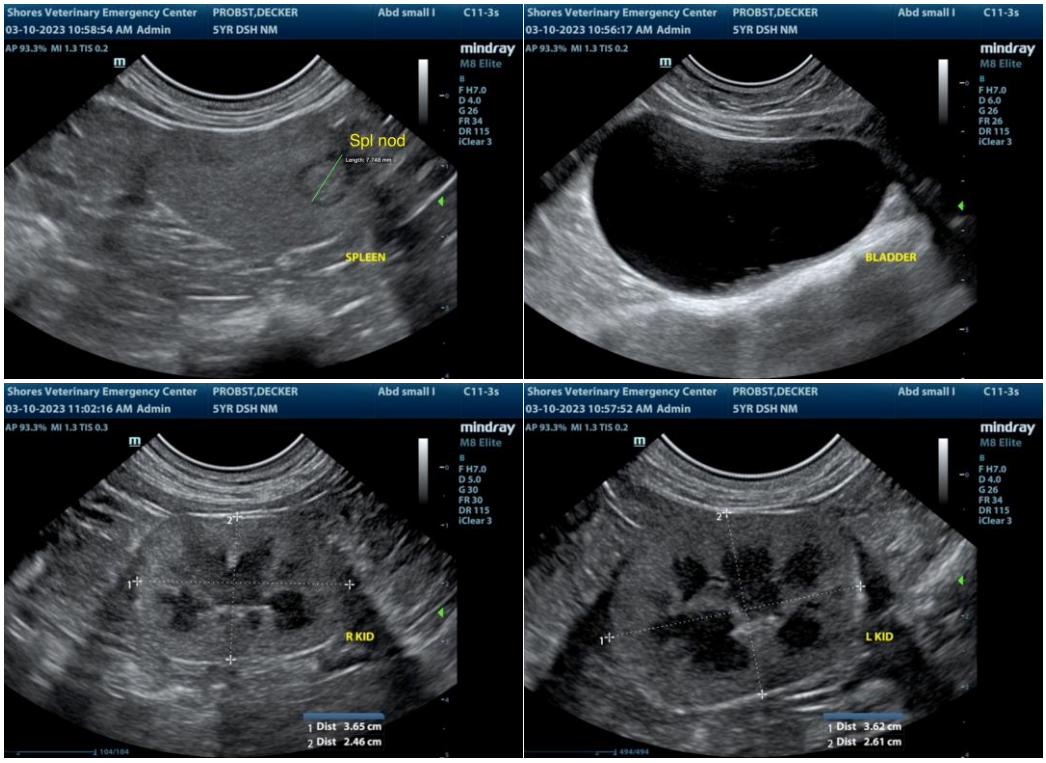

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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