



PATIENT

Archie Thorsby

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

9 Years

WEIGHT

4.77

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine / Feline
Practice)

IMAGING PERFORMED BY

Dr. Natalie Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Natalie Jackson

INVOICE

36099

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Last Tuesday pt went to rDVM for weight loss, being lethargic and not eating as much. In November-December pt had a few episodes of V+. Bloodwork was done at rDVM on tuesday and said he was slightly anemic, slightly hyperthyroidism and high bilirubin. Was given a steroid. Pt was not getting better so went back in to rDVM on Friday and gave an antibiotic (convenia) and steroid (depo) and sub-q fluids. Since Friday pt has not improved and has gotten slightly more lethargic. Sometimes gets into fights with other cats. rDVM suspects an autoimmune disease per O. Pt frequently hangs out in garage where O does automotive glass work (has done that for years)

Abnormal PE/Chem/CBC/UA Results: FELV/FIV/HW- Negative CBC: Total protein 5.6, albumin 2.2, Glu normal. Chem 10: HCT 12.4, hemoglob 3.6, MCV 64.6, MCH 18.8, ret 153, WBC 21.39, neut 15.85, Mono 1.25, eos 0.08, platylets 30, platcrit. FAST scan: acoustic shadow ventral to bladder - r/o colon vs urinary cuniculi PVS 14, TS 5.9 A single, well-prepared digital smear is available for evaluation and is assessed in conjunction with the provided analyzer data. CBC WBC count: 21390/uL Differential: 87% Neutrophils 2% Bands 7% Lymphocytes 3% Monocytes 1% Eosinophils 18,609.3 /uL Neutrophils 427.8 /uL Bands 1,497.3 /uL Lymphocytes 641.7 /uL Monocytes 213.9 /uL Eosinophils Occasional small platelet clumps are observed. Subjectively, platelet numbers appear markedly decreased.

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 were noted.

The kidneys were borderline prominent in size. 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 4.7 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

No obvious visualized pathology in the area of the left adrenal gland, with possible suppression.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width at the caudal pole.

Spleen

The spleen was mildly enlarged with symmetrical contour and mild homogenous hypoechoic parenchyma. The spleen measured 1.1 cm in width at the level of the mid spleen.

Liver

The liver presented mild to possible moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to



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mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal vascular volume was noted.

The gallbladder was divided into two compartments, both containing nonorganized bile debris. 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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact mildly thickened wall noted in the jejunum with mild altered jejunum wall layer ratio owing to borderline to mild thickened jejunal muscularis layer. The duodenum wall measured 0.26 cm. The jejunum wall 0.28 cm. 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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate hepatosplenomegaly
- Intact mildly thickened small intestinal wall
- Normal borderline prominent kidneys
- Normal urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential suppression of abdominal pathology or intestinal mural changes, given recent steroid, may be possible. The hepatosplenomegaly may indicate inflammatory, reactive, infectious or occult neoplastic etiologies. The primarily minor intestinal mural changes may indicate patient variant or potential suppressed underlying enteropathy, i.e. IBD or other inflammatory disease, while potential for intestinal round cell neoplasia not excluded.

Ideally, assuming normal clotting status and using 25-gauge needle, hepatosplenic FNA cytology is warranted for further assessment, yet likely dependent upon further assessment and stabilization of hematocrit and platelet level. GI panel to include PLI, TLI, cobalamin and folate, and if not done, three view chest radiographs are recommended. Recheck retroviral status, CBC pathology review, and infectious disease serology, if clinically indicated, may be considered. Initial supportive care with clinical and sonographic monitoring, if evidence of progressive gastrointestinal signs, weight loss or CBC abnormalities would be more conservative.



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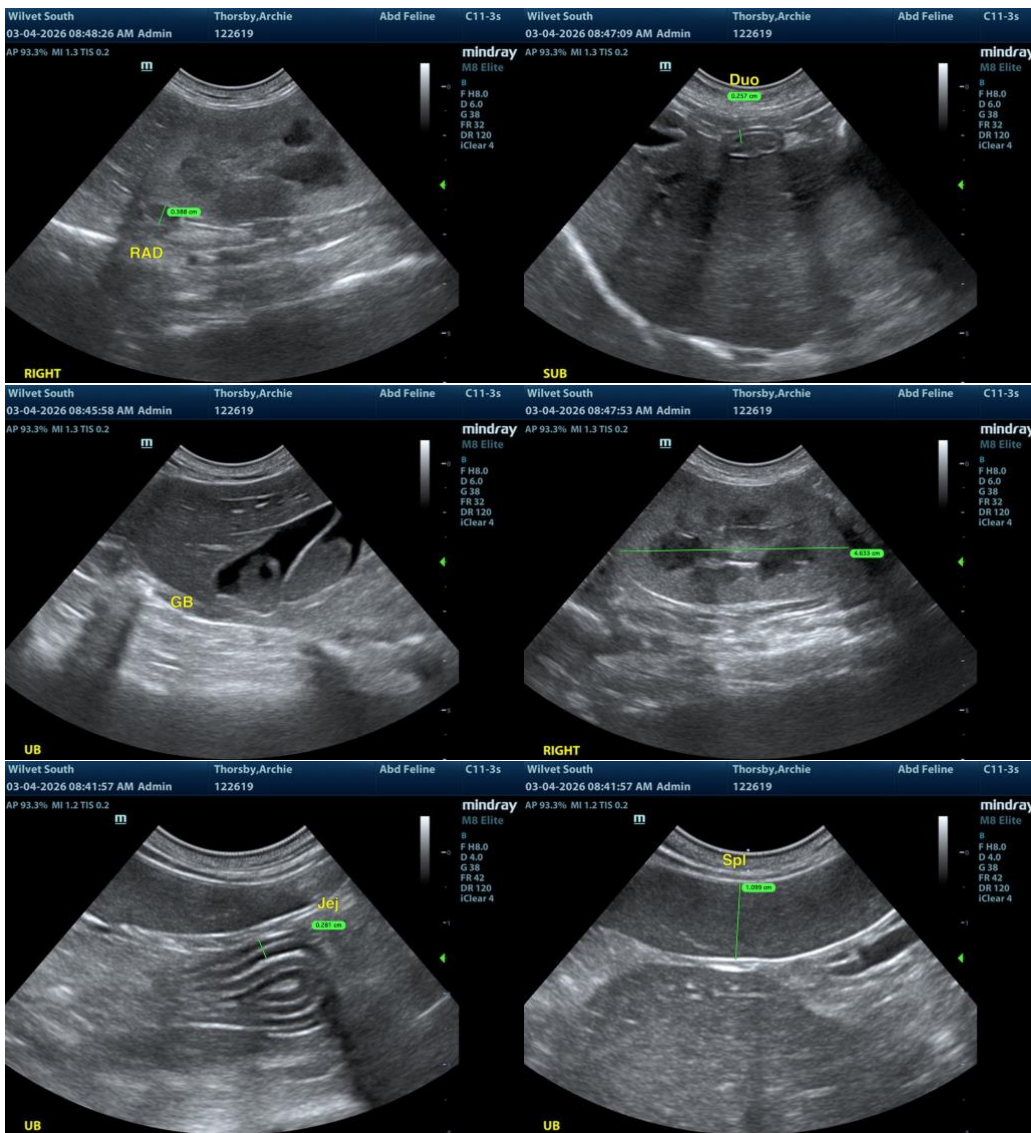
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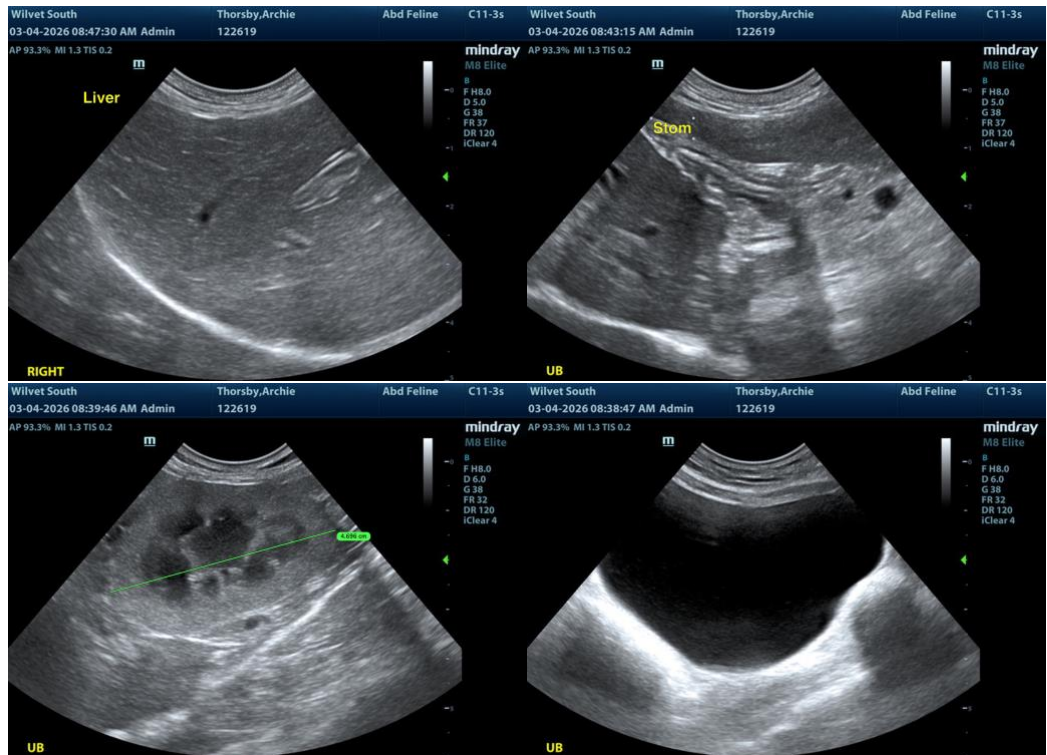
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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