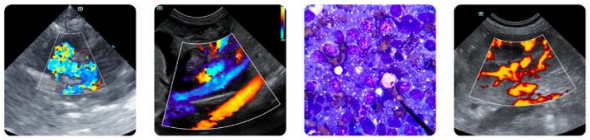


PATIENT

Missy Piland

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6Y

WEIGHT

3.72kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Highland Veterinary Hospital

REFERRING VET

Rachel Poet, DVM

INVOICE

74053

DATE

3-4-26

PRESENTING CLINICAL SIGNS

- Presenting Complaint: Missy presents for evaluation of loss of appetite and potential weight loss initially on February 17th
- Patient History:
- - Clients acting as agents; cat previously cared for by neighbors
- - Under current clients' care for approximately 6 months
- - Vaccine status uncertain
- - Treated with oral Clavamox for possible mild upper respiratory infection
- - Continued to do poorly, became anorexic, lost additional weight; placed NG tube on 2/26 and initiated high-dose steroid treatment

Abnormal PE/Chem/CBC/UA Results: 2/17: mild fever (103°F), patient bright and alert 2/26: mucous membrane pallor, evidence of weight loss, and mild icterus. - 2/17 blood work: CBC: non-regenerative anemia (HCT 30%, Hgb 9.2), leukopenia (WBC 3.0), neutropenia (1.9) Chemistry: - normal UA by cystocentesis: - USG >1.050, 100 urine protein, 12 urobilinogen, 6 bilirubin, no pyuria, hematuria, bacteriuria, or crystals SNAP tests: - FeLV, FIV, and heartworm Ag NEG Fecal: NEG 2/26/26 Diagnostics CBC: - worsening non-regenerative anemia (HCT 18%, Hgb 5.6, RBC 4.37) worsening leukopenia (WBC 2.8), neutrophils 2.156, lymphocytes 0.42 2-VIEW ABD RADS: - large mass effect ~ 3cm x 5cm in cranial abdomen, empty stomach, serosal margins of liver appear normal, no gastric or intestinal foreign body or obstruction

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 particulate nondependent 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.

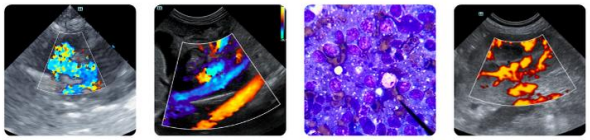
No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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. An indistinct hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm, and the right kidney measured 3.7 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

Spleen



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A mildly expansive homogeneous splenic mass was present with associated primarily symmetrical splenic capsule distortion measured 2.6 cm in diameter. The remainder of the spleen exhibited homogeneous parenchyma, symmetrical contour, and normal size. The spleen measured 0.9 cm width at the level of the mid spleen. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

Generalized hepatomegaly was present. Normal hepatic vascular volume without evidence of congestion was seen. Lobar heterogeneous parenchyma and subtle nodular changes with caudal liver homogeneous mildly expansive mass measuring approximately 3.0 cm in diameter.

The gallbladder was non-distended in size. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. Minor gallbladder debris was present. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 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

A mild volume of primarily perihepatic effusion was present.

Intermittent mildly enlarged nonhomogeneous mesenteric lymph nodes. An example of a lymph node measured 0.55 cm diameter.

Minor perisplenic and perihepatic increased omental echogenicity was seen.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting lobar nonhomogeneous subtle nodular parenchyma, homogeneous small caudal liver mass.
- Mildly expansive homogeneous splenic mass.
- Mild edematous gallbladder with mild bile sediment.
- Sonographically normal gastrointestinal tract.
- Mild volume primarily perihepatic effusion and intermittent mild mesenteric lymphadenopathy.

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- Bilateral mild nonspecific renal medullary rim sign.
- Mild urine sediment.

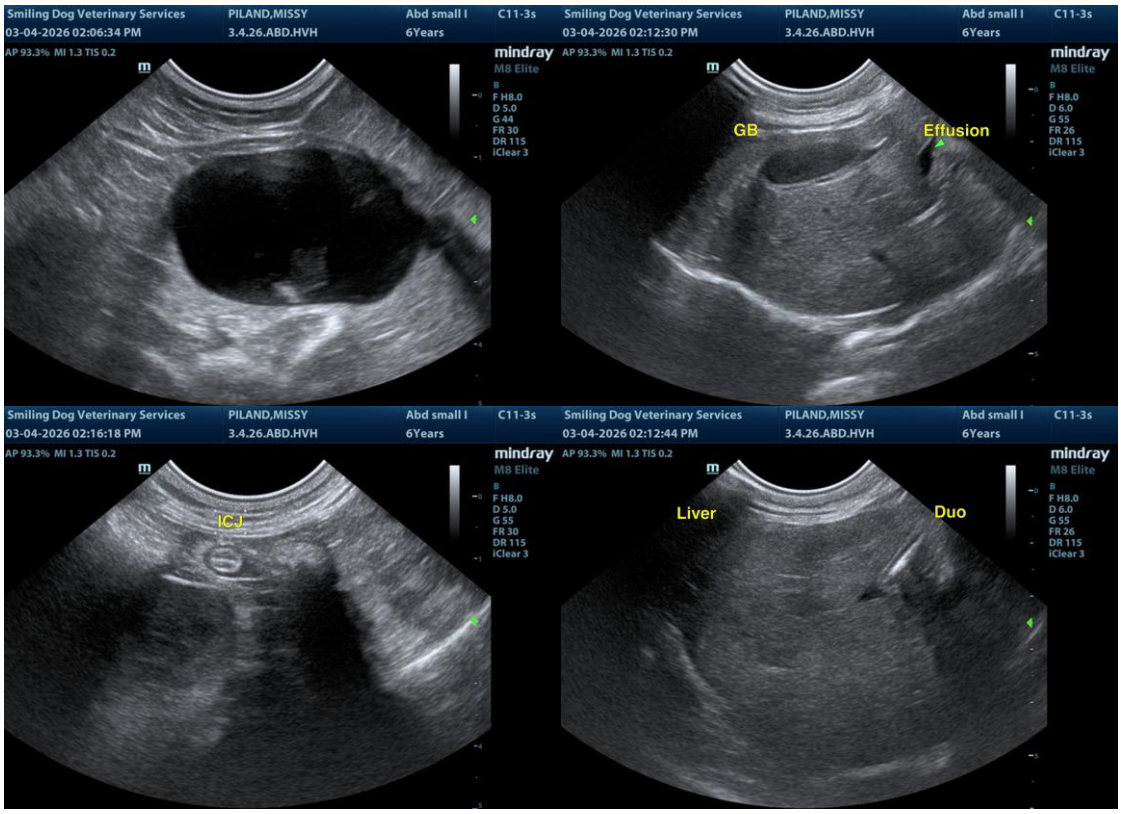
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, hepatosplenic neoplasia such as round cell neoplasia i.e. lymphoma, mast cell neoplasia, or other is probable.

Assuming normal clotting status, and using a 25-gauge needle, hepatic parenchyma/mass and splenic mass FNA cytology +/- effusion analysis is recommended for further clarification.

No evidence of post-hepatic or gastrointestinal obstruction.

Correlation with three-view chest radiographs and a GI panel to include PLI/TLI/Cobalamin/Folate to rule out occult intestinal or pancreatic disease as a contributing factor may be considered.



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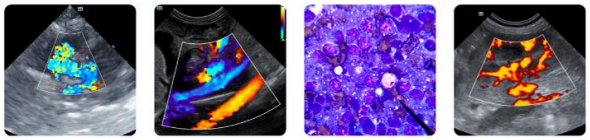

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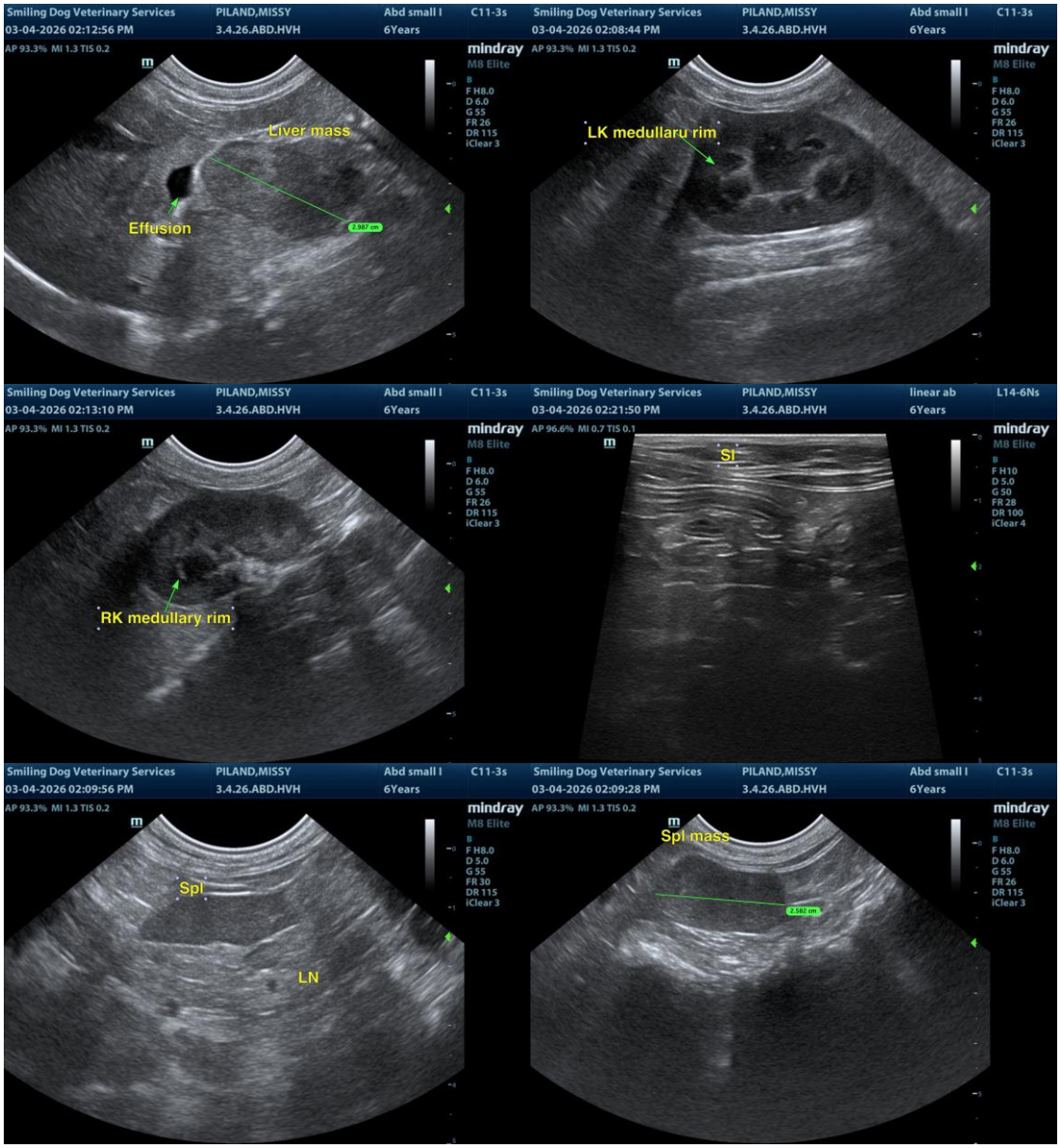

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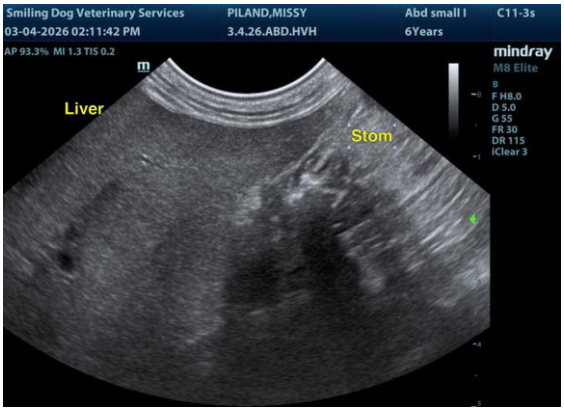

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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