



PATIENT

Nitro Conley

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4yr

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lemanski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Lemanski

INVOICE

13508ag

DATE

04/17/2023

PRESENTING CLINICAL SIGNS

Nitro is a 4 YO MC DSH who was transferred for ascites and anemia. P was seen by South Daytona ER this past weekend for distended abdomen and decreased appetite. Radiographs revealed fluid in the abdomen. Blood smear showed bacteria within the RBCs and so he was diagnosed with suspected mycoplasma. The abdominal fluid was made of lymphocytes and neutrophils but no bacteria. P also had high temperature around 106F. P was treated with medication and by the end of the day O was told p PCV was stable at 18% and could continue treatment at home. P had follow up with rDVM today, where repeat bloodwork revealed low HCT (14.8%). P was transferred for further workup and treatment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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. Mild bilateral pyelectasia was present, suspected to be secondary to IVF therapy if clinically applicable. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited severe enlargement and asymmetrical contour. Non-homogenous nodular parenchyma with indistinctly marginalized mass lesions were present. Generalized hyperechoic mild non-uniform omentum was present. The spleen measured 2.8-3.0 cm in width at the level of the hilus.

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. 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 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



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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.

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Free Abdomen

Moderate to significant volume peritoneal free fluid was present. The effusion was primarily anechoic with minor echogenic changes suggestive of mild fluid cellularity. No overt lymphadenopathy although potential for minor perisplenic omental lymphadenopathy possible.

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ULTRASONOGRAPHIC FINDINGS

- Severe splenomegaly with non-homogenous/nodular parenchyma with discrete splenic masses-consistent with neoplastic criteria i.e., sarcoma, round cell neoplasia or other.
- Moderate to severe volume peritoneal effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology is warranted for further assessment. A pathology review of effusion analysis with potential for flow cytometry given potential lymphocytic effusion could be considered. If neoplastic process is confirmed, potential concern for bone marrow involvement may be indicated. Concurrent CBC pathology review is suggested. An unfavorable prognosis is suspected.

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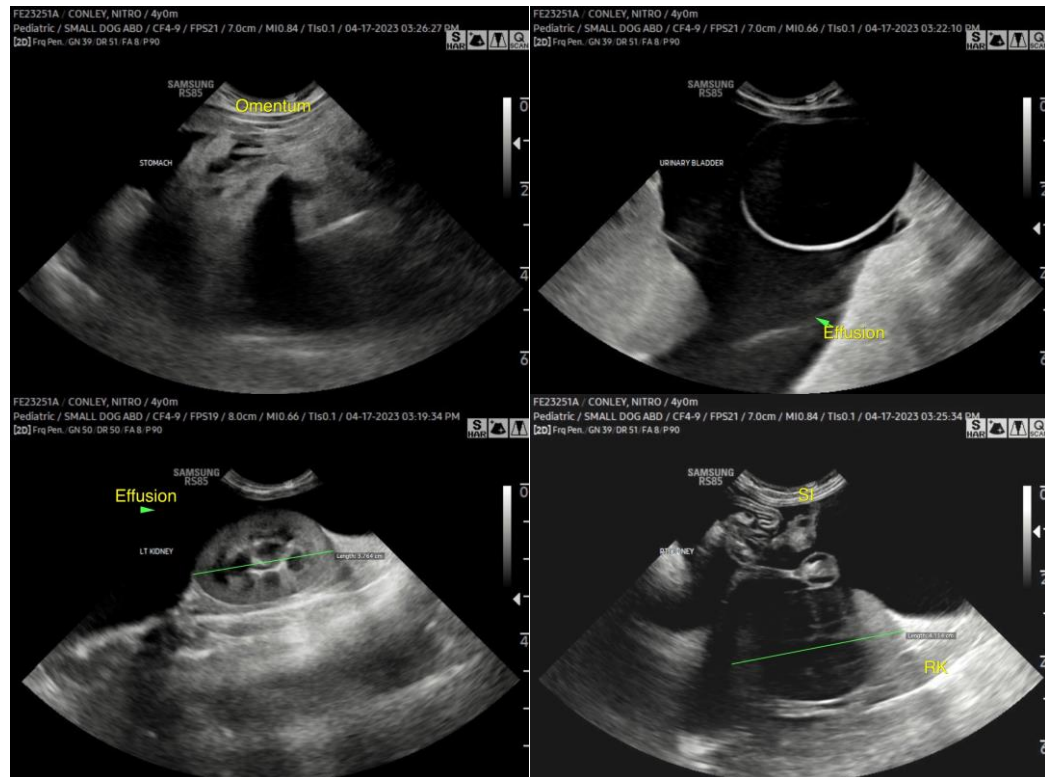
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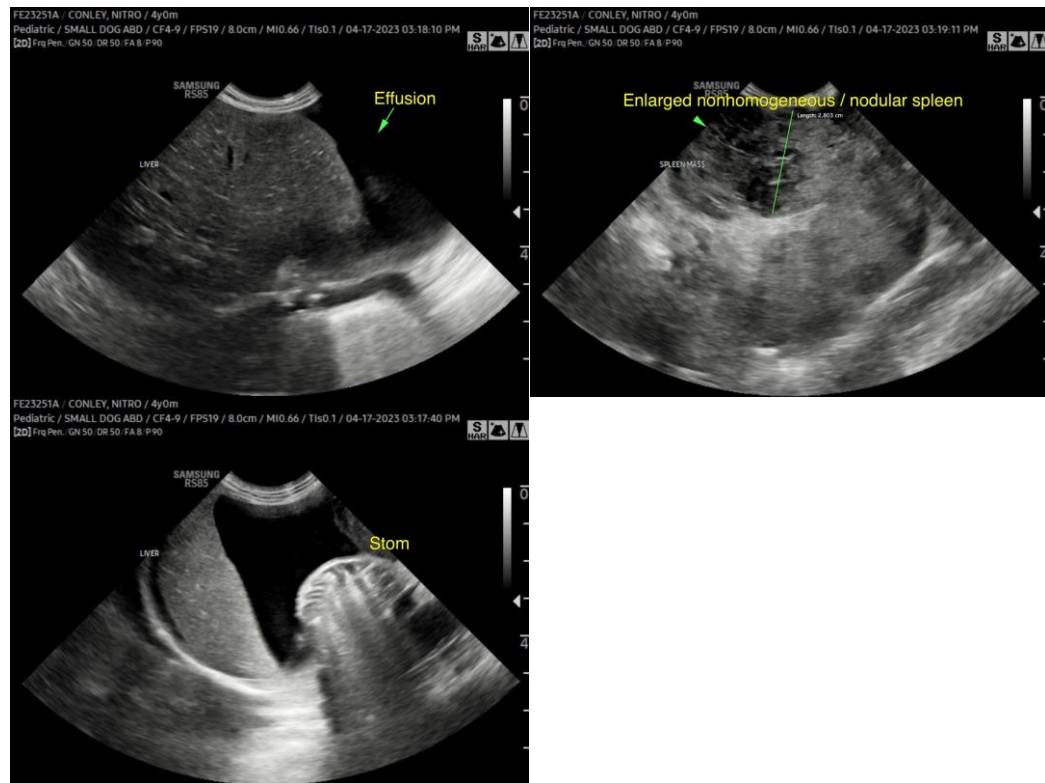
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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