



PATIENT

Ryder Tull

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

5.4

PRESENTING CLINICAL SIGNS

1 month history of progressive hyporexia with intermittent vomiting/lethargy episodes. Initially responsive to supportive care (fluids, maropitant, amoxi/clav, metro) but quickly refractory after treatment course. Currently non-responsive to appetite stimulants/antiemetics and clinical signs progressing over last 2-3 days.

Abnormal PE/Chem/CBC/UA Results: FeLV Positive. FIV Negative RBC (L) 3.86, HCT (L) 22.6% MCV increased, MCHC normal WBC (H) 46.12 Lymph (H) 11.14 Mono (H) 29.58 Baso (H) 0.78 Glob (H) 5.6 ALT (H) 442 ALP (H) 348 T bili (H) 1.5

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 was noted.

The area of the residual prostate appeared normal and free of pathology.

The left kidney was normal in size with mildly prominent right kidney size based on normal feline renal parameters. The left kidney measured 4.3 cm in length. The right kidney measured 4.8 cm in length. A normal 1:3 cortex / medulla ratio was maintained. Mild uniform increased bilateral cortex echogenicity with mildly enhanced corticomedullary border demarcation was present. No pyelectasia, loss of architecture, or overt renal neoplastic criteria was noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen exhibited moderate generalizd enlargement with folding. The spleen maintained a symmetrical capsule contour and a finely textured homogeneous parenchyma with normal splenic vascularity. No visualized splenic masses or nodules were noted. The spleen measured 1.5 cm width at the level of the hilus.

Liver/ Gallbladder

The liver presented 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 mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was normal in size yet subjectively divided into 2 compartments, consistent with a bilobed gallbladder. The gallbladder contained anechoic content. The cystic and common bile ducts were normal. No evidence of gallbladder or common bile duct inflammatory criteria.

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Roppolo,
VMD

HOSPITAL NAME

Audubon Family
Veterinary Center

REFERRING VET

Michael Roppolo,
VMD

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4/25/23



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Gastrointestinal

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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.

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The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio in the visualized intestinal segments. No obstructive pattern was noted. No visualized loss of intestinal wall layering or intestinal masses. The small intestinal wall width measured 0.23 cm.

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

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Pancreas

The left pancreatic limb was indistinctly visualized yet appeared to be mildly prominent in size with symmetrical capsule. Nonhomogeneous, mildly hypoechoic pancreatic parenchyma was noted compared to adjacent omentum.

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Free Abdomen

Intermittent, medial iliac and mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. Moderate volume primarily anechoic peritoneal free fluid was noted. Mild uniform hyperechoic omentum was present. No overt omental masses were noted.

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ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with folding
- Nonspecific hepatopathy
- Bilobed gallbladder - normal variant in a cat, no over post hepatic obstructive criteria
- Overtly normal gastrointestinal tract
- Possible mild pancreatitis
- Intermittent mild nonspecific mesenteric and medial iliac lymphadenopathy
- Peritoneal effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Michael Roppolo,
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Although sedation may result in hepatosplenomegaly and some degree of peritoneal effusion, the degree of peritoneal effusion, as well as hepatosplenomegaly, appeared to be significant and not overtly consistent with typical hepatosplenic enlargement and peritoneal effusion commonly seen with sedation. Further assessment may include, assuming normal clotting status, hepatosplenic FNA cytology using a 25-gauge needle, as well as effusion analysis, cytology, +/- C/S if evidence of inflammatory cells. Correlation with CBC pathology review is warranted.

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Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation +/- Spec fPL for further clarification of possible mild pancreatitis may be considered.

Concern for infiltrative round cell hepatosplenic neoplastic criteria is warranted, although not definitive.



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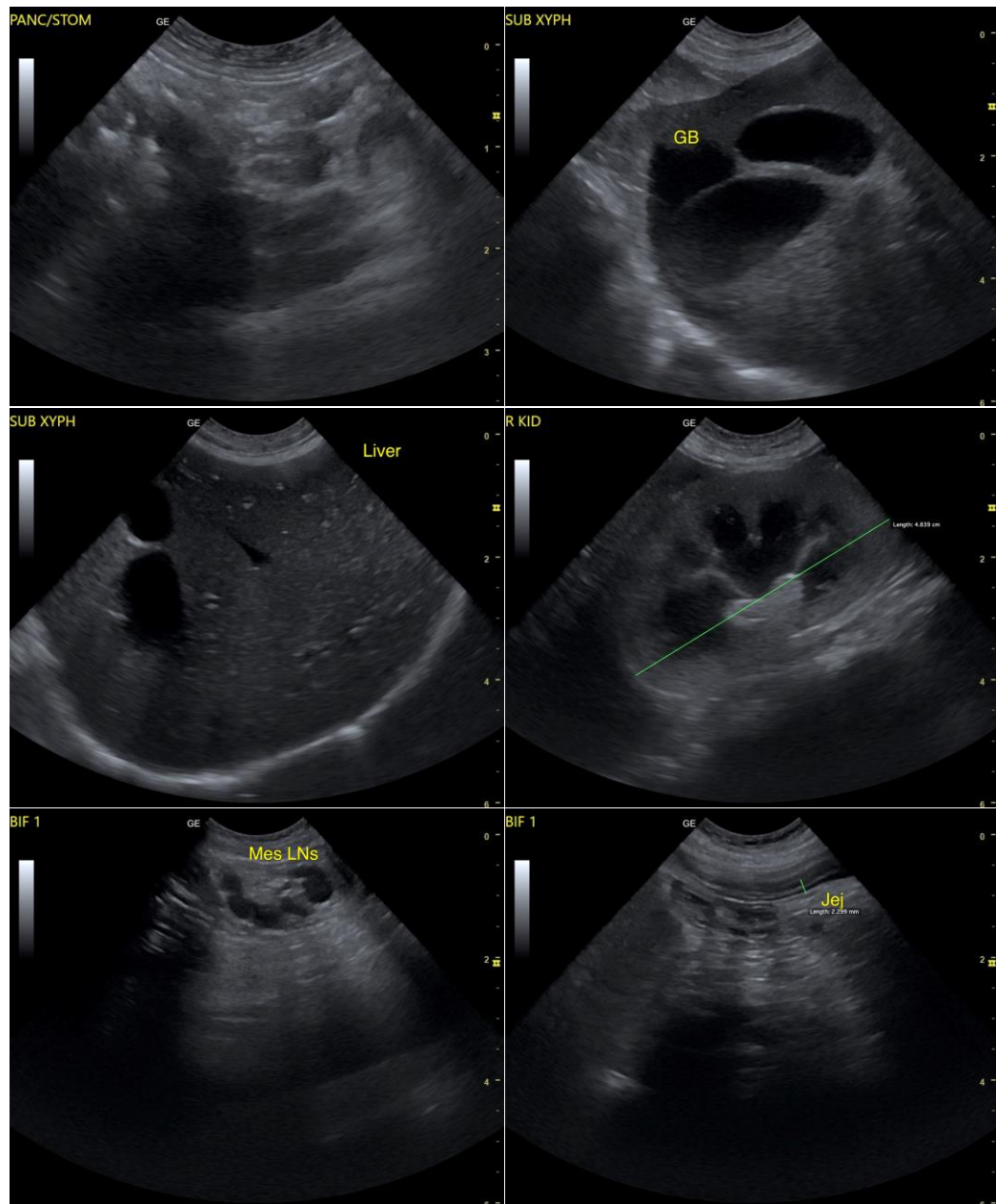
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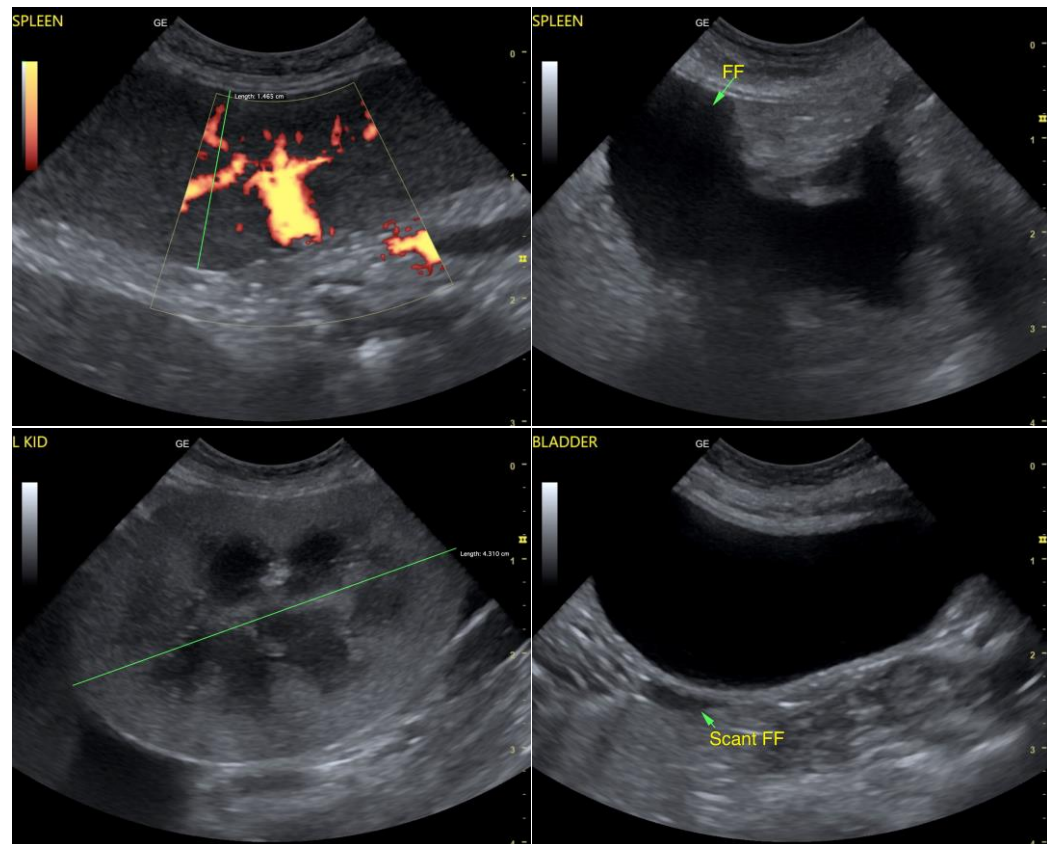
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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