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Clinical Sonography & Telecytology
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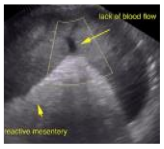
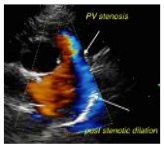
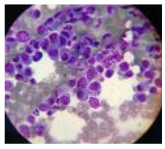
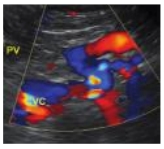




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Minnie Osborn

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7 years

WEIGHT

5.85 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Highland VH

REFERRING VET

Rachel Poet DVM

INVOICE

13974

DATE

6/1/22

PRESENTING CLINICAL SIGNS

Minnie presented to BAESC for Referral Abdominal Ultrasound due to concerns for Feline Ovarian Remnant Syndrome. Minnie has been demonstrating clinical signs such as increased affection, vocal behaviors, and seeking attention. The male feline housemate is also showing significant interest in Minnie, including demonstrating the Flehmen response and pouncing on Minnie's back. PPH: Extensive dental work and extractions MEDS: None
Abnormal PE/Chem/CBC/UA Results: PE: Obese, skittish and shy. Missing most maxillary dentition. Evidence of overgrooming on the ventral abdomen with barbed fur and hypopecia. Rare crusts noted in the left inguinal region. No noted wounds, ectoparasites, or masses. Spay tattoo detected. BCS: 8/9
Most recent blood work; June, 2021-- Senior screen was unremarkable

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 dependent to non-dependent particulate 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 overt pathology was noted in the area of the uterine remnant, i.e., no evidence of prominent uterine stump or stump pyometra.

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 pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

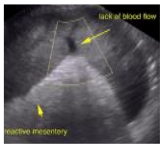
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.25 cm width.

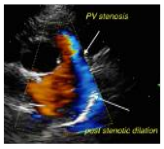
Spleen

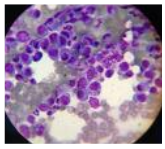
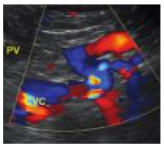
The spleen was mildly enlarged in size with minor asymmetrical medial capsule contour and maintained a finely textured homogeneous parenchyma with no masses or nodules noted. The spleen measured 1.3 cm in width at the level of the hilus.

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





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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 gastric body wall width measured 0.25 cm.

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

The left pancreatic limb of the pancreas was normal to mildly prominent In size and presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity mesentery. No overt evidence of neoplasia. Very scant free fluid was noted adjacent to the left pancreatic limb.

Free Abdomen

Several mildly prominent to hypoechoic colic lymph nodes adjacent to the ileocolic junction with associated mild perilymphatic reactive mesentery medial to the right kidney were present. The lymph nodes exhibited normal width: length ratio (<0.5) and were not consistent with neoplastic criteria. An example of a lymph node measured 1.2 cm x 0.3 cm. No evidence of peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Mild nonspecific splenomegaly - suspect benign etiologies such as patient variant, splenomegaly owing to sedation if clinically applicable, hyperplasia, hematopoiesis, incidental splenitis potentially secondary to left pancreatitis with neoplastic criteria thought unlikely
- Suspect low-grade left pancreatitis with associated mild peripancreatic reactive mesentery and scant free fluid
- Minor benign / reactive colic lymphadenopathy with associated mild perilymphatic reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the left pancreas Is suggested. Correlation with clinical history, as well as Spec fPL are recommended.

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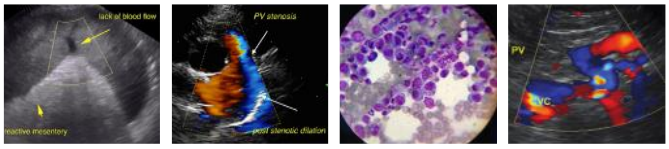

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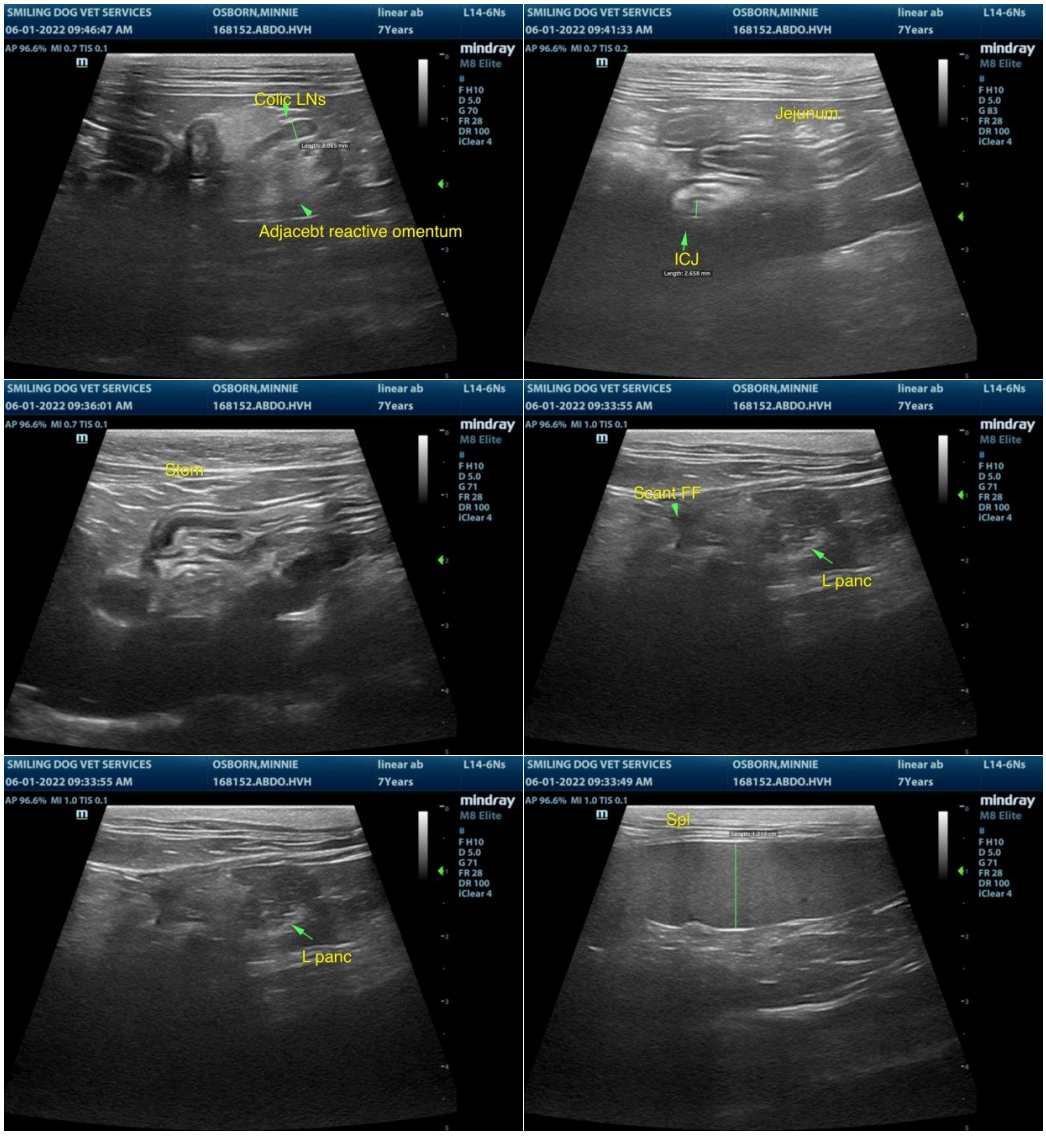
Assuming normal clotting status, ultrasound-guided FNA of the spleen using a 25-gauge needle could be considered for screening cytology primarily to ensure only benign changes are present, or if evidence of persistent splenomegaly or weight loss.

Definitive evidence of an ovarian remnant was not obvious. However, this does not definitively exclude the possibility of an ovarian remnant, given the patient's behavior. This possibility may also be considered if previous or persistent estrus behavior is noted. If strong clinical suspicion of an ovarian remnant, an additional diagnostic anti-mullerian hormone assay is suggested.



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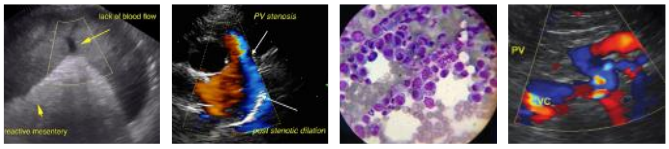

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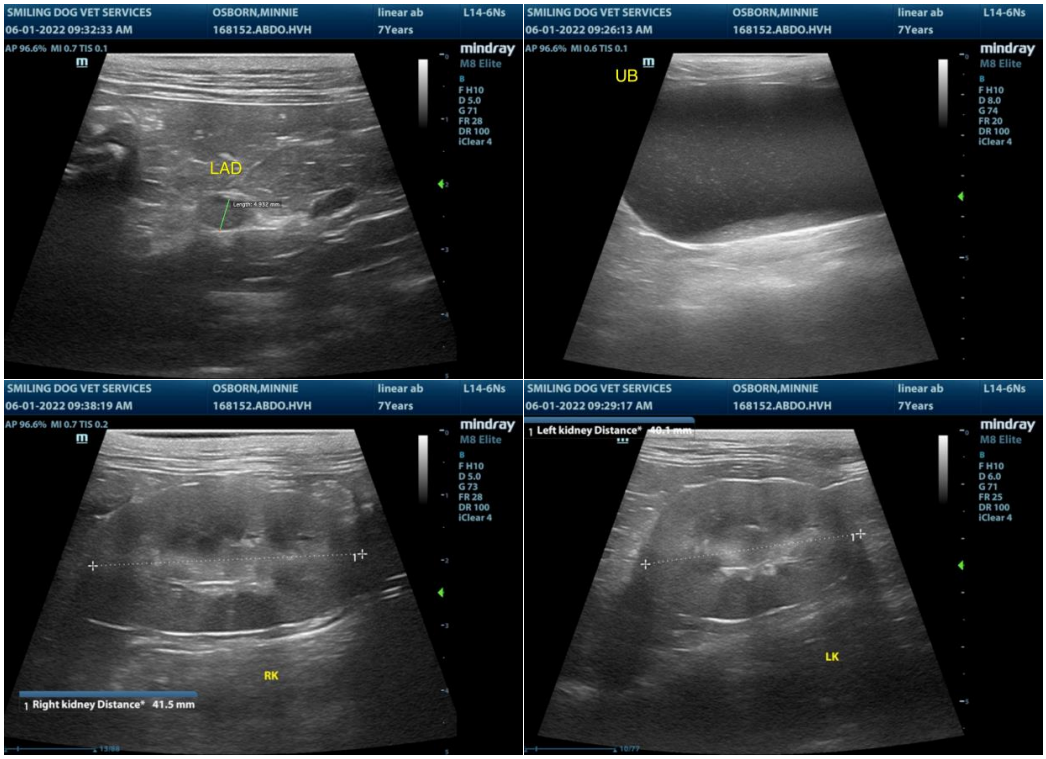

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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