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Clinical Sonography & Telecytology
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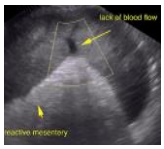
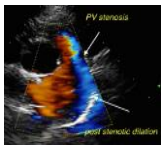
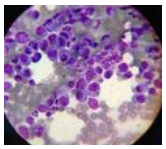
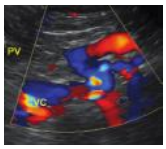

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Maximus Barnes

SPECIES
Feline

BREED
Maine Coon

SEX
MN

AGE
10

WEIGHT
7.89 kg

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

IMAGING PERFORMED BY
Dr. Schwanebeck

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET
Dr. Schwanebeck

INVOICE
10901ag

DATE
06/23/2022

PRESENTING CLINICAL SIGNS

History: PP for eval of anemia and a fever of unknown origin. On PE 1st or 2nd AV block suspect HCM. Conclusion from xray report; 1-Suspect mild generalized cardiomegaly 2-Mild diffuse patchy bronchial/broncho-interstitial lung pattern 3-Suspect hepatomegaly.

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 mild nondependent particulate 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 with no evidence of pelvic dilation. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

Spleen

The spleen was mildly enlarged in size measuring 1.2 cm in width at the level of the hilus. The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was mildly enlarged and maintained symmetrical capsule contour. Subjective mild generalized decreased parenchyma compared to the spleen with a mild coarse echotexture. No masses or nodules were noted. 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 pylorus wall measured 0.31 cm in width.

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. The small intestine wall measured 0.24 cm in width.

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

Pancreas

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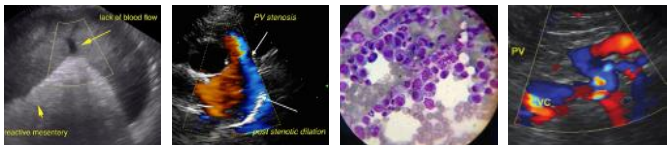

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses or peritoneal effusion was present.

Intermittent focally enlarged 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. An example of lymph node size was 2.0 cm x 0.73 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly exhibiting parenchyma hypoechogenicity-possible nonspecific hepatitis, metabolic reactive hepatopathy or other hepatopathy possible. Neoplasia possible yet thought less likely.
- Mild splenomegaly-hyperplasia, hematopoiesis, patient variant, splenitis, potential for occult splenic neoplasia considered less likely
- Mild urinary bladder sediment-minor cellular or crystalline debris suspected
- Intermittent mildly prominent to hypoechoic mesenteric lymph nodes-suspect minor mesenteric lymphadenitis, potential for very early neoplastic lymphadenopathy cannot be excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment of liver enzyme levels if not done is recommended. Assuming normal clotting status a splenic FNA +/- mesenteric lymph node if accessible and using 25g needle is warranted for screening cytology. Infectious disease serology and reassessment of retroviral status is recommended. A CBC path review is recommended to assess for evidence of hemotrophic parasites.

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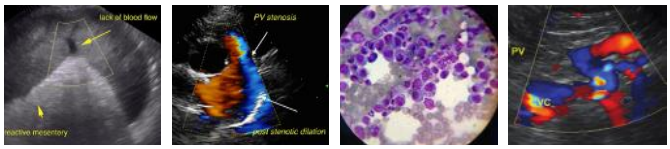

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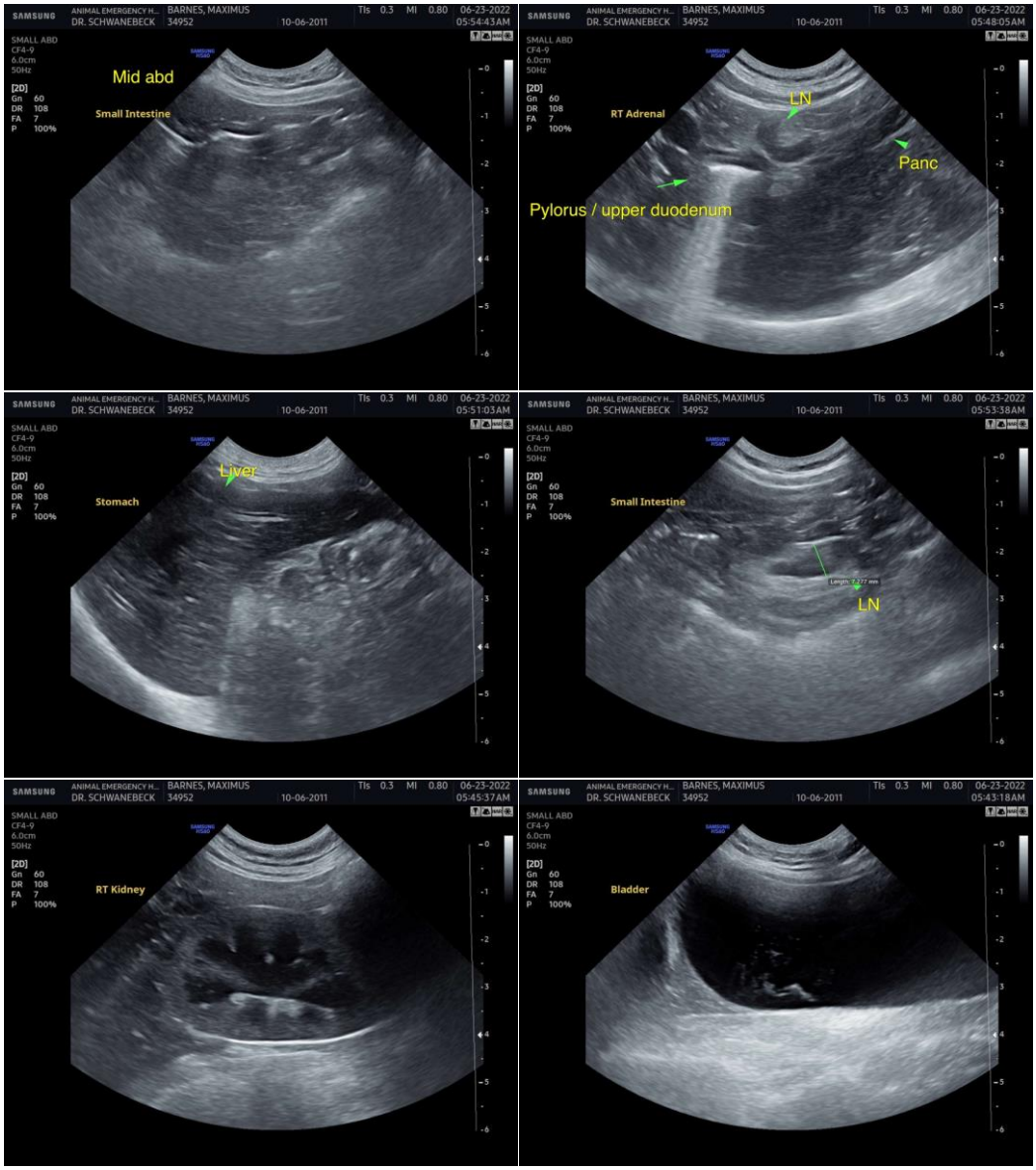

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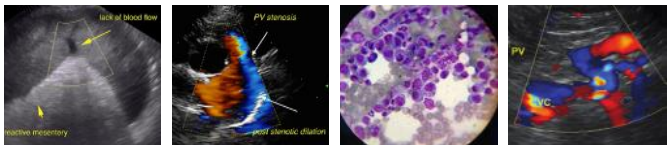

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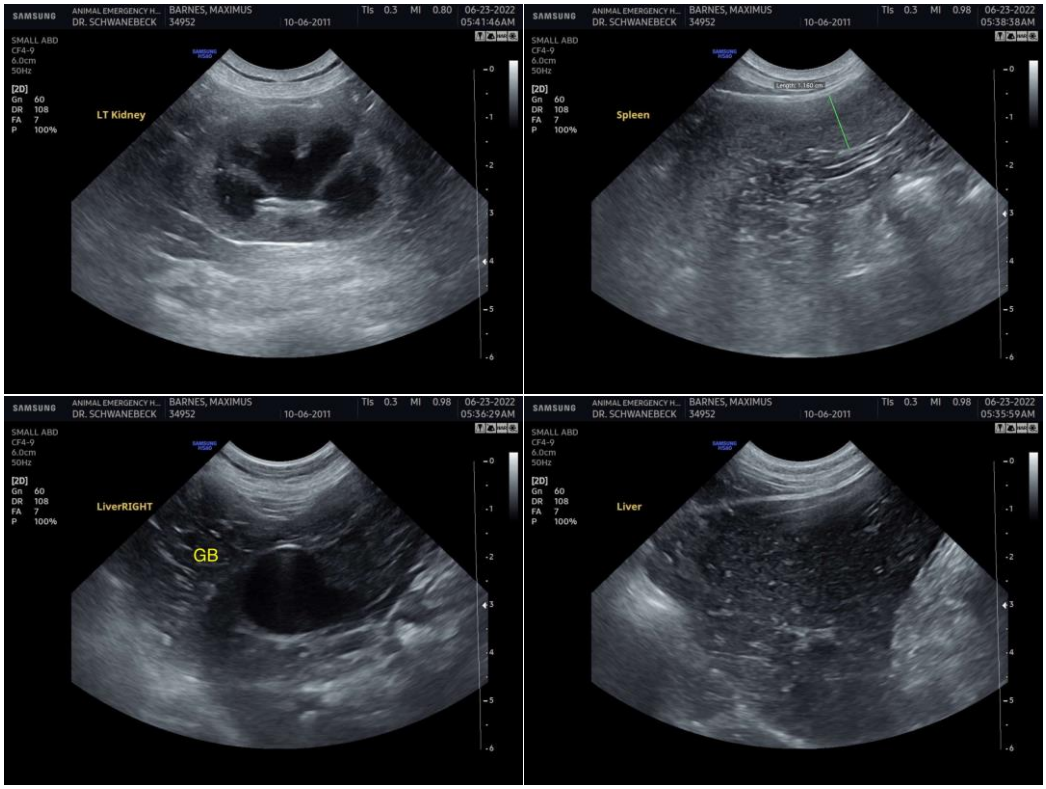

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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