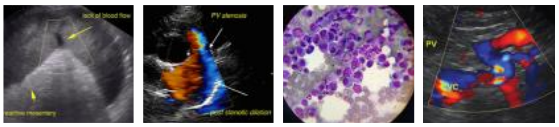

PATIENT
Marshmallow Snouffer

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
1 year

WEIGHT
DSH

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

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
VCA Delta Oaks AH

REFERRING VET
Dr. Samuel

INVOICE
14192

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7/1/22

PRESENTING CLINICAL SIGNS

Originally present for iris color change OS on 6/14 - Tobramycin topical; tapering oral prednisolone; fortiflora probiotics - Soft stool trending to diarrhea from 6/17 to present - Vomiting 6/28 - Seen at ER 6/29 (rads and EMR to be emailed) Current Medications Doxycycline 5mg/ml 5ml orally BID; Mirtaz Ointment 1.5in strip last night but did not eat; Prednisolone 5mg 1T SID Radiographic Findings EVH: lateral radiograph - diffuse bronchial pattern Primary Question/Differential to Be Answered in This Exam Reasons for icterus / GI distress. FIP?
Abnormal PE/Chem/CBC/UA Results: See EVH report page 8 and 9 for details: Initial CBC: pancytopenia. PCV 22%, tS 7.2 g/dl. WBC 3.03K, manual diff: neut 2.3K, bands 0.33, lymph 0.18, mono 0.33. PLT 21,000 manual Chem: BUN 0.5 (L); BUN 13 (L); Na 145 (L); Cl 107 (L); Glob 5.2 (H); ALT 220 (H); ALP 115 (H), tbili 3.6 (H), AMYL 1976 (H) Saline Agglutination: mostly negative, a few micoscopic clumps observed FELV/FIV : negative

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 aortic trifurcation was free of pathology.

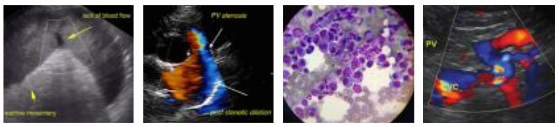
Both kidneys were enlarged in size with asymmetrical contour exhibiting mild to moderate loss of corticomedullary border demarcation and nonuniform decreased corticomedullary echogenicity. The left kidney measured 4.8 cm in length. The right kidney measured 5.2 cm in length. Associated left and right retroperitoneal Inflammation with scant retroperitoneal free fluid was present.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole.

Spleen

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. The spleen measured 0.75 cm width.



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Liver/ Gallbladder

The liver presented exhibited mild enlargement. 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 non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation. Subjective minor pleural effusion on transdiaphragmatic view of the caudal thorax.

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. The jejunum wall width measured 0.21 cm.

The colon exhibited intact yet thickened walls in the descending colon. The descending colon wall width measured 0.30 cm.

Pancreas

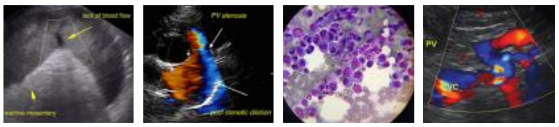
The left limb of the pancreas was normal in size and overall contour with subtle uniform hypoechoic parenchyma compared to adjacent hyperechoic peripancreatic omentum.

Free Abdomen

No overt evidence of intraabdominal lymphadenopathy was present. Scant peritoneal free fluid was noted. Generalized mild reactive mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renomegaly exhibiting nonhomogeneous hypoechoic corticomedullary parenchyma
- Associated concurrent retroperitoneal inflammation / scant free fluid
- Mild hepatomegaly
- Transdiaphragmatic comet tail artifact
- Overtly normal gastrointestinal tract with mildly thickened yet intact colon walls



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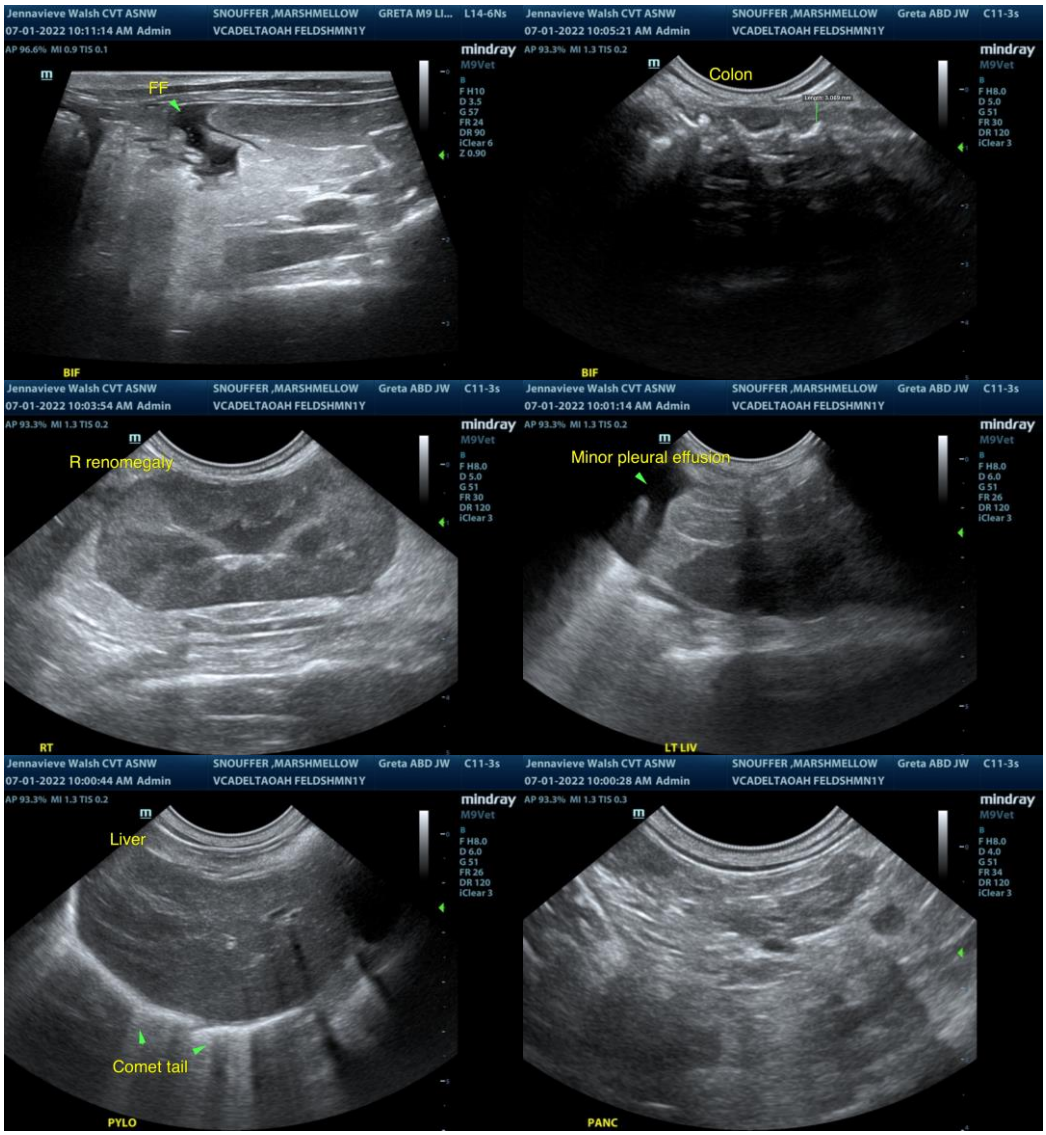
- Scant peritoneal free fluid with probable minor concurrent pleural free

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the bilateral renal presentation is most suggestive of neoplastic criteria i.e., lymphoma. Potential for multicentric neoplasia is suspected, given the pulmonary changes on radiographs and nonspecific mild hepatomegaly. FIP may also be considered a differential diagnosis in this case.

Assuming normal clotting status and using a 25-gauge needle, ultrasound-guided FNA of renal cortex and liver for screening cytology with potential for oncology consultation is suggested. A very guarded prognosis is warranted.



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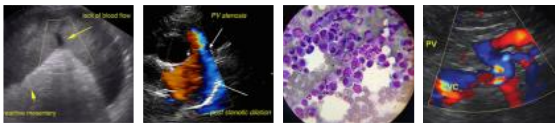

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AnimalSoundsNW.com 541-357-9423

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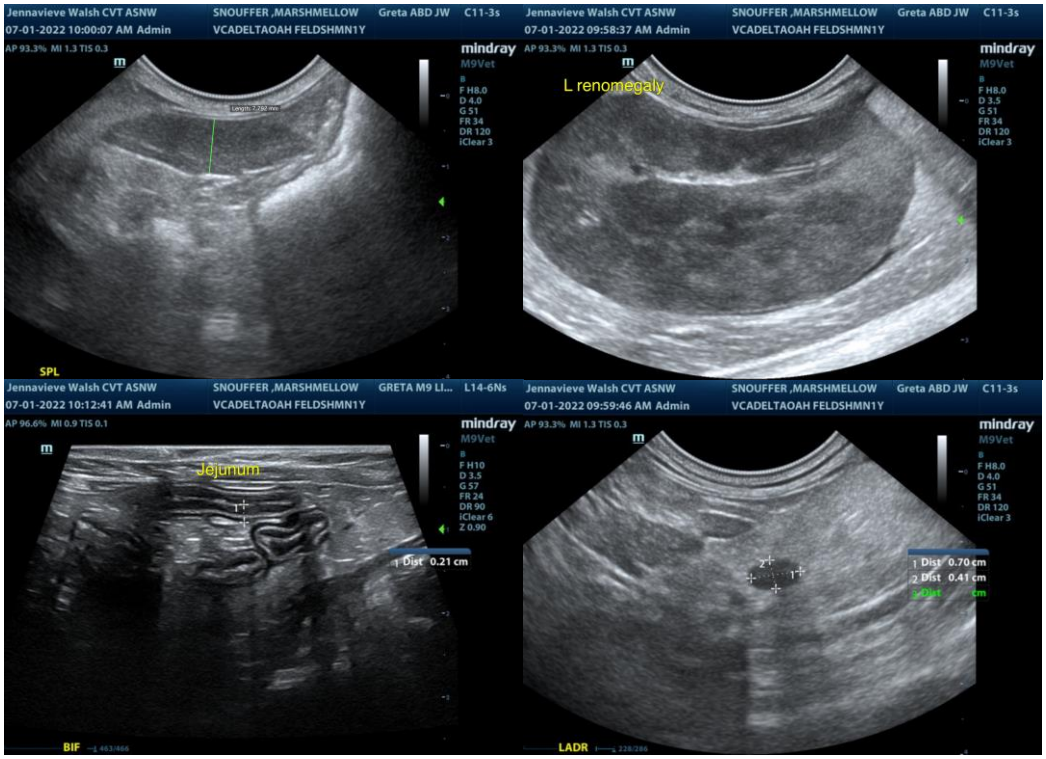

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com