

PATIENT

Stella Prescott

PRESENTING CLINICAL SIGNS

SPECIES

Feline

CBC - RBC 11.7 HCT 58 else unremarkable (WBC 8.9 PLT 211 adequate); Chemistry profile - BUN 23 Creat 1.7 unremarkable; Thyroid hormones - T4 = 2.6 ASSESSMENTS Weight loss, Polycythemia Progressive polycythemia r/o cardiac, renal tumor, primary bone marrow, other. No immediate etiology for weight loss appreciated.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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. Minor particulate, non-dependent 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.

AGE

5 Years 6 Months

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 right kidney measured 3.5 cm. The left kidney measured 3.5 cm.

WEIGHT

9.28 Pounds

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm in width. The right adrenal gland measured 0.37 cm in width.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Spleen

The spleen exhibited generalized mild enlargement with mildly rounded, asymmetrical medial capsule contour. It presented a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 1.2 cm in width at the level of the hilus. 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

Liver

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Vincent Fleming

Gastrointestinal

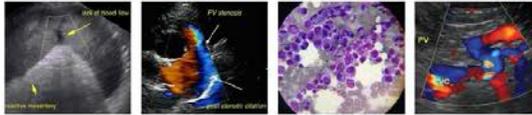
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.20 cm.

DATE

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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. Jejunum wall measured 0.22 cm.

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Pancreas

DSH

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.

SEX

Free Abdomen

Spayed Female

Intermittent, mildly prominent to enlarged colic lymph nodes were present. Example measured 0.29 cm in width. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

AGE

5 Years 6 Months

No evidence of intraabdominal masses or effusion.

WEIGHT

9.28 Pounds

PRIMARY FINDINGS

- Normal bilateral kidneys – no evidence of renal tumors or structural nephropathy.
- Sonographically unremarkable gastrointestinal tract
- Mild non-specific splenomegaly

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SECONDARY FINDINGS

- Minor gallbladder debris
- Mild colic lymphadenopathy – likely incidental, minor lymphoid hyperplasia suspected.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild splenomegaly was non-specific with considerations including patient variant, benign changes such as hematopoiesis, hyperplasia, incidental splenitis. The potential for early splenic neoplasia, given the patient's weight loss, could not be definitively excluded. Assuming normal clotting status, splenic FNA using 25-gauge needle may be considered for screening cytology and further clarification.

HOSPITAL NAME

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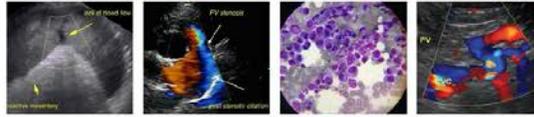
Additional diagnostics may also include 3-view chest radiographs to rule out occult thoracic or pulmonary pathology, although the potential for hypoxemia as a potential cause of polycythemia is considered unlikely given the lack of reported respiratory abnormalities. CBC pathology review, absolute reticulocyte count +/- bone marrow assessment (if persistent polycythemia is documented) may be indicated pending echocardiographic assessment. Assessment of serum cobalamin and folate levels may be considered to rule out non-structural intestinal disease as a potential cause of weight loss.

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Stella Prescott For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

SPECIES

Feline

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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AGE

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WEIGHT

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HOSPITAL NAME

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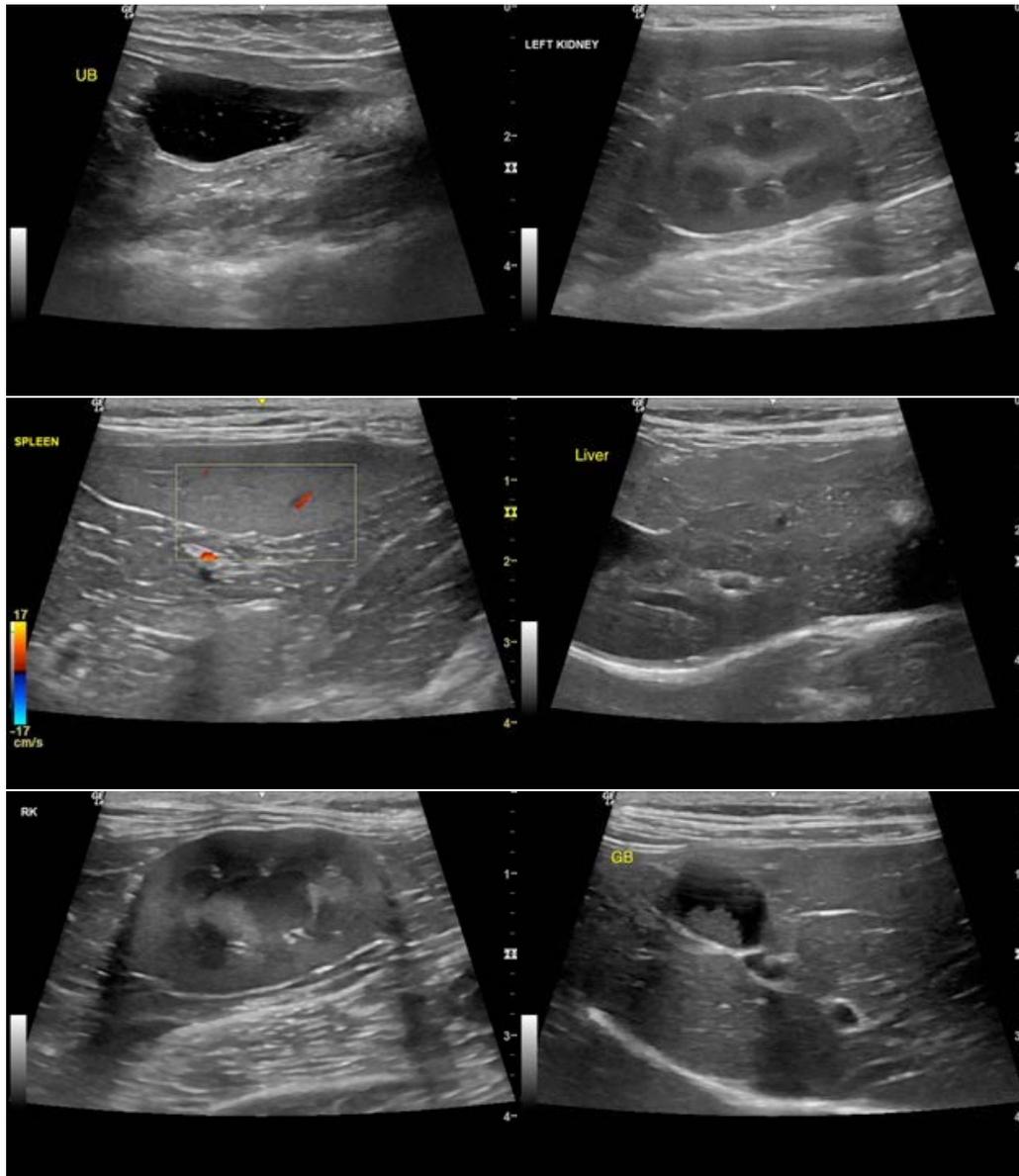
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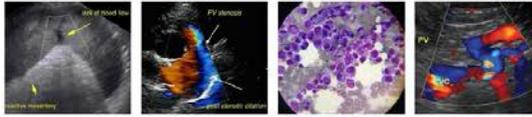
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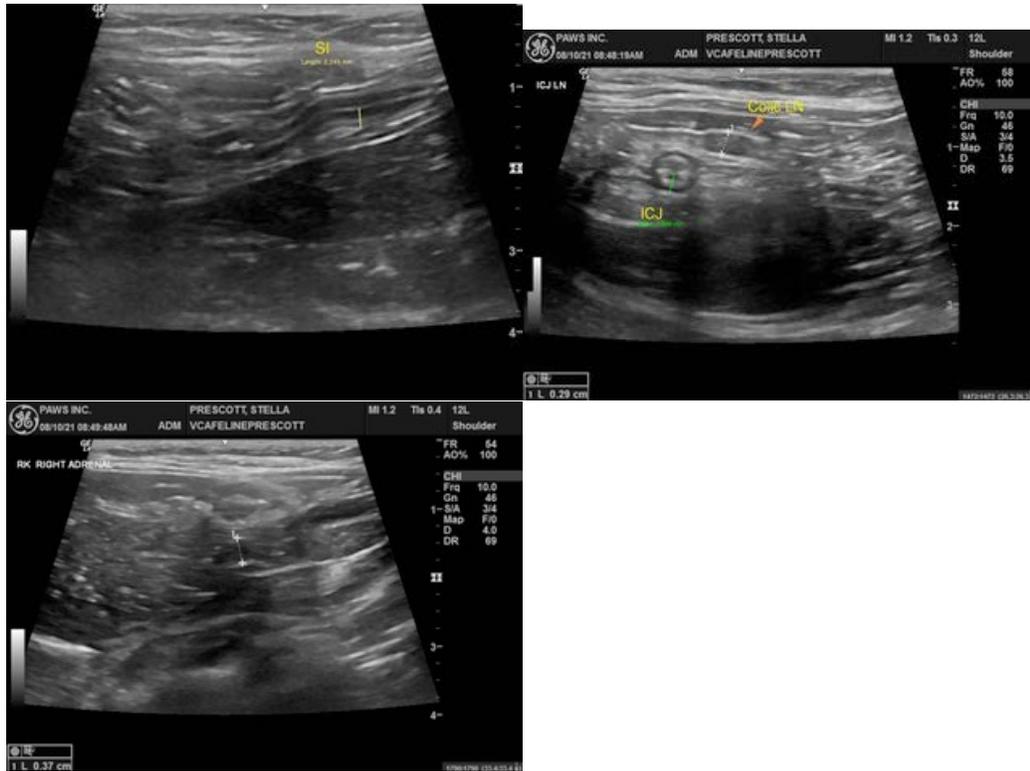
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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

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VCA Feline AH

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