



PATIENT PRESENTING CLINICAL SIGNS

Niko Brunie
Emp Pet

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

9.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mount Rose AH

REFERRING VET

Dr. Sandra Caroll

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9/16/21

Feline, DSH, black/tan tabby 13y5m NM HISTORY: Patient brought in on Monday because he was leaking urine. PHYSICAL EXAM: T- 101 CRT: <2 BCS: 2/5 P- 130 mm: pale pink Weight: 9.72 R- 50 Dehydration: moist mm EENT: WNL CV/Resp: WNL GI: non painful, probable midabdominal mass – quick US here shows very large spleen Musk: Muscle atrophy Integ: WNL except some matting, LN: Palpate WNL Neuro: WNL- plantar grade stance Urogen: leaking urine – quick US here shows abnormal appearance to bladder LABORATORY FINDINGS: IDEXX senior screen, sl low RBC (7.07), Chem: TP 9.2 (6.3 - 8.8) Albumin 3.5 (2.6 - 3.9) Globulin 5.7 (3.0 - 5.9) ALT 167 (27 - 158) AST 69 (16 - 67) ALP 135 (12 - 59) Bilirubin - Total 2.1 (0.0 - 0.3) Bilirubin - Unconjugated 1.1 (0.0 - 0.2) Bilirubin - Conjugated 1.0 (0.0 - 0.2) Cholesterol 68 (91 - 305) UA: USG 1.022, pH6.5, protein 1+ rest WNL Since the ultrasound had a second syncopal episode (first one propr to the ultrasound) and owner opted to euthanize but would still like the AUS read out.

Urinary System

The urinary bladder exhibited non-distended size owing to lack of urine volume. Subjective diffuse thickened urinary bladder walls with nonhomogeneous echogenicity were present. The urinary bladder wall measured 0.59 cm width. The urethra was normal to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.8 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

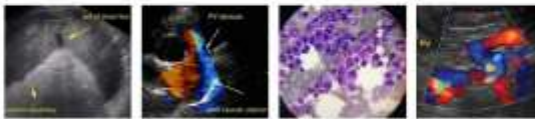
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47cm width.

Spleen

The spleen presented generalized enlargement with primary normal echogenicity and mildly heterogeneous echotexture. The capsule contour was rounded and asymmetrical or scalloped. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured up to 2.1 cm in width in the mid spleen. No distinct masses or nodules were noted.

Liver/ Gallbladder

The liver presented enlarged in size. The liver exhibited generalized mild Increased parenchyma echogenicity with intermittent, nonspecific, subtly hypoechoic parenchymal nodules. An example of a liver nodule measured 0.82 cm in width. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs



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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.

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.

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.

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

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Pancreas

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 were evident.

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Free Abdomen

Small pockets of scant perisplenic to caudal abdominal free fluid were present.

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Intermittent, mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.55 cm width.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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DABVP (Canine and Feline)

Primary Findings

- Nondistended yet subjectively thickened urinary bladder
- Infiltrative splenomegaly - consistent with round cell neoplasia, lymphoma, mast cell neoplasia, myeloma or other
- Hepatomegaly with nonspecific intermittent parenchymal nodules - reactive, vacuolar, or inflammatory hepatopathy with areas of nodular to regenerative hyperplasia, hematopoiesis, vs. concurrent hepatic neoplasia
- Bilateral chronic interstitial nephrosis renal pattern
- Intermittent minor mesenteric lymphadenopathy and mild peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lack of urinary bladder distention prohibited full evaluation of the urinary bladder walls. Considerations may include generalized chronic cystitis while the possibility of extensive bladder tumor is possible.

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Although the splenomegaly is strongly consistent with neoplasia, the potential for multicentric neoplasia involving the liver and spleen with potential for urinary bladder involvement is warranted. Potentially, hepatosplenic FNA, assuming normal clotting status, could be considered for screening



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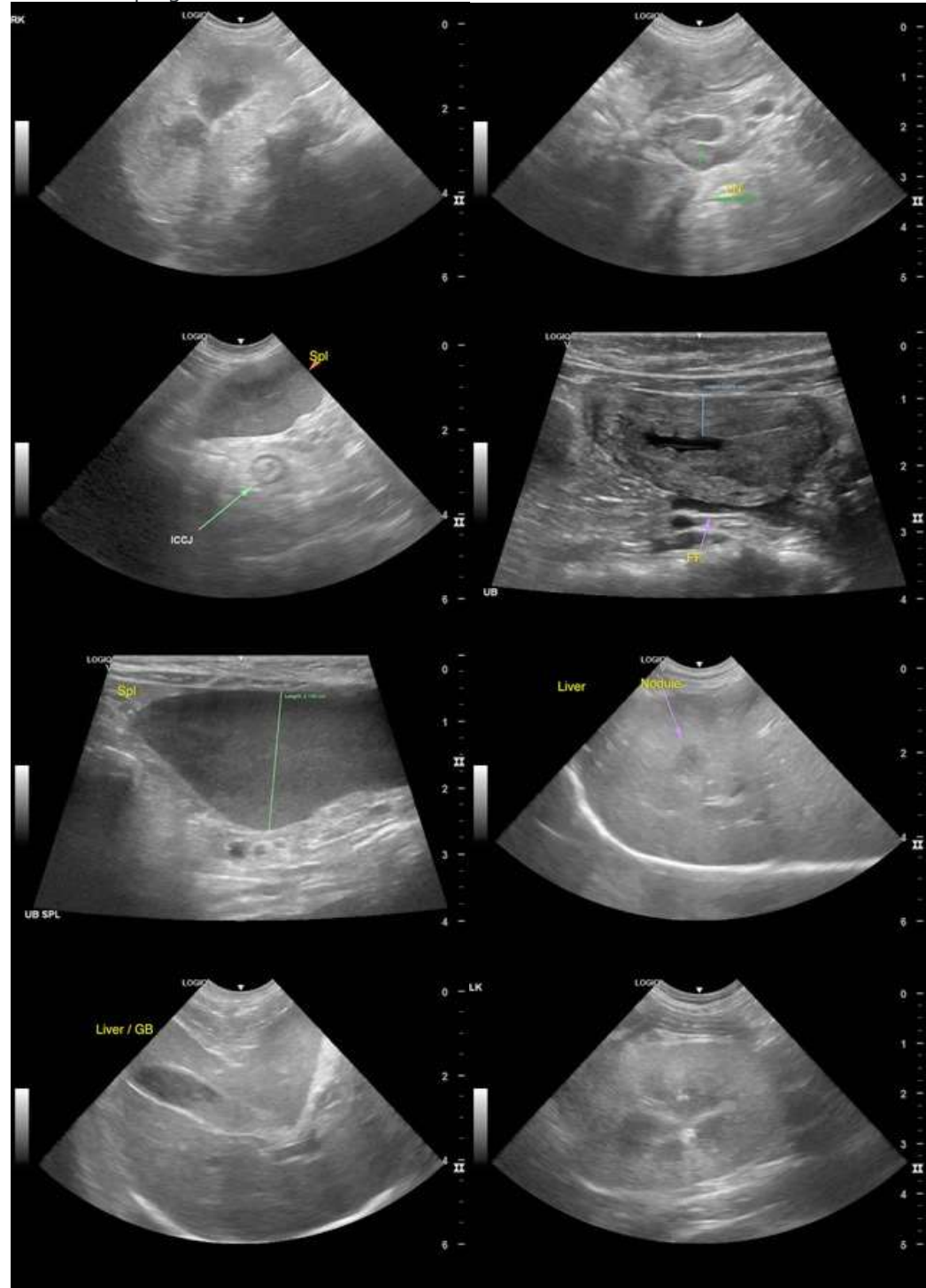
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cytology, confirmation, staging, and oncology consultation. However, a very guarded to likely unfavorable prognosis is indicated.





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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.

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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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