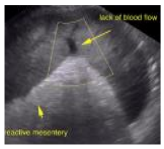
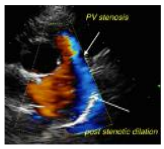
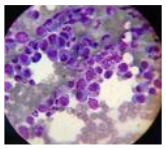
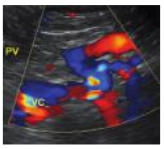
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

BG Cahill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3

WEIGHT

14.6 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Tam Mengine, DVM, DABVP (canine/feline practice)

INVOICE

20131

DATE

PRESENTING CLINICAL SIGNS

History: 1-2 week history of decreased appetite and occ vomiting. Age is a guess, found as stray 1 year ago. CBC / Chem / U/A - ALT 341, ALP 222, TBili 0.9, else wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.4 cm in length. The right kidney is 4.8 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.8 mm at the caudal pole. The right adrenal gland height 4.9 mm at the caudal pole.

Spleen

The spleen is diffusely thickened, measuring 1.4 cm at the hilus. The capsular margins are irregular, and the parenchyma is mottled. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 2.2 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

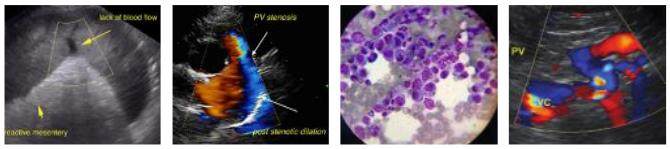
The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 2.9 mm. The jejunal wall measures up to 2.4 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The right limb and body of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

BG Cahill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3

WEIGHT

14.6 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Tam Mengine, DVM, DABVP (canine/feline practice)

INVOICE

20131

DATE

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

- A thickened and irregular spleen
- Mild peripancreatic inflammation

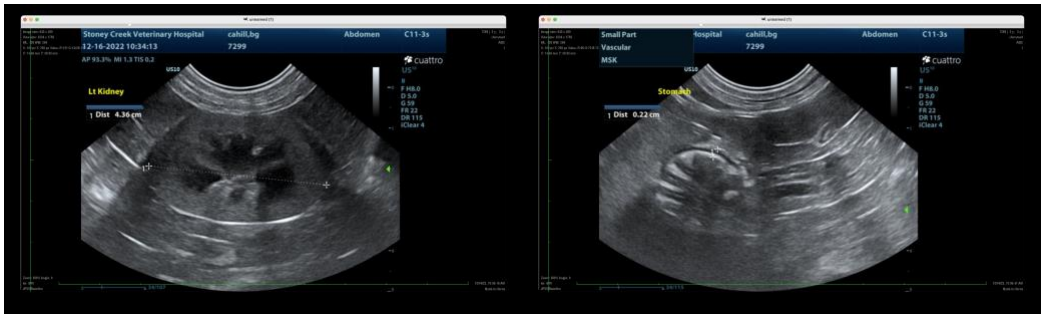
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic changes are concerning for infiltrative neoplasia such as lymphoma or splenic mastocytosis, though a reactive splenitis is also possible. Recommendations include:

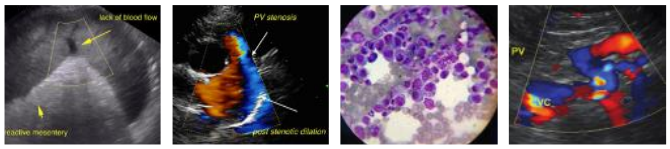
- Ultrasound-guided fine needle aspiration with a 25G needle, after pre-medicating with diphenhydramine.

While the liver and gallbladder appear normal, the possibility of an infectious cholangiohepatitis cannot be ruled out. Ultrasound-guided needle aspirates of the liver and gallbladder would be helpful for a definitive diagnosis, for both cytology and culture. Recommendations include:

- bile acid testing is recommended to further assess severity of hepatic disease
- Initiation of liver support therapies such as SAMe, Vitamin E and ursodiol
- Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluoroquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4–6-week total course of antibiotics is recommended.
- If there is no response to supportive and antibiotic therapy, then empiric prednisone at 2-4mg/kg / day could be considered.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

BG Cahill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3

WEIGHT

14.6 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

HOSPITAL NAME

Stoney Creek VH

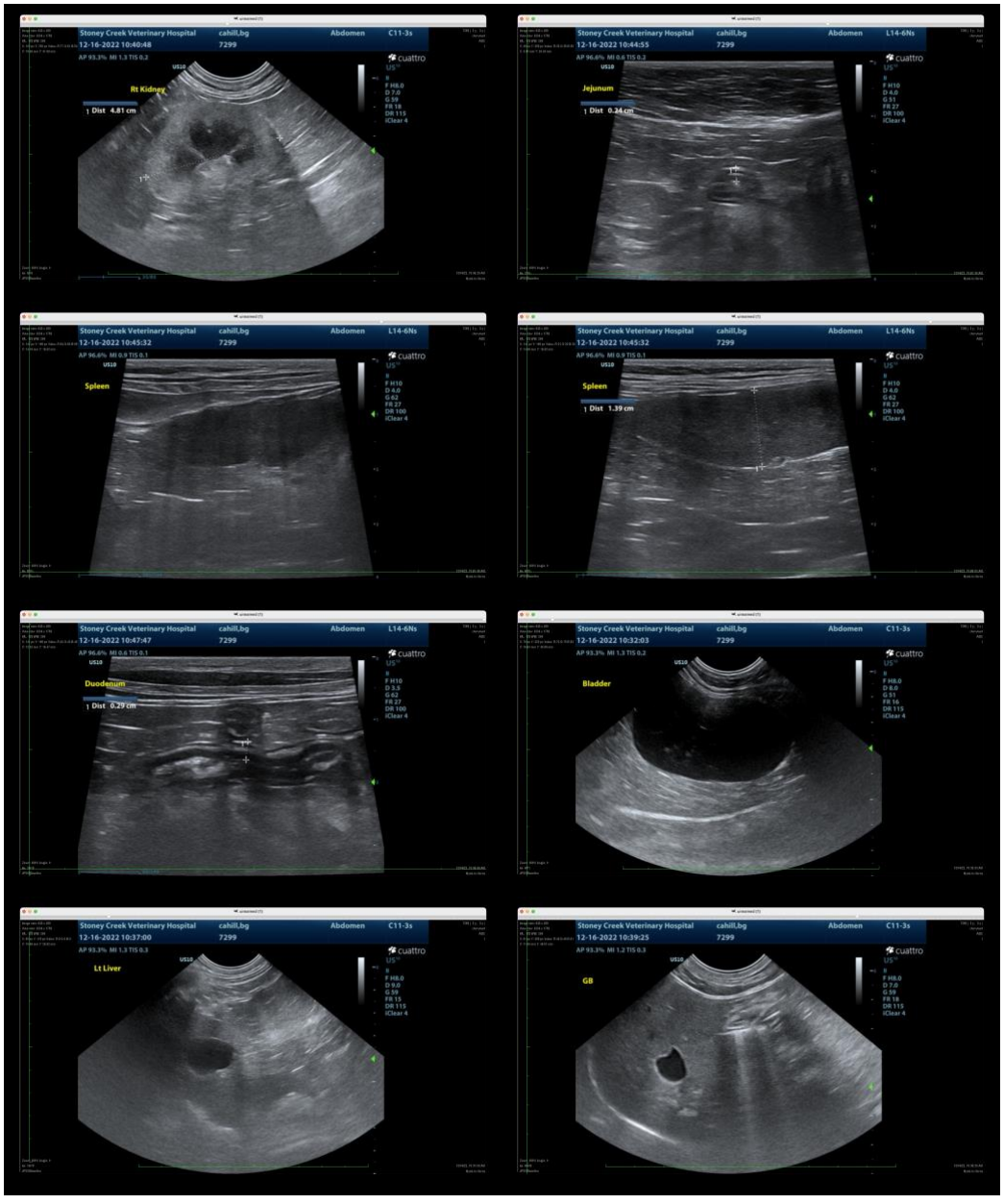
REFERRING VET

Tam Mengine, DVM, DABVP (canine/feline practice)

INVOICE

20131

DATE



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.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com