



PATIENT

Oscar Alston

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

12 years

WEIGHT

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Valeryia Shumskaya

HOSPITAL NAME

Englewood VC

REFERRING VET

Dr. Ezik

INVOICE

42710

DATE

2/10/23

PRESENTING CLINICAL SIGNS

History: Follow up on splenic thickening. Spleen needle aspirate showed reactive lymphoid hyperplasia. Patient is hypersalivation when he is off corticosteroids Was on pred trial

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 (3.4) cm in length. The right kidney is (4.1) 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 (3.3) mm at the caudal pole. The right adrenal gland height (4.1) mm at the caudal pole.

Spleen

The spleen is diffusely thickened, measuring (1.1) cm) at the hilus. The capsular margins are regular and the parenchyma is normal. 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 minimally / 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 (2.8) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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 (2.3) mm. The jejunal wall measures up to (2.1) mm. . Intestinal motility appears normal.

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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.

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Pancreas

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The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

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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.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Mildly thickened spleen, but smaller than it was 11/22.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While the spleen is still technically thicker than the normal measurement, which is considered < 1.0 cm it has not progressed since the scan in 11/22. Since the FNA at that time showed no evidence of neoplastic disease, I suspect this is an incidental finding in this patient. The history of drooling that is steroid responsive and in the past was also Cerenia responsive is consistent with gastritis or possibly infiltrative bowel disease, although the GI tract appears grossly normal. Sometimes the GI tract can appear normal on ultrasound, but still show histopathologic change with biopsy. If the patient is tolerating steroids well, then this course can be continued at the lowest dose necessary to control clinical signs. Alternately, if not already performed, a diet trial with a hydrolyzed protein diet can be tried in case a food allergy is involved. Finally, if not already performed a thorough oral cavity exam is recommended as stomatitis can also cause drooling and may also be steroid responsive.

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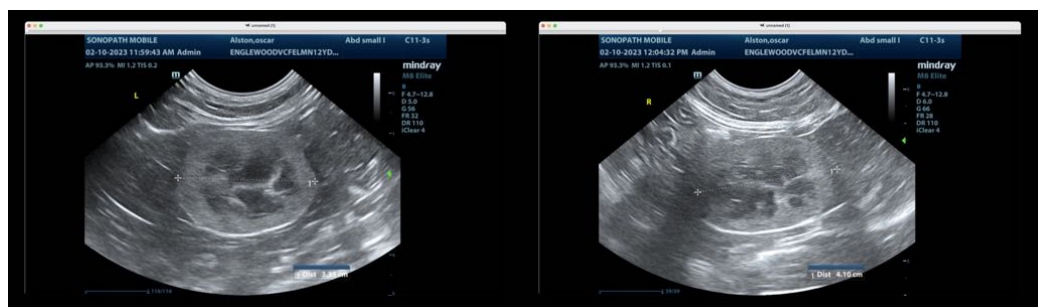
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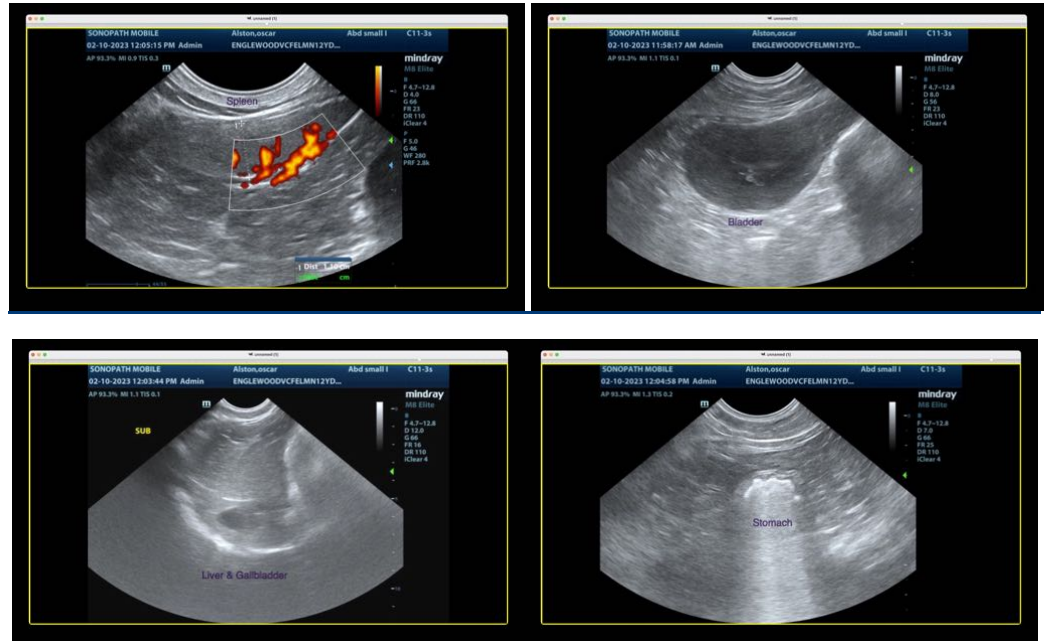
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

info@SonoPath.com

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