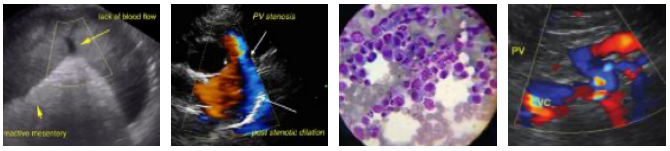
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tigger Poueymirou

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

4.75 kg.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Dr. Adam Stone

INVOICE

12812

DATE

PRESENTING CLINICAL SIGNS

History: Presented to ER on 1/9/22 at ~ 3 pm for acute onset of anorexia, lethargy, Vomiting (mostly water). Indoor/outdoor. Both cats hunt but this one hunts less. Hiding. No history of dietary indiscretion. Patient received out-patient treatment following diagnostics and was recommended to arrive today for abd. US to rule out foreign body due to significant abdominal pain. Overnight, no vomiting occurred, however patient remains lethargic and anorexic. Patient received SQ LRS, Cerenia and Buprenorphine IV prior to discharge last night. Following AUS today, and in light of persistent anorexia, newly developed fever, and loose stools on exam with history of possible ingestion of a bird ~ 2 days ago, coupled with neutropenia, elected to treat for possible Salmonellosis. Meds/treatments following AUS: SQ LRS Cerenia, Enrofloxacin, Proviable
Abnormal PE/Chem/CBC/UA Results: PE: Febrile today at 103.5 F, ~5% dehydrated. Tense, but not overtly painful abdomen. No palpable masses or ascites. Tachycardia, but no murmur appreciated. Foul smelling, brown liquid stools passed following exam. Blood work (1/9/22): CBC: Neutropenia, 1.48 K/uL (2.3-10.29) CHEM: Hypophosphatemia, 2.7 mg/dL (3.1-7.5) hypokalemia, 3.2 mmol/L (3.5-5.8) ABD RADS: Mild/moderate gas within stomach and SI, however no obvious FB or obstruction.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

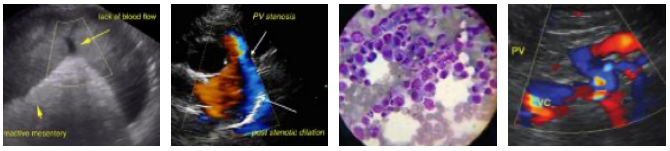
The right kidney is normal size (3.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen



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

PATIENT

Tigger Poueymirou

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

4.75 kg.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Dr. Adam Stone

INVOICE

12812

DATE

The spleen is normal in size (0.97 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is distended. The wall is slightly thickened (up to 0.15 cm) with a "double walled" effect Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains liquid fecal material. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

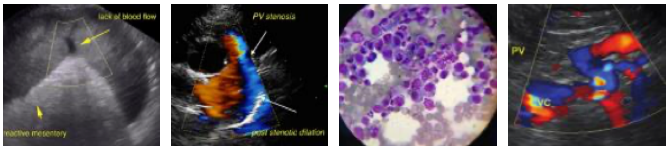
Trace free fluid is observed. A few prominent colic lymph nodes are visualized. The surrounding mesentery is hyperechoic. In addition, 1-2 prominent mesenteric lymph nodes are seen, the largest measuring 2.12 cm in length.

ULTRASONOGRAPHIC FINDINGS

- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia (less likely).
- The trace ascites may be secondary to increased vascular permeability, low oncotic pressure or increased hydrostatic pressure. Correlation with clinical findings is recommended.
- The "double-walled" gallbladder may be secondary to cholecystitis, anaphylaxis, low oncotic pressure, increased hydrostatic pressure, autoimmune disease (less likely), other.

*An obvious cause for the patient's clinical signs is not identified in this study. Acute gastroenteritis is a consideration. Other differentials include infectious/parasitic disease, food allergy/intolerance, intestinal dysbiosis, low-grade pancreatitis, underlying metabolic issue, other.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tigger Poueymirou

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

4.75 kg.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Dr. Adam Stone

INVOICE

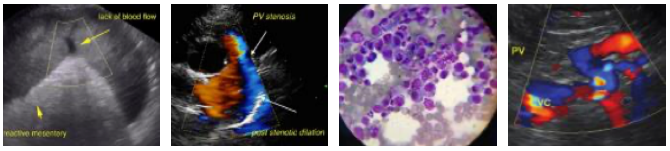
12812

DATE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of vomiting and fever, consider three-view thoracic radiographs to assess for aspiration pneumonia.
- Supportive care for acute gastroenteritis is recommended. If clinical signs do not improve within 24-72 hours of supportive care, a more advanced GI workup as well as an ultrasound guided fine needle aspirate of a prominent abdominal lymph node may be warranted.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tigger Poueymirou

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

4.75 kg.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

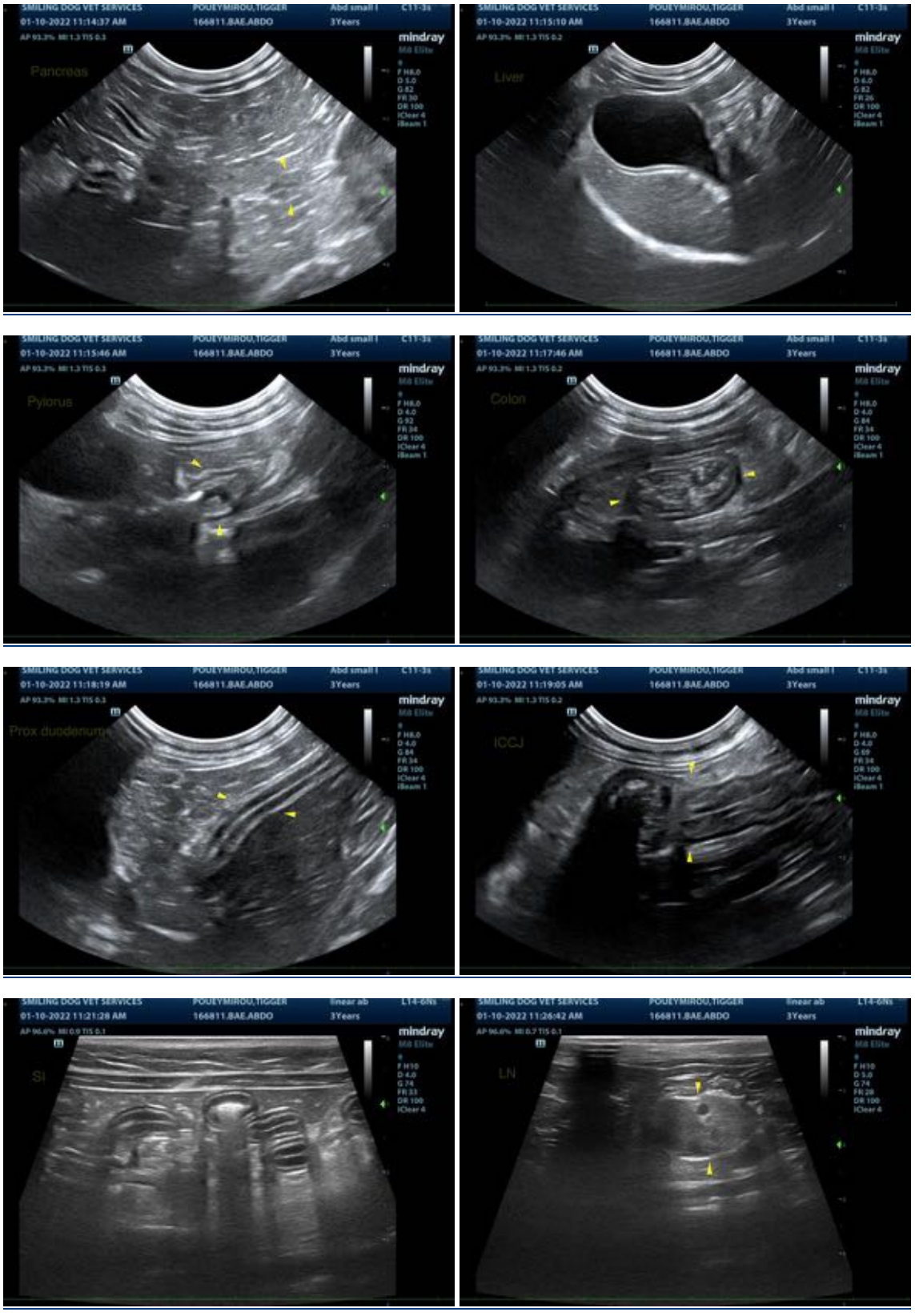
REFERRING VET

Dr. Adam Stone

INVOICE

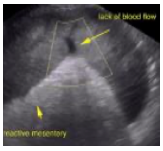
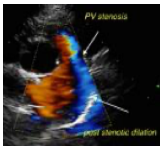
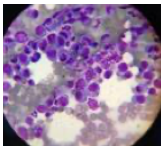
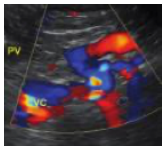
12812

DATE



The information and recommendations provided are based on the images presented by the

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Tigger Poueymirou

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

3 Yrs.

WEIGHT

4.75 kg.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Bend Animal Emergency and Specialty Center

REFERRING VET

Dr. Adam Stone

INVOICE

12812

DATE

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com