



PATIENT PRESENTING CLINICAL SIGNS

Kitty Wampus Gardner

History: Seen at rDVM for 4-day HX anorexia, after PE o declined diagnostics and therapy, follow up here. Possible exposure to heavy metals. Presented to Wilvet 1/24. Admitted for medical management of anorexia. E-tube placed Afebrile on presentation. Developed fever overnight 1/25-1/26. Still not eating

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC - Pancytopenic (Hct 30%, non-regenerative. WBC low (1.33k), neu low (0.85k), lymphocytes low (0.3k), eos low (0.04k)) Chem17 - Tbili elevated (1.2). Rest WNL Parvo snap test NEGATIVE on fecal sample obtained once sedate UA-free catch- USG 1.050, pH 7, prot 30mg/dL, RBC > 50/hpf, 1WBC/hpF, suspect rods-not appreciated on manual review FeLV/FIV test - neg, neg T-Bil now 0.2 (normal) Neu now 3k (normal) CBC still has mild lymphopenia and mild anemia. 1/26: HCT-30.1%, WBC-2.43, Neutrophils-.82, Lymphocytes 1.36, eos: .04 Po2 69.4, O2SAT 93%, K+ 3.5, Ca++ 1.11, BUN 11, GLU 151

BREED

DSH

SEX

Spayed Female

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 is distended. A moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

AGE

4 years

The left kidney is normal in size (4.01 cm in length) with a normal shape, architecture and 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.

WEIGHT

5.2 kg

The right kidney is normal in size (4.07 cm in length) with a normal shape, architecture and 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Emily Kalenius

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Wilvet South

Spleen

The spleen is normal in size (0.66 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.

REFERRING VET

Emily Kalenius

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 portal vein to caudal vena cava ratio is approximately 1: 1.

INVOICE

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

DATE

1.26.23



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with fluid. 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 segmentally distended with fluid (mild to moderate). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild gastrointestinal ileus without obvious evidence of obstruction.
- The urinary bladder debris could be consistent with cells, crystals exfoliated material and/or lipid droplets.

*An obvious cause for the patient's clinical signs and CBC abnormalities is not identified in the study. Considerations include infection, autoimmune disease, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for occult disease in the chest.
- Consider further infectious disease testing (i.e., tick-borne, *Mycoplasma haemofelis*).
- Given the urinalysis findings, also consider a urine culture and sensitivity.
- If the cytopenias persist, a bone marrow aspirate may be warranted.





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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.

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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