PATIENT

Lincoln Beers

SPECIES

Feline

BREED

Siamese

SEX

Male Neutered

AGE

11-1-2019

WEIGHT

5.78kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Fraser

INVOICE

22204

DATE

11-2-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Lincoln is a 7-year-old MN feline presenting for a fever/lethargy.
Last wed, p started becoming ADR, did not want to sit in the recliner with his owner which is very unusual. He was also slightly lethargic. Thursday, p became more lethargic and by Friday, he also had a decrease in appetite and drinking. P showed up Friday for a wellness visit at RDVM, but he had a 106 fever so they did not vaccinate. rDVM ran BW and took rads, fever slowly started to decrease throughout the day. O was instructed to bring him here for a further work up. No c/s/v/d. Indoor, other pets. UTD on vaccines. No long-term health issues.

PE:
Cardiovascular: No murmur or arrhythmia noted, pulses were strong and synchronous.
Respiratory: Eupnea, normal bronchovesicular sounds on all lung fields, no cough elicited on tracheal palpation

Around 2p today had abnormal event, vomited, laterally recumbent, bradycardic (HR ~130), RR 60 and efforted, temp dropped to 95F, improved with time (HR back up to 160, RR 36 with minimal effort)
Abnormal lab-work values: CBC: HCT 20.9 (L), PCV 21% Eos 0.01 (L)
Chem: BUN 12 (L), Ca 7.1 (L), K 2.6 (L), Alb 2.1 (L), ALP <10 (L), Tbili 2.2 (H)
Abnormal snap proBNP

Current Medications: IVF, Convenia 10/31, enrofloxacin 11/2, Onsior 11/2, Cerenia 11/2
Radiographic Findings: This report describes an evaluation of three view orthogonal radiographs of the trunk.

Thorax: In the pleural space there is a mild accumulation of fluid. The lungs are atelectatic. The heart is partially obscured by pleural fluid. The pulmonary blood vessels have normal size, shape and opacity. The trachea has normal diameter and position. The diaphragm has normal shape and contour. The mediastinum is within normal limits. Thoracic lymph nodes are not detected. The thoracic musculoskeletal system is within normal limits. Thoracic spondylosis deformans is present (incidental).
Abdomen: The liver, spleen, stomach, small intestine, colon, kidneys and urinary bladder have a normal size, shape and opacity. The peritoneal and retroperitoneal detail is adequate. Abdominal lymph nodes are not detected. The abdominal musculoskeletal system is within normal limits. Lumbar and lumbosacral spondylosis deformans is present (incidental).

Assessment: Pleural effusion – nonspecific
Clinically normal radiographs of the abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is borderline enlarged (4.22 cm in length) with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic. Trace retroperitoneal fluid is observed.

The right kidney is mildly enlarged (4.55 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. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is upper limits of normal size (0.94 cm in width at the level of the hilus) with smooth peripheral contours. 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 peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Intrahepatic biliary ducts are normal. Hepatic veins are congested.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.24 cm in width).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately distended with ingesta. 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 is normal to mildly thickened (up to 0.34 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base and limbs are visible, with normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Lymph Nodes

One-to-two prominent mesenteric lymph nodes are visualized (one measuring 1.03 x 0.52 cm).

Free Abdomen

Trace retroperitoneal fluid is observed.

Other

The caudal vena cava appears dilated. A moderate amount of echogenic pleural effusion is visualized in the visualized portion of the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral cranial retroperitonitis with borderline bilateral renomegaly. Possible etiologies for these changes include infectious/parasitic disease (i.e., pyelonephritis, interstitial nephritis, feline infectious peritonitis), emerging neoplasia (i.e., lymphoma), other.

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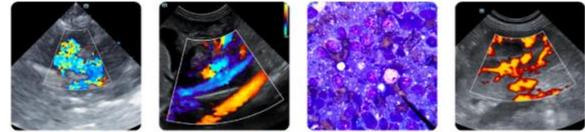

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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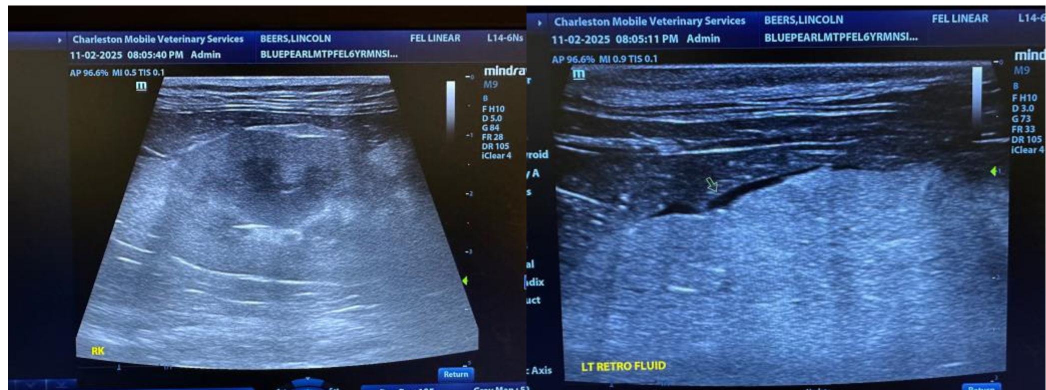
- Pleural effusion
- Dilation of the hepatic veins and caudal vena cava are suggestive of increased hydrostatic pressure (i.e., due to congestive heart failure).

Secondary Findings

- The hypoechoic pancreas may be a normal variant for this patient or may represent mild pancreatitis. Correlation with the patient's clinical history is recommended.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's long-term clinical history is recommended.
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity
- Cytologic evaluation of the pleural fluid
- Further testing for feline infectious peritonitis (i.e., serology, PCR on blood or pleural effusion). While awaiting test results, symptomatic care is recommended with therapeutic thoracocenteses as needed.
- Further recommendations should be based on the echocardiogram report.



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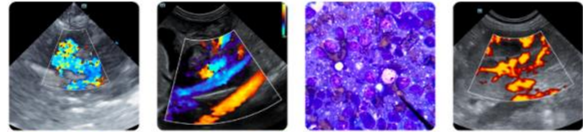

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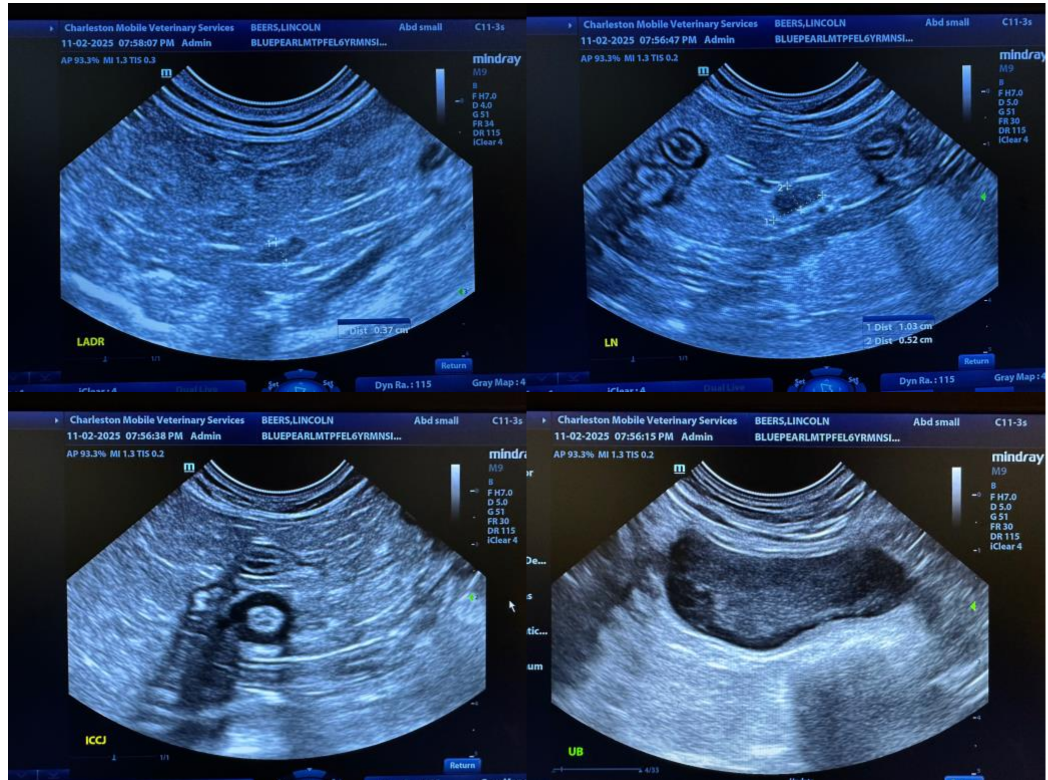

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com