



PATIENT

Sailor Neumann

SPECIES

Feline

BREED

American SH

SEX

Neutered Male

AGE

1 year 8 mos

WEIGHT

11.8 lbs

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Dunes VC

REFERRING VET

Dr Devin Soileau

INVOICE

22255

DATE

12-12-25

PRESENTING CLINICAL SIGNS

Presented for a fever of unknown origin starting at the end of November. The fever improved with Meloxicam but relapsed within a few days. Has received Convenia, but the fever does not appear to be responding to this drug. Patient is inappetent and staring at the walls. Temperature today 103.5°. Was previously diagnosed with cerebellar hypoplasia.

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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.63 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.

The right kidney is normal in size (3.78 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.

Adrenal Glands

The left adrenal gland is normal size (0.32 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.76 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally to mildly 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 segmentally dilated with gas and chyme (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely visible, with normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogenous in appearance. The pancreatic duct is not overtly



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dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.45 x 0.45 cm).

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

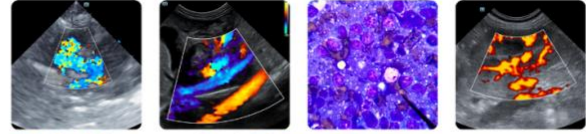
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreas is as expected for a young, feline patient.

*An obvious cause for the patient's fever is not definitively identified in this study. Broad considerations include infectious, inflammatory, immune-mediated, or neoplastic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate for causes of the fever, consider the following:

1. Urinalysis with culture and sensitivity
2. fPLI
3. Three-view thoracic radiographs to assess for occult pathology in the chest
4. Feline fever of unknown origin infectious disease panel
5. +/- echocardiogram to assess for valvular endocarditis
6. Depending on the results of the above diagnostics, further work-up (i.e., arthrocentesis, CSF tap) may be warranted to assess for polyarthritis and meningitis, respectively



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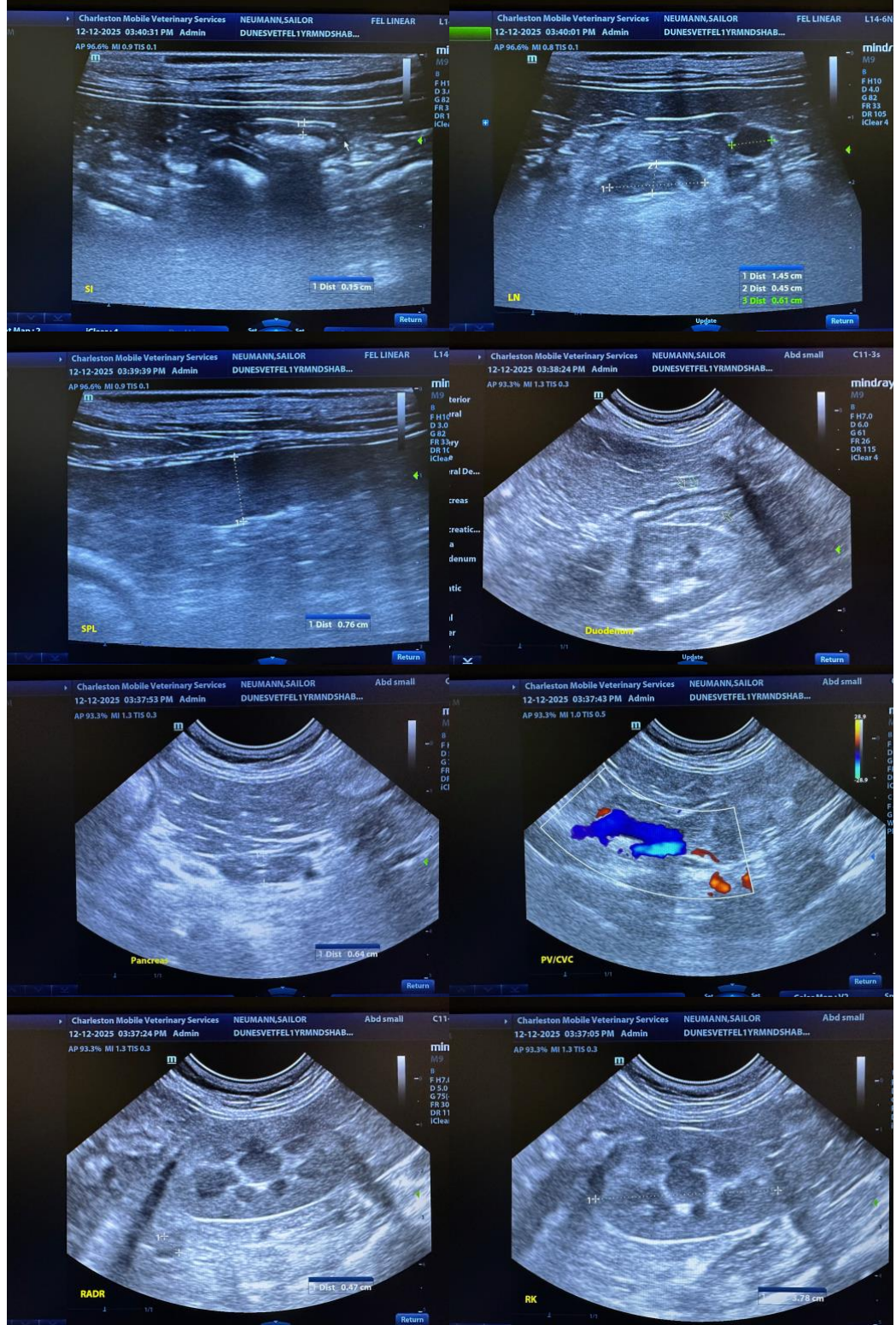
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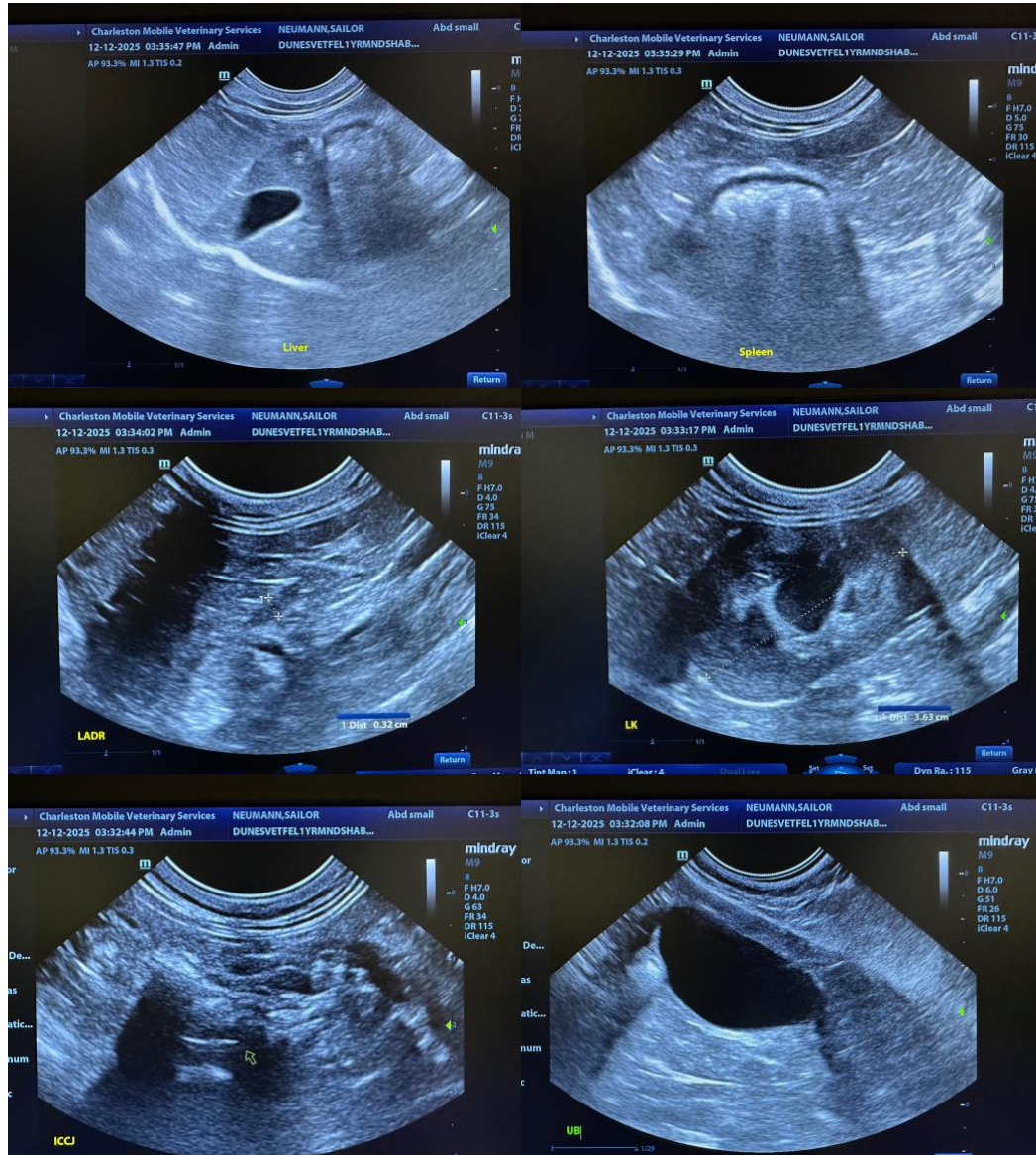
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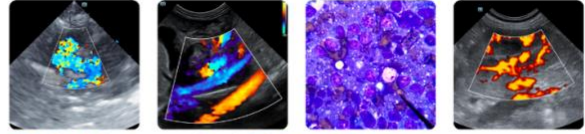
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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