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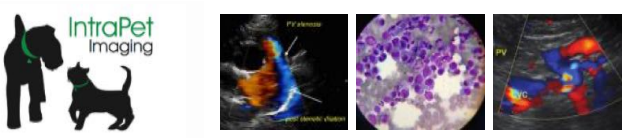

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DATE

3/15/22

PATIENT

Luna Rohlfing

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, intact

AGE

9/20/2021

WEIGHT

3.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Churchville VC

REFERRING VET

Dr. Kauffman

INVOICE

13130

PRESENTING CLINICAL SIGNS

P presented today with lethargy since last Thursday. Not eating since Saturday. No vomiting or diarrhea. On physical exam, BCS 2.75/5, MM pink and tacky. Coat dull. Marked icterus appreciated. Mild dried bilateral nasal discharge. Temperature 100.5 F. No neural defecits appreciated.

Current Medications: P hospitalized today with injections of Cerenia, Famotidine, Vitamin B12 and oral capromorelin.
Lab Results: Felv/FIV negative 2/21/22 – P indoor only with no other cats. 3/14/22- CBC: Mild neutropenia, moderate eosinopenia. Chem: BUN mildly decreased 15, hyperproteinemia 9.4 with hyperglobulinemia 7.0, elevated ALT 787, elevated TBIL 4.4, mild hypocholesterolemia, mild hypernatremia.
Radiographs: Declined by owner.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic IV.
Stat Report: Requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 scant 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 (3.76 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 (3.70 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 (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.79 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly heterogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is mildly distended. The wall is thin and smooth. A small amount of echogenic debris is observed in the gallbladder and cystic duct lumen. The common bile duct is normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. the pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. Several mesenteric lymph nodes are enlarged (up to 2.65 cm in length), irregular and hypoechoic to heterogeneous in appearance. Surrounding mesentery is hyperechoic. A few prominent to enlarged lymph nodes are observed in the right cranial quadrant. A prominent gastric node is also seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma). Alternatively, lymphadenitis (i.e., pyogranulomatous secondary to FIP) or lymphoid hyperplasia are also differentials.

- Non-specific diffuse hepatopathy. Differentials include inflammatory disease (i.e., pyogranulomatous hepatitis, bacterial cholangiohepatitis), infiltrative neoplasia (i.e., lymphoma), hepatic lipidosis or other hepatopathy.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the liver and enlarged mesenteric lymph nodes are recommended if clotting status is appropriate. 25-gauge needles should be used.

- Three-view thoracic radiographs are also recommended to assess for lymphadenopathy.

- Also consider a serum protein electrophoresis.

- Depending on the above test results, further testing for FIP +/- surgical liver and abdominal lymph node biopsies may be warranted.


LT Adrenal


LT Pancreas


RT Adrenal


Liver


RT GAG

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