



PATIENT PRESENTING CLINICAL SIGNS

Mookie Wolf History: Presented at our hospital originally on 3/13 for vomiting, diarrhea and fever, then back as a transfer from RDVM after being hospitalized at SHORES overnight. P continued IVF, and antibiotics. Temperature at RDVM was within the 102's. Ear meds started, and RDVM felt P would benefit from additional care overnight. Previous Health Concerns: Ear meds Current Medications/Supplements/OTC: suffusion + tris PS + enrofloxacin + Dex Appetite/When did they eat last: decreased appetite/ at RDVM

SPECIES Feline

BREED DSH

SEX Neutered Male

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Grade 2/6 right sided heart murmur Abdominal: Tender on abdominal palpation; intestines palpate thickened 3/13 Radiographs-empty stomach with subjective thickening, subjective inflammation of the small intestines, moderate amount of gas in colon, soft feces in colon with granular like opacities CBC: wnl EPOC: K+ 3.5, Ca++ 1.11, Glu 319 Chem: Cre .4, ALB 3.6, Glu 345, TCHO 218 SNAP FPL- normal Urine Ketone- Trace 3/14 EPOC - Gluc (306)BUN (14) iCa (1.16) rDVM FELV/FIV -negative Pending with rDVM - fructosamine, FVO viral panel, urine culture, Lab fPL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE 7 years

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

WEIGHT 5.5 kg

The left kidney is enlarged (5.03 cm in length) with smooth curvilinear peripheral contours. A hyperechoic subcapsular rim is present. There is a normal 1:3 cortex to medulla ratio minimal loss of normal corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is enlarged (5.13 cm in length) with smooth curvilinear peripheral contours. A hyperechoic subcapsular rim is present. There is a normal 1:3 cortex to medulla ratio minimal loss of normal corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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IMAGING PERFORMED BY

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Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.91 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Shores Veterinary
Emerg Ctr

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr Slenbaker

The gall bladder is mildly distended. There is a questionable bilobed conformation. The wall is normal in thickness. A small amount of suspended echogenic debris is observed within the gall bladder and bile duct lumen. The cystic and common bile ducts are otherwise normal/not dilated.

INVOICE

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Gastrointestinal

The gastric lumen is 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

DATE

3.16.23

dilated with chyme. 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

A portion of the pancreas is obscured by the gastric distention. In the visualized portions no obvious abnormalities are observed.

Free Abdomen

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized (the largest measuring 0.77 cm in length). The nodes are normal in shape and echogenicity. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

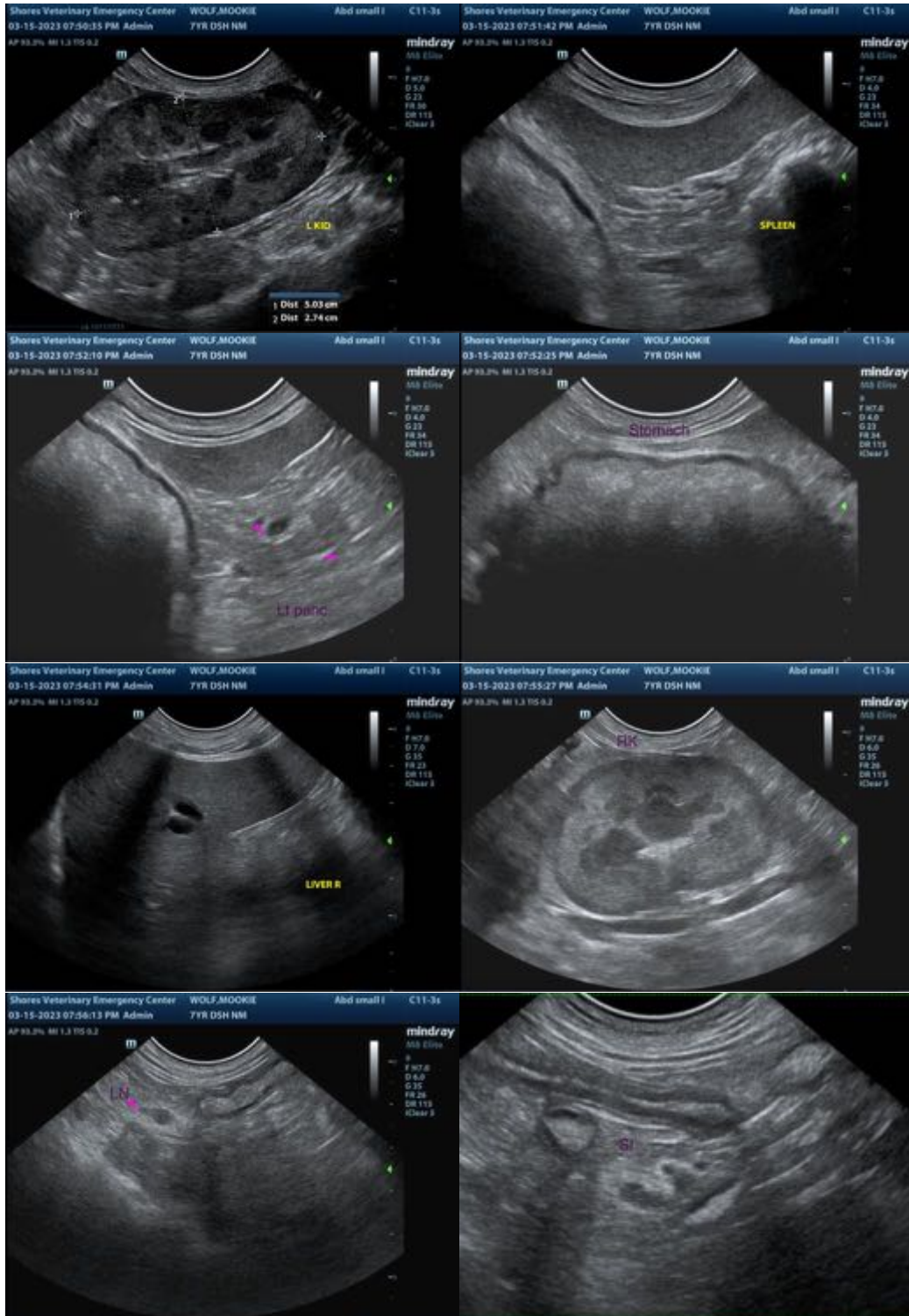
- The bilateral renal changes could be consistent with neoplasia (i.e., lymphoma), infectious disease or toxicity.
- The splenic parenchymal changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, extramedullary hematopoiesis, or similar). Alternatively, emerging lymphoma is possible.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Trace ascites

Secondary Findings

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- The prominent mesenteric lymph nodes could be associated with reactive change or emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspirates of the kidneys, spleen, +/- liver (if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Thoracic radiographs are also recommended to help evaluate for an underlying cause for the patient's fever.
- Depending on the results of the above diagnostics, as well as the pending tests, a more advanced work-up may be warranted.



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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