SonoPath
Clinical Sonography & Telecytology
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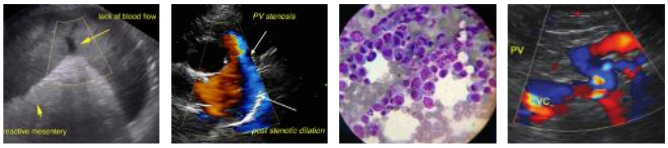

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Callie Howells

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
6 years

WEIGHT
3.8 kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr Duck

INVOICE
14158

DATE
8.18.23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for continued anorexia, lethargy, and minimal eliminations. Seen at Rossmoyne ER on 8/13 and 8/14 (fever, UTI with concern for kidney infection). Urinary culture/sensitivity pending. Previous Health Concerns: UTI Current Medications/Supplements/OTC: elura Q 24 hr 7 am, buprenorphine suspension 5 am, cefpodoxime Q 24 hr 5 pm last night Appetite/When did they eat last: anorexia for 4 days, licking at gravy of wet food a few times, and 2x ate minimal amount of dry food Fasted for AUS since last night.

Abnormal PE/Chem/CBC/UA Results: chem:calcium 8.3 L, glucose 170 H cbc: lym 0.23 L, neu 91.5% H, lym 3.8% L, plt 73 L; manual platelet count epoc:sodium 147 L, potassium 2.9 L, ica ++ 1.12 L, glucose 163 H, hct 27% L usg: >1.050

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of aggregated. 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 normal in size (3.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.76 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

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

Spleen

The spleen is normal in size (0.98 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. No pathological hepatic lymphadenopathy observed.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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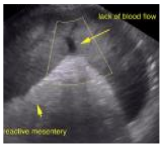

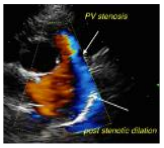

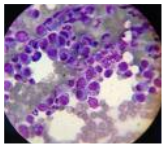
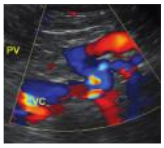

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Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness 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
There is questionable trace free fluid. A 0.64 x 0.46 cm lymph node is observed in the cranial abdomen. A 1.02 x 0.62 cm mesenteric lymph node is also seen.

ULTRASONOGRAPHIC FINDINGS

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Questionable trace ascites

*An obvious cause for the patient's clinical signs is not definitively identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of fever, consider further testing for infectious diseases (i.e., feline leukemia, FIV, FIP, toxoplasmosis, +/- vector-borne infections (i.e., Mycoplasma, Bartonella, Ehrlichia, etc.).
- Also consider three-view thoracic radiographs to assess for occult disease in the chest.
- If the above diagnostics are inconclusive and the urine culture is negative, further work-up for a fever or unknown origin may be warranted and could include the following:

1. Echocardiogram go assess for endocarditis
2. Creatinine: kinase level to evaluate myositis
3. Orthopedic and neurologic evaluations

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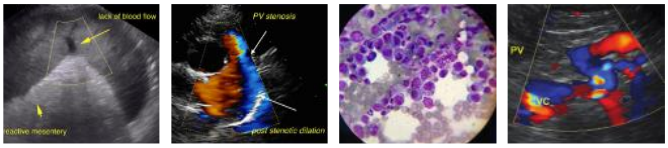

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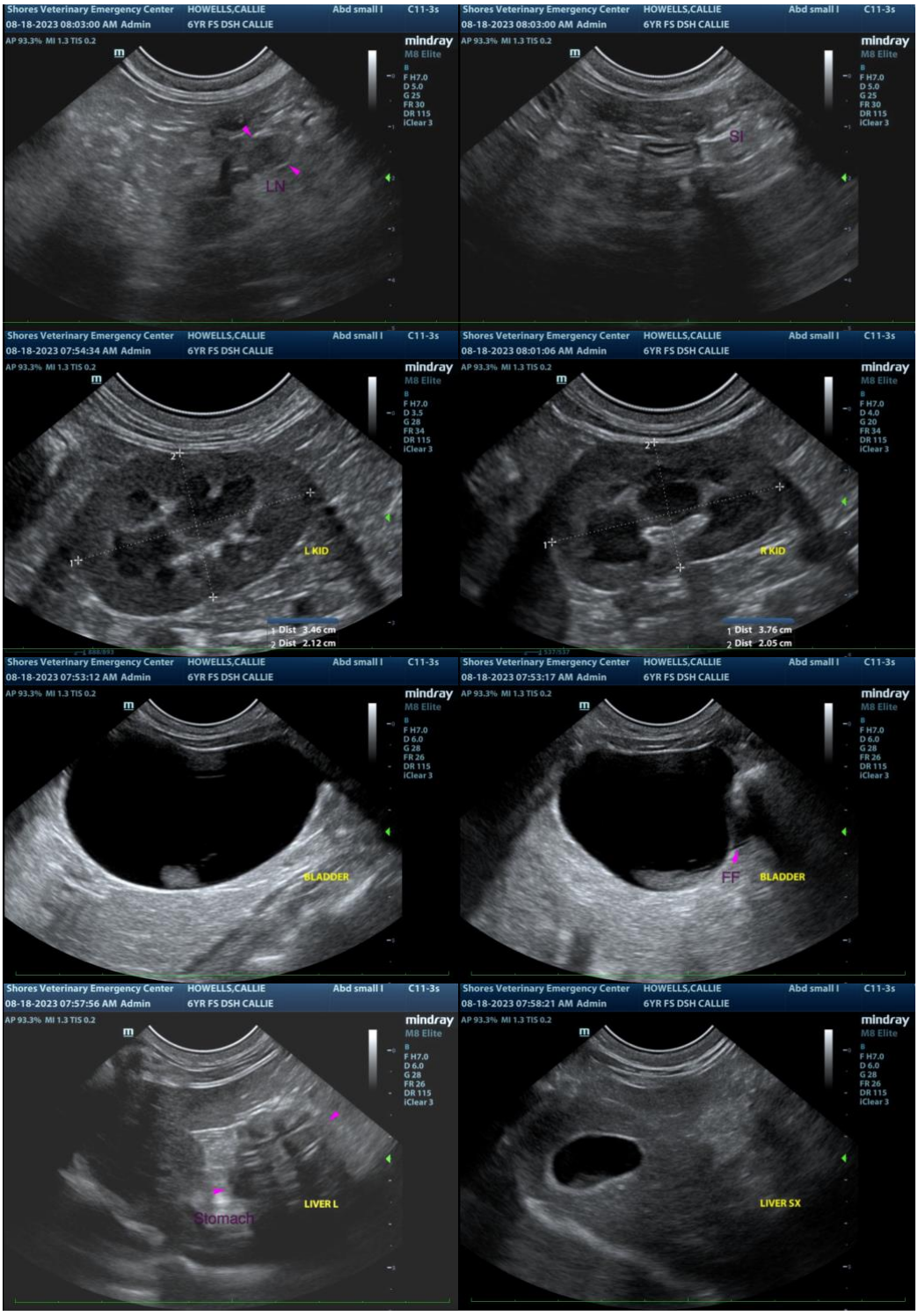

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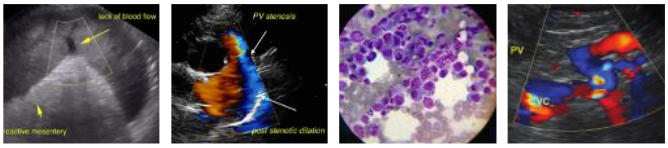

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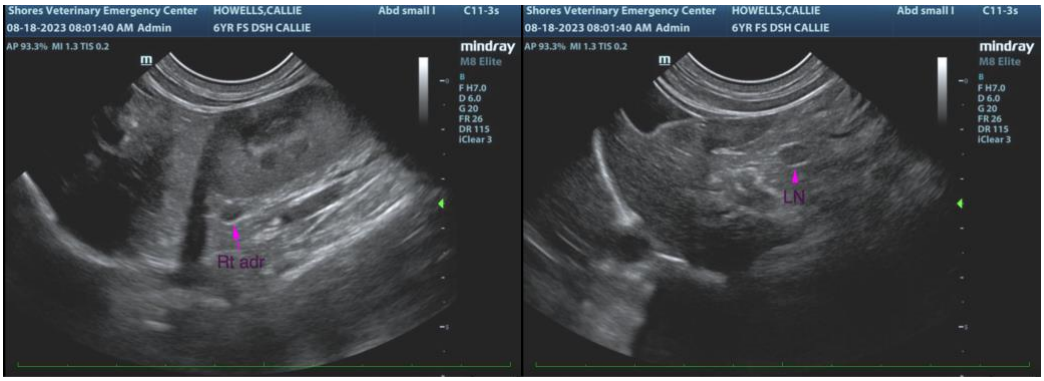

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com