


**PATIENT PRESENTING CLINICAL SIGNS**

Sammy Pirie History: - Presented 10/18/21 for lethargy, inappetence - T 40.7, P 180, R 30 - Given cefovecin 8mg/kg SC and meloxicam 0.2mg/kg SC - Returned 10/19/21 for lack of improvement - T 40.5 - Hospitalized overnight on IV fluids with ice packs and fan in cage - On 10/20/21 T 40.7 despite IV fluids and cooling

**SPECIES** Abnormal PE/Chem/CBC/UA Results: SDMA 18 (0-14) UREA 4.6 (5.7-12.9) TP 92 (57-89) GLOB 61 (28-51) ALB/GLOB 0.5

Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Domestic shorthair

***Urinary System***

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A small amount of aggregated echogenic suspended 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.

**SEX**

Male, neutered

**AGE**

3 Yrs.

The left kidney is normal size (4.49 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

6.3 kg.

The right kidney is normal size (4.63 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**
***Adrenal Glands***

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

The left adrenal gland is normal in size (0.46 cm length; 0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.59 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

***Spleen***

The spleen is normal in size (1.14 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.

**HOSPITAL NAME**

Snelgrove VS

***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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr. Perit

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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

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## PATIENT

Sammy Pirie

pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

## SPECIES

Feline

### *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.

## BREED

Domestic shorthair

### *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

## SEX

Male, neutered

## ULTRASONOGRAPHIC FINDINGS

### AGE

3 Yrs.

The trace right pyelectasia may be secondary to IV fluid therapy or pyelonephritis.

Bowel pattern consistent with inflammatory bowel disease. However, correlation with clinical findings is recommended.

### WEIGHT

6.3 kg.

\*An obvious cause for the patient's fever is not identified in this study. Considerations include infectious/inflammatory/immune-mediated disease and neoplasia.

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

1. Three-view thoracic radiographs to assess for occult disease in the chest.
2. Urine culture and sensitivity, preferably on a pre-antibiotic sample.
3. Infectious disease testing (i.e., feline leukemia, FIV, FIP, toxoplasmosis) +/- tick borne infections.
4. An echocardiogram can be considered to evaluate for valvular endocarditis.
5. A thorough orthopedic/neurologic evaluation is recommended to further assess for discospondylitis, immune-mediated polyarthritis or myositis, meningitis, other.

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Consider broadening the antibiotic spectrum with Doxycycline or Azithromycin. Clindamycin is also a consideration as empirical treatment for Toxoplasmosis, while awaiting test results.

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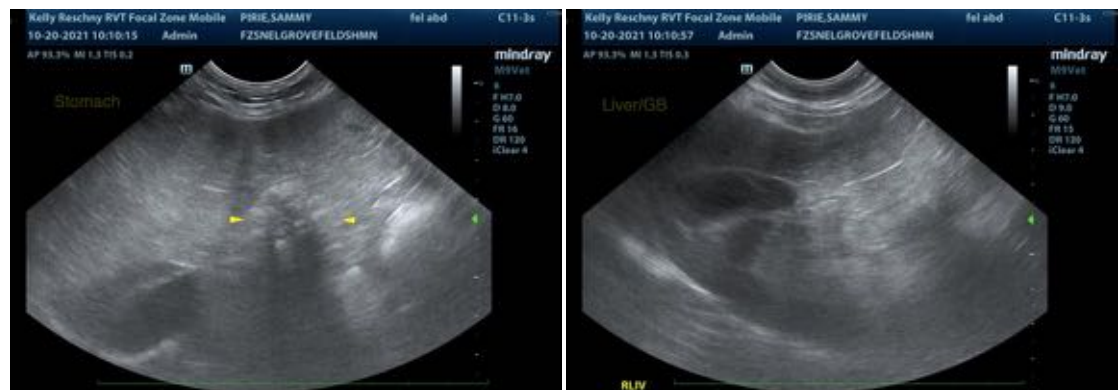
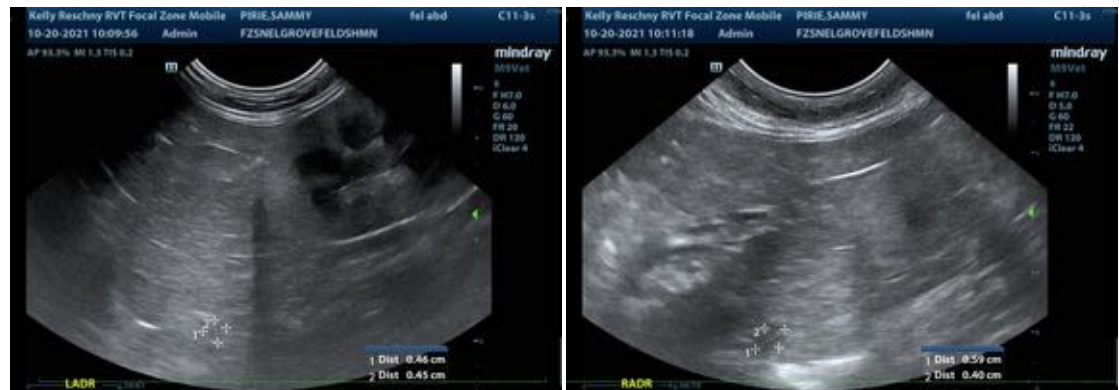
Dr. Perit

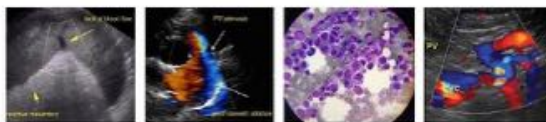
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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