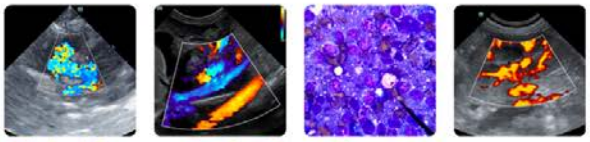

PATIENT

Starsky Grub/Day

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

5.5 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

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DATE

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PRESENTING CLINICAL SIGNS

Starsky presented initially Nov. 11 around 8pm after being attacked by a dog in the home. He was diagnosed with a small puncture wound under the left mandible as well as a tracheal tear with secondary pneumomediastinum and subcutaneous emphysema. He did well in hospital, was eating and breathing comfortably, and was discharged Nov. 12 in the evening. He was seen by his primary care veterinarian the following day for a recheck and was given Convenia. The following day he went back to his pDVM and recheck radiographs showed improvement in previous changes. That evening his owner noted Starsky was dull and potentially in respiratory distress, and he was brought back to HAEC for reassessment. Diagnostic work-up thus far is concerning for IMHA. He was admitted for monitoring and supportive care; a nasogastric tube was placed and he was started on immunosuppressants and anti-thrombotics in addition to his previous medications. PE:Dull, dehydrated and icteric

Abnormal PE/Chem/CBC/UA Results: 11/14 O/N: CBC: RBC (4.7) HCT (20.3) HGB (7) Neu (0.3) Mono (1.83) Eos (0.05) Platelets (95) Invue: RBC (4.7) HCT (20.3) >150k/ul CHEM: ALT (297) ALP (<10) tbili (6.5) EPOC: Na (147) Glucose (229)HCT (23) Pancreatic lipase: 1.5 (WNL) PCV/TP (6am) - 22% / 5.6 icteric EPOC (6am) - Na 146, iCa 1.15, BG 248 Slide agglutination - positive micro and macro

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a mild decrease in corticomedullary definition. There are multifocal renal cortical cystic changes bilaterally with an appropriate cortex to medulla ratio and no significant pyelectasia or pelvic dilation. The renal capsules are minimally irregular bilaterally. The left kidney measures 4.0 cm. The right kidney measures 4.3 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.55 cm. Right measures 0.58 cm.

Spleen

The spleen measures 0.74 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder is minimally distended with mildly thickened, uniform walls with normal wall layering and anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

There is no significant lymphadenopathy. There is a moderate volume of echogenic free fluid as well as diffusely hyperechoic mesentery and omental fat.

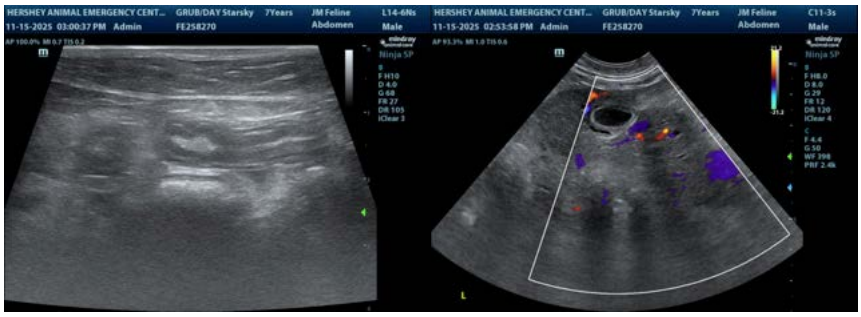
ULTRASONOGRAPHIC FINDINGS

- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with chronic age related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia.

- Given the echogenic free fluid of unknown etiology coupled with the evidence for moderate peritonitis, this is concerning for potential intraabdominal hemorrhage and/or septic peritonitis, given the changes to the biochemical profile.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominocentesis with fluid analysis is required at this time. Pending results of this test, an exploratory laparotomy should be considered for further investigation of the source of effusion as well as potential therapy. In the meantime, continued supportive care, as clinically indicated, is recommended. Institution of broad-spectrum antibiotics should be considered at this time.



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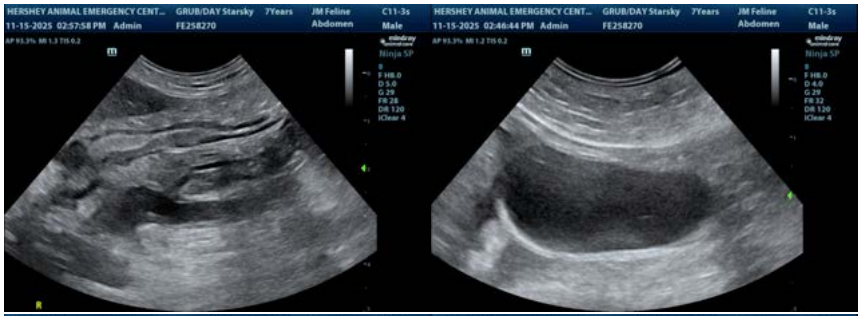

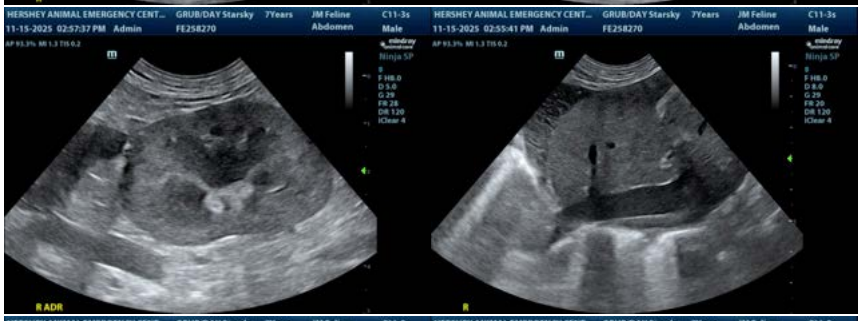

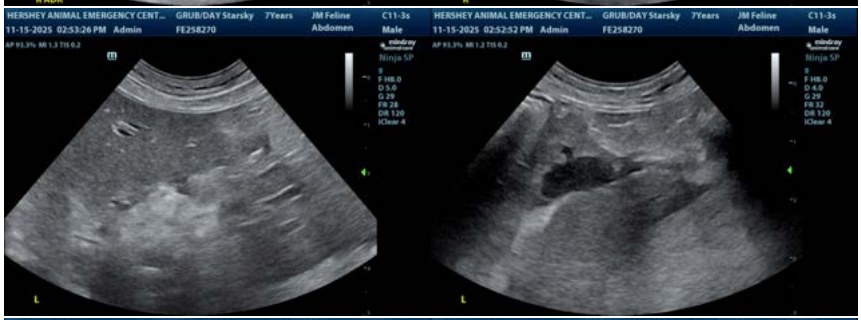

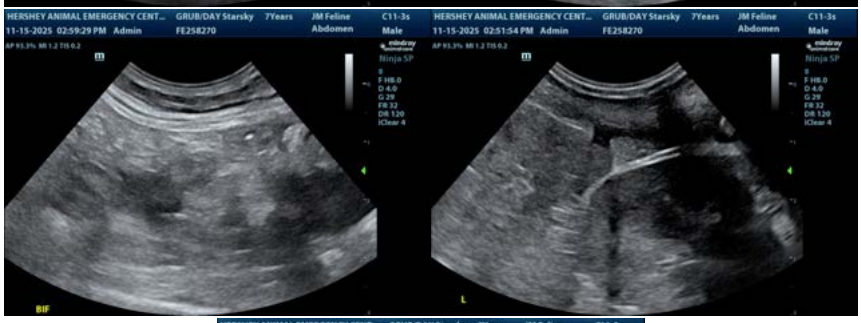

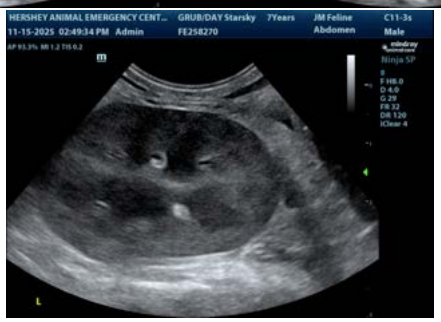

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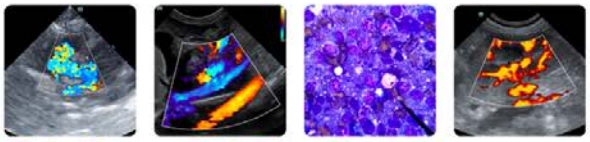

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

info@SonoPath.com