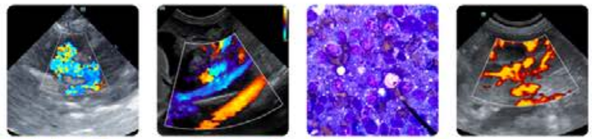


PATIENT
Loki Sousa-Rodriguez

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
8 Years

WEIGHT
15.2

INTERPRETED BY
Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY
Dr. Camille Petrizzo

HOSPITAL NAME
Greater Staten Island Veterinary Service

REFERRING VET
Dr. Camille Petrizzo

INVOICE
73470

DATE
3/7/26

PRESENTING CLINICAL SIGNS

Presented to the GSiVS ER Department on 3/7/2026 for evaluation of continued lethargy and intermittently febrile.

On 3/4 went to the rDVM for evaluation of lethargy and hyporexia. Owner thought that Loki felt warm so she took his temperature with an aural thermometer and noted that it was 105.5 * F. Went to rDVM where had some diagnostics performed and Loki was treated with supportive care (SQF, convenia injection and sent home with an appetite stimulant)

Overnight from 3/4-3/5 owner reported that Loki ate a small amount of food.

On 3/5- owner took temperature with aural thermometer and noted temperature was 106.0 * F. Further workup was declined and Loki was treated with SQF and sent home with Onsior.

3/6 Loki ate a small amount and drank water. He urinated and had a small BM. His temperature was elevated at home.

Last night he ate a lot and urinated and another small BM. rDVM called today about concerns on the radiology report and Loki was referred for continued care and workup.

Abnormal PE/Chem/CBC/UA Results: CSL: MCH 18.2 (11.8-17.3) EOS 0.11 (0.17-1.57) GLU 162 (74-159) K 3.3 (3.5-5.8) GLOB 5.7 (2.8-5.1) Fecal ova, parasites and giardia: negative Feline Triple: negative 3 view rads CONCLUSIONS: • The generalized bronchointerstitial pattern is compatible with an inflammatory lower airway disease, with chronic bronchitis or asthma being the main differential diagnoses. • Moderate, generalized cardiomegaly is observed Respiratory PCR: pending CSL: GLU 161 (71-159) GLOB 5.3 (2.8-5.1) ALKP 10 (14-111) proBNP: abnormal

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 is a moderate amount of suspended echogenic debris. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

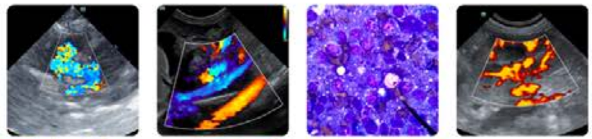
The kidneys are normal in size. The cortices are hyperechoic with loss of corticomedullary definition. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. The renal capsules are mildly enlarged and slightly irregular bilaterally. Left kidney measures 5.04 cm. Right kidney measures 4.7 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 0.40 cm. Right measures 0.59 cm.

Spleen

The spleen measures 0.87 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.



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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 contains a minimal amount of echogenic sediment. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

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 visible pancreas is 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.

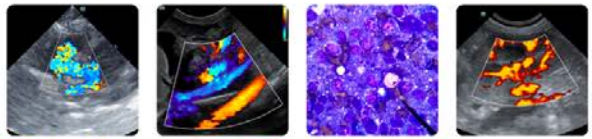
- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.

- There is a mild amount of likely incidental non-obstructive gallbladder debris. However, an acute or ascending cholangiohepatitis can't be definitively excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.



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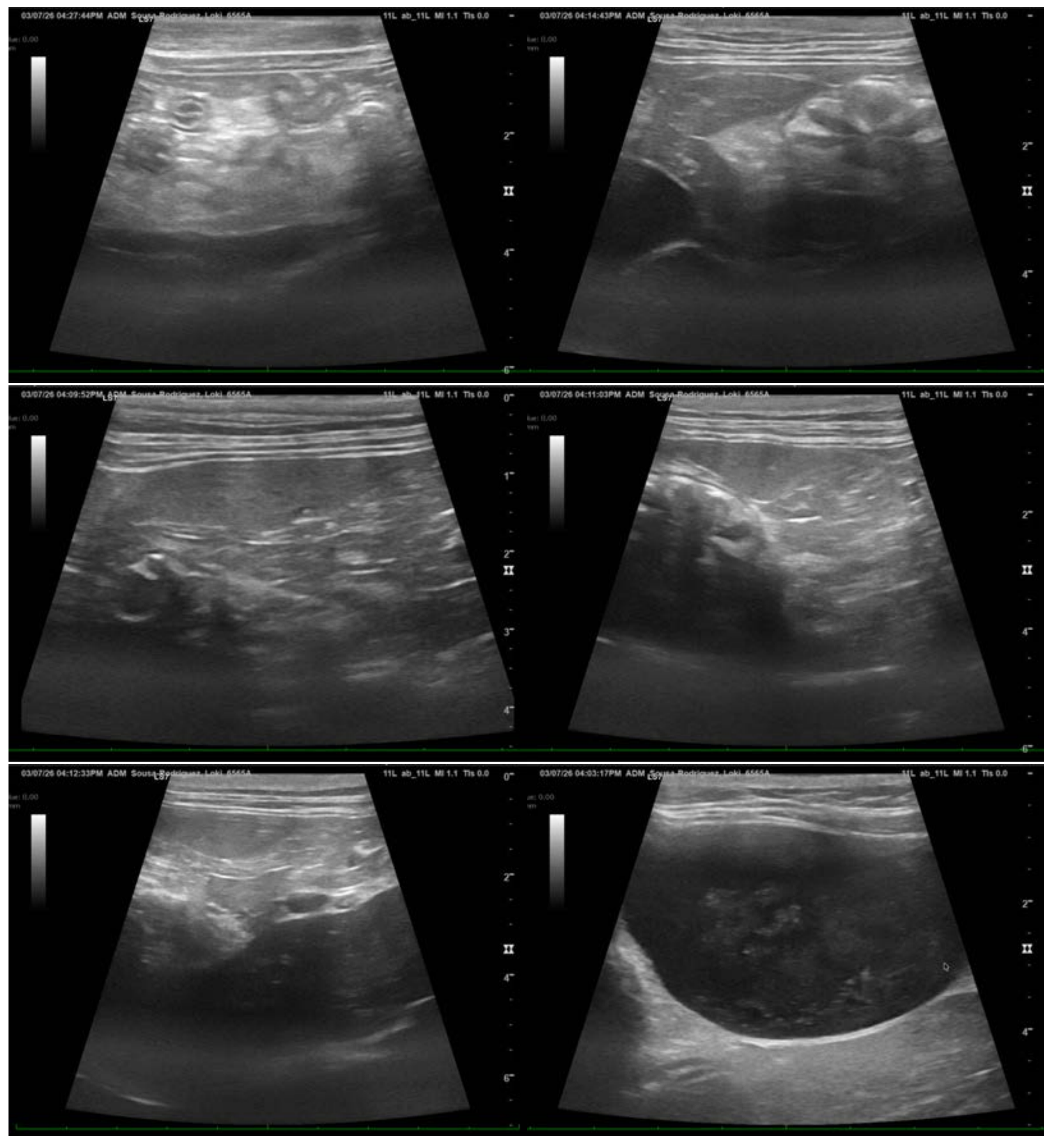
An echocardiogram is indicated to further evaluate cardiac structures for evidence of underlying cause of the fever.

Continue empiric antibiotic therapy and consider a fever of unknown origin PCR for potential other occult infectious causes of the reported pyrexia.



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, DACVIM (cardiology) info@SonoPath.com