



PATIENT

Finn Bertroch

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

2 Years

WEIGHT

9.25 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Williams

INVOICE

20504

DATE

1/10/23

PRESENTING CLINICAL SIGNS

History: S: 2 yr m/n DLH presents for recheck -- seen yesterday by Dr. Johnson, AEC, for rapid breathing, but also for vomiting 2-3x on Saturday night, then vomiting 7--9 x more on Sunday afternoon. Sunday morning ate breakfast, but since then has refused food. He was given Cerenia SQ, SQ fluids and sent home. He continued to not eat but has not vomited. Unknown about urination for sure (two cats use the same litter box). However, this kitty never buries his stool, and so they know he has not gone. Indoor only. No access to toxins. One plant ("Swiss cheese plant") in house but he never chews on it -- and it is only known to cause drooling and upset stomach. There was no drooling/ptyalism noted at home, and the vomit was only clear liquid every time he vomited and no plant material. Other cat in house remains normal.

Abnormal PE/Chem/CBC/UA Results: Xrays (two view thorax and abdomen) were done, and bloodwork. All of xrays appeared normal. CBC, LUTES, CHEM were normal as well, except for platelet count that was low (20k, but there were "aggregates" noted, and Mild hyperglycemia (183), and mild lymphopenia. FNA of liver showed moderate fatty vacuolization but the cellularity was sparse so pathologist commented that it may not be representative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are large in size (left kidney measures 4.9 cm, right kidney measures 5.03 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (1.19 cm x 0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.27 cm long x 0.47 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal. This is a mild change.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



PATIENT

Finn Bertroch

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

2 Years

WEIGHT

9.25 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Williams

INVOICE

20504

DATE

1/10/23

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty, but mildly fluid distended, with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Acute pancreatitis
- Mild scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Feline renomegaly – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition can also cause a similar appearance, and therefore cannot be ruled out. This finding should be interpreted in combination with other more specific indications of kidney disease, such as isosthenuria, proteinuria, azotemia, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended.

Given the reportedly normal lab work, etc., benign normal patient variant is considered most likely for the kidney changes, however, monitoring is recommended, especially if clinical signs don't improve and/or progress.



PATIENT

Finn Bertroch

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

2 Years

WEIGHT

9.25 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

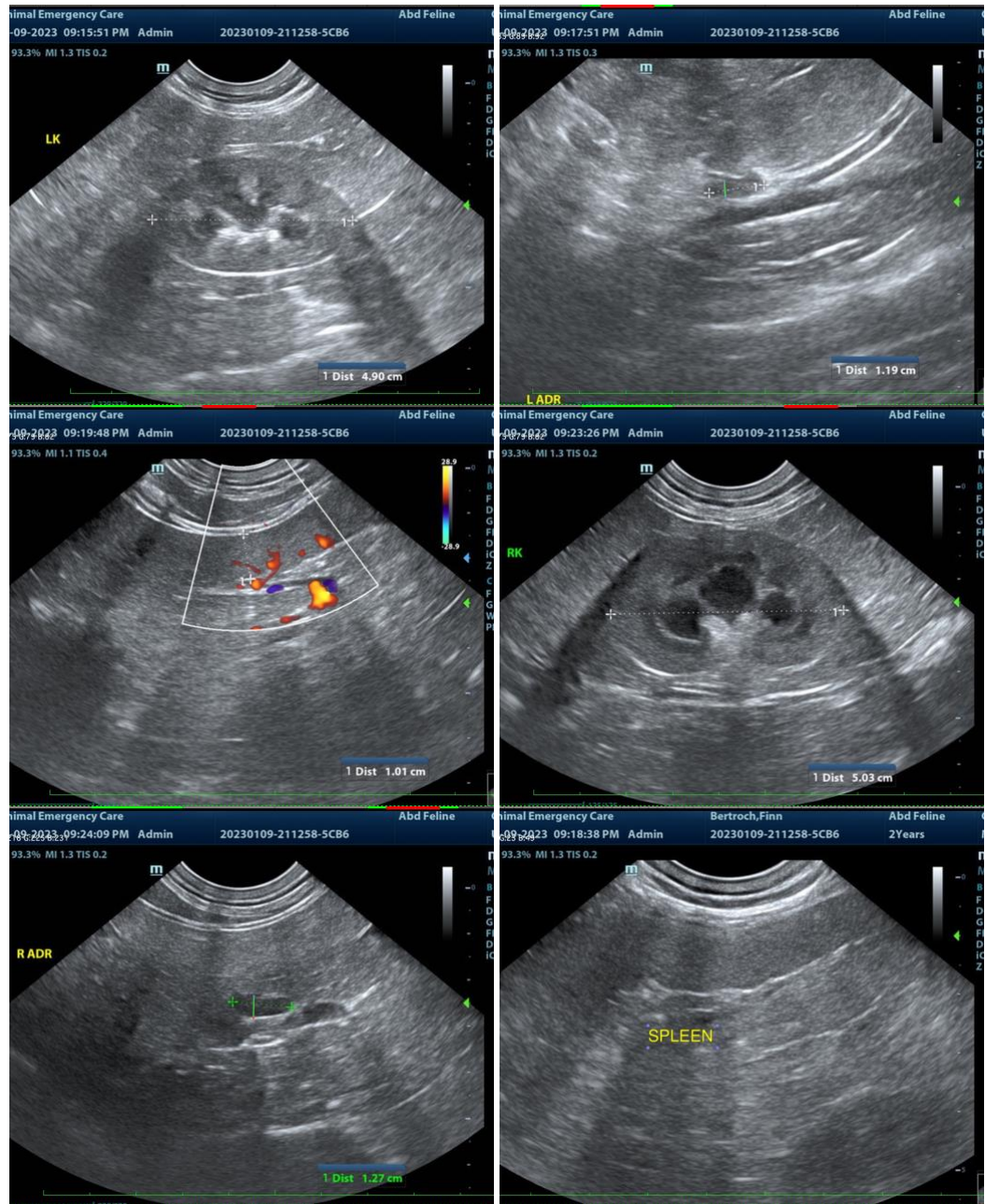
Dr. Williams

INVOICE

20504

DATE

1/10/23





PATIENT

Finn Bertroch

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

2 Years

WEIGHT

9.25 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

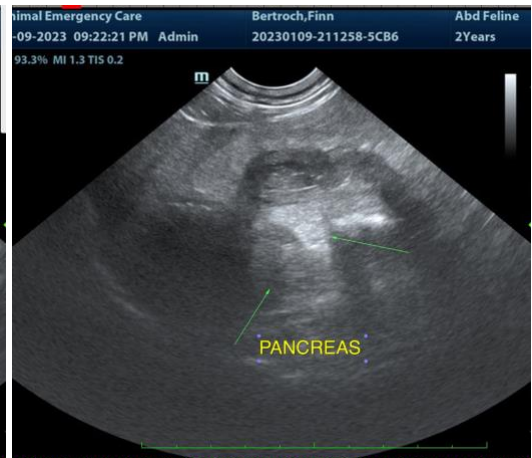
Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Williams



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.

INVOICE

20504

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.

DATE

1/10/23



PATIENT

Beth Johnson, DVM DACVIM

Finn Bertroch

Beth.Johnson@SonoPath.com

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

2 Years

WEIGHT

9.25 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Williams

INVOICE

20504

DATE

1/10/23