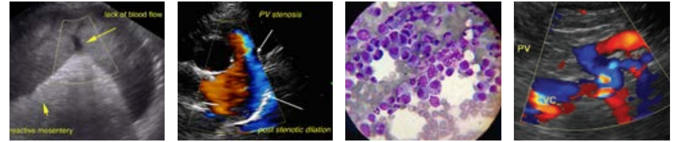

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1-800-838-4268 info@sonopath.com

PATIENT

Rubio Felix

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

4 Years

WEIGHT

7.7 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Maria Martes

INVOICE

44559

DATE

1/26/23

PRESENTING CLINICAL SIGNS

Pt was presented for evaluation of inappetence and diarrhea. Has not eaten for 5 days. Has also had vomiting. He is mainly an outdoor cat. TX: revolution for fleas' nebulization and doxycycline for nasal discharge dehydration - IVF prednisone for anemia Panacur for GI parasites

Abnormal PE/Chem/CBC/UA Results: PE: moderate nasal congestion with discharge. CBC: severe non-regenerative microcytic normochromic anemia with RBC 3.12, Hct 10% and Hgb 3.1; monocytosis 0.92, eosinopenia 0.01, basopenia 0.0 CHEM: increased BUN 72, hyperphosphatemia 11.7; increased TP 9.9 and globulin 7.2; increased Tbil 1.0 and cholesterol 243; hypernatremia 175 Radiographs: possible peritoneal fluid - loss of serosal detail at cranial abdomen Fecal: roundworms, hookworms, and whipworms FIV/FELK: positive and positive. FeLV/FIV - positive for both

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are large in size 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. The left kidney measures 4.93 cm. The right kidney measures 494 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.50 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

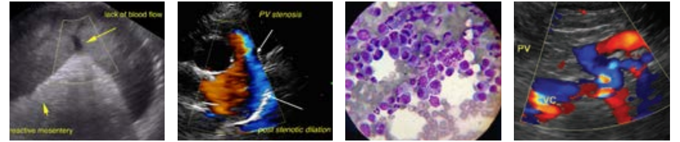
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The 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.

The 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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a scant amount of anechoic free fluid noted in these images as well as reactive mesenteric and medial iliac lymphadenopathy.

PRIMARY FINDINGS

- **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 cannot be ruled out but is less common in an enlarged kidney.

- **Reactive mesenteric and medial iliac lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

- Scant amount of anechoic free fluid

SECONDARY FINDINGS

- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's clinical signs are most likely secondary to the reported infectious diseases, parasitic disease, and anemia. In addition to the reported diagnoses already obtained, recommendations include further evaluation for other infectious diseases including tickborne diseases, bartonella, etc. Given the hyperglobulinemia and the appearance of the kidneys, FIP also must be on the list of differentials.

Serum electrophoresis could be considered for further evaluation of the hyperglobulinemia to help determine whether it is primarily infectious or potentially neoplastic in origin, as lymphoma can also result in renomegaly as seen here.

Ultimately, if managing the infectious diseases, addressing the anemia, addressing the gastrointestinal parasites, etc. does not help alleviate clinical signs, and hyperglobulinemia persists, sampling of the free abdominal fluid, if possible given its scant amount, or potentially fine needle aspirate of the kidneys could be considered if patient's coagulation status is appropriate, with submission of samples for cytology to look for evidence of lymphoma, as well as submission for potential FIP PCR to Auburn.

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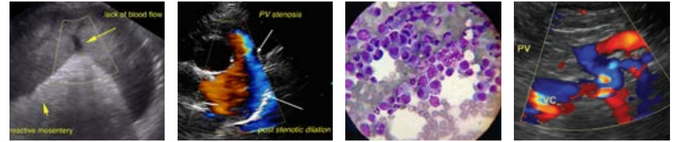
Clinical Sonography & Telecytology



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Please contact the lab for sample handling recommendations.

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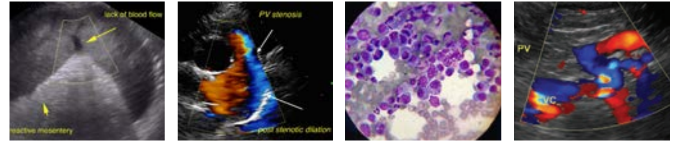

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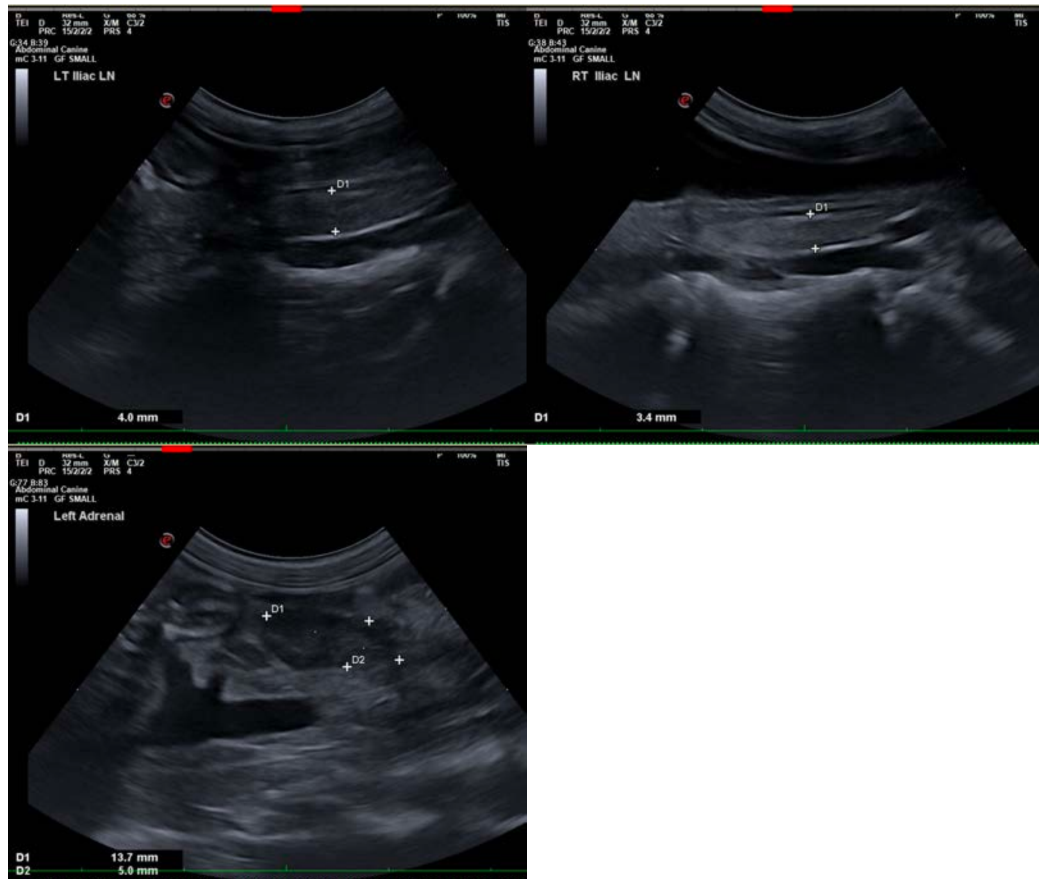

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com