


PATIENT PRESENTING CLINICAL SIGNS

Grayson Piercy

Was neutered 10/06/22. Shortly after his neuter he started to eat less and become less active. Examined again on 10/19/22, on PE he was normal except for a temp of 40.1. Gave him a convenia injection. Rechecked on 10/24/22 - no change in PE and still has a temp of 40.0. Eating 1/4 of the normal amount, less active. Rads were done and he has decreased detail in his abdomen - concerned about fluid. Blood is unremarkable.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Months

WEIGHT

3.32 kg

Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. Reticulocytes 0 (3-50), creat 62 (80-203), urea 5.2 (5.7-13.2), phos 2.4 (0.9-2), albumin 22 (26-39), ALT 17 (27-158). FeLV/FIV negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder is moderately 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.

The right kidney is normal in size (3.99 cm), shape and echogenicity. It has smooth peripheral margination. 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 is normal in size (3.54 cm), shape and echogenicity. It has smooth peripheral margination. 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

The area of the right adrenal gland is examined without evident pathology.

The left adrenal gland is normal in size (0.24 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. 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.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

INTERPRETED BY

 Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Orchard AH

REFERRING VET

Dr. D'Amico

INVOICE

42407

DATE

10/27/22



PATIENT	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.
Grayson Piercy	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Feline	
BREED	Pancreas
DSH	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.
SEX	Free Abdomen
Neutered Male	A large amount of echogenic free fluid is noted.
	There is no apparent lymphadenopathy noted in these images.
AGE	ULTRASONOGRAPHIC FINDINGS
6 Months	<ul style="list-style-type: none"> • Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered. • Large amount of echogenic free fluid – Some free fluid is considered normal in a young kitten. However, the volume and appearance of this fluid, especially in a sick cat, is likely pathologic. Differentials include fluid secondary to decreased oncotic pressure from low albumin versus decreased venous return or increased arterial pressure from cardiac disease, vasculitis/infectious disease, paraneoplastic fluid, or potentially, though not common, blood caused by a retracted spermatic cord post-neuter. Fluid from another viscus organ is possible but considered less likely.
WEIGHT	
3.32 kg	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	Recommend sampling of the fluid for both cytology as well as culture and sensitivity, given this patient's reported fever. If fluid analysis doesn't give a diagnosis, a fine needle aspirate of the spleen could be considered.
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HOSPITAL NAME	
Orchard AH	Given this patient's young age, if the fluid is not able to be traced to the neuter, such as occasionally seen with a retracted spermatic cord, then next steps would be infectious disease workup, including potential FIP, especially if the albumin to globulin ratio is consistent.
REFERRING VET	
Dr. D'Amico	In the meantime, symptomatic/supportive care with close monitoring for progressive fever or anemia, etc. is recommended.
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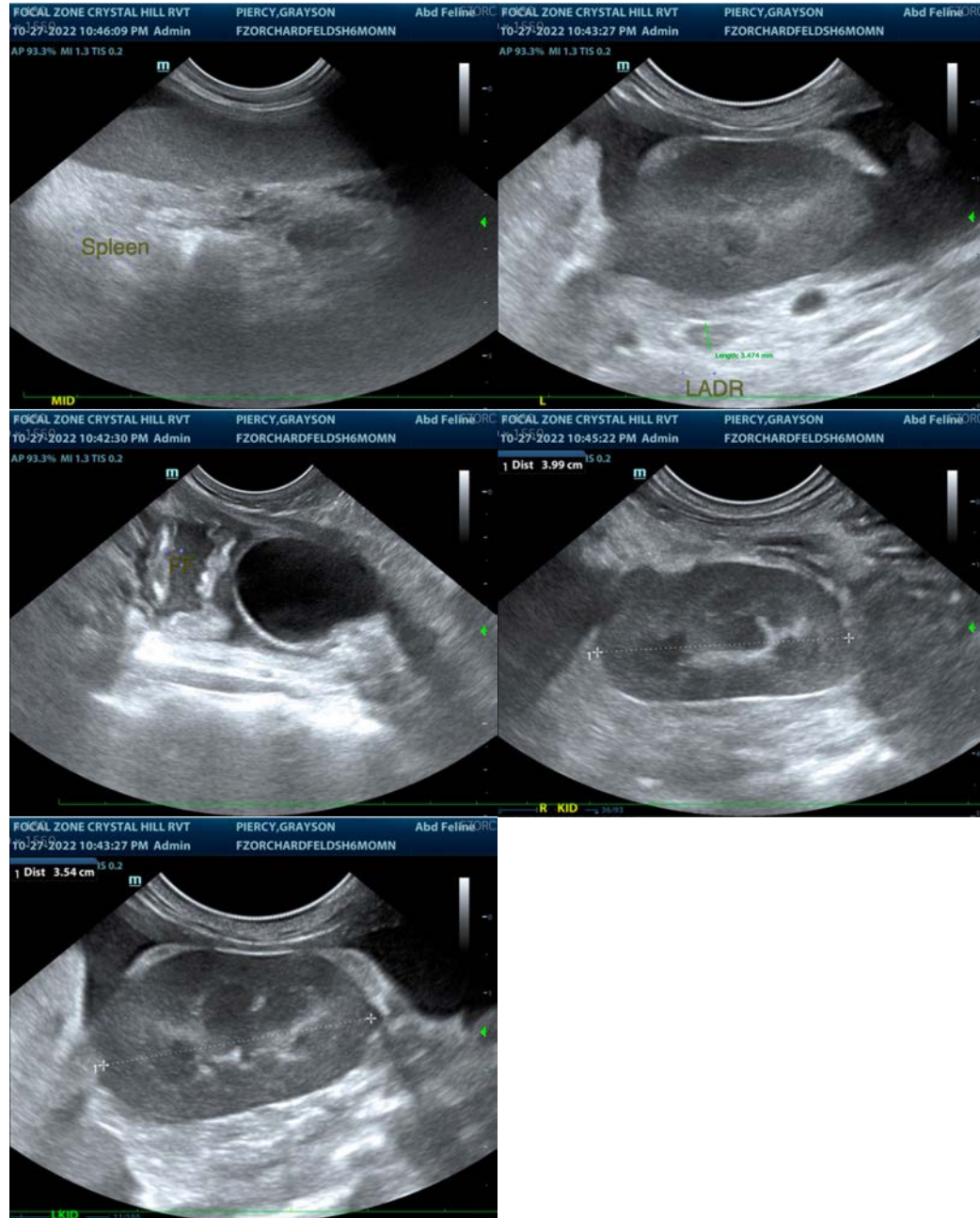
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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