



PATIENT PRESENTING CLINICAL SIGNS

Gizmo Taylor

Presented March 29 for anorexia. 1 week history of progressive hyporexia and lethargy. NO vomiting or diarrhea noted. Drinking, but less than usual. Indoor cat only. QAR on exam. MM noted to have a slightly jaundiced hue. Normal abdominal palpation. Started NG tube feeding, IVF, Cerenia, Pantoprazole, Ampicillin and Enrofloxacin. In house AFAST showed no free fluid.

SPECIES

Feline

BREED

Maine Coon X

Abnormal PE/Chem/CBC/UA Results: CBC mod neutrophilia, mild monocytosis. Chem - M1 increase ALKP, mild increase GGT, moderate hyperbilirubinemia, mild hyperglycemia, Lytes normal, TT4 high normal, U/A sp grav-1.032, bilirubin present, suspect cocci.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly subjectively over 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.

AGE

11 Years

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. The right kidney measures 4.38 cm. The left kidney measures 4.72 cm. Mild bilateral pyelectasia is noted.

WEIGHT

6.23 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (0.53 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

The left adrenal gland is normal in size (0.49 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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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.

REFERRING VET

Dr. Grewal

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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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.

DATE

3/30/23

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 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions



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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

Maine Coon X

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.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

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In the cranial abdomen, medial to the spleen, there is a 0.80 cm round, hypo- to anechoic structure, presumably a lymph node, surrounded by enhanced hyperechoic fat.

PRIMARY FINDINGS

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- **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.

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- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- **Enlarged cranial abdominal lymph node** – Both reactive lymphadenopathy as well as infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.

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SECONDARY FINDINGS

- Age related kidney changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the liver +/- the spleen are recommended if patient's coagulation status is appropriate.

REFERRING VET

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In the meantime, as is reportedly already in place, treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.

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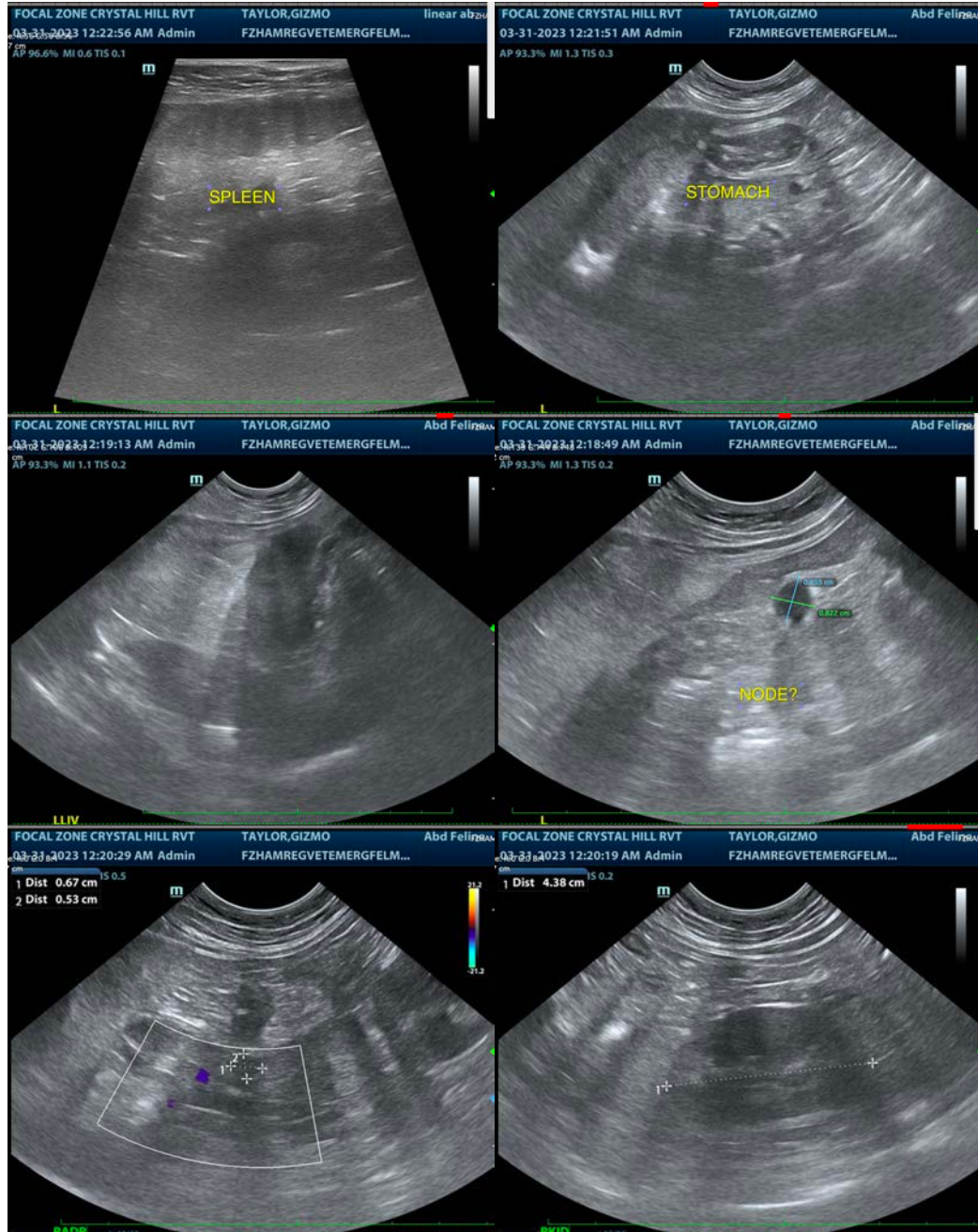
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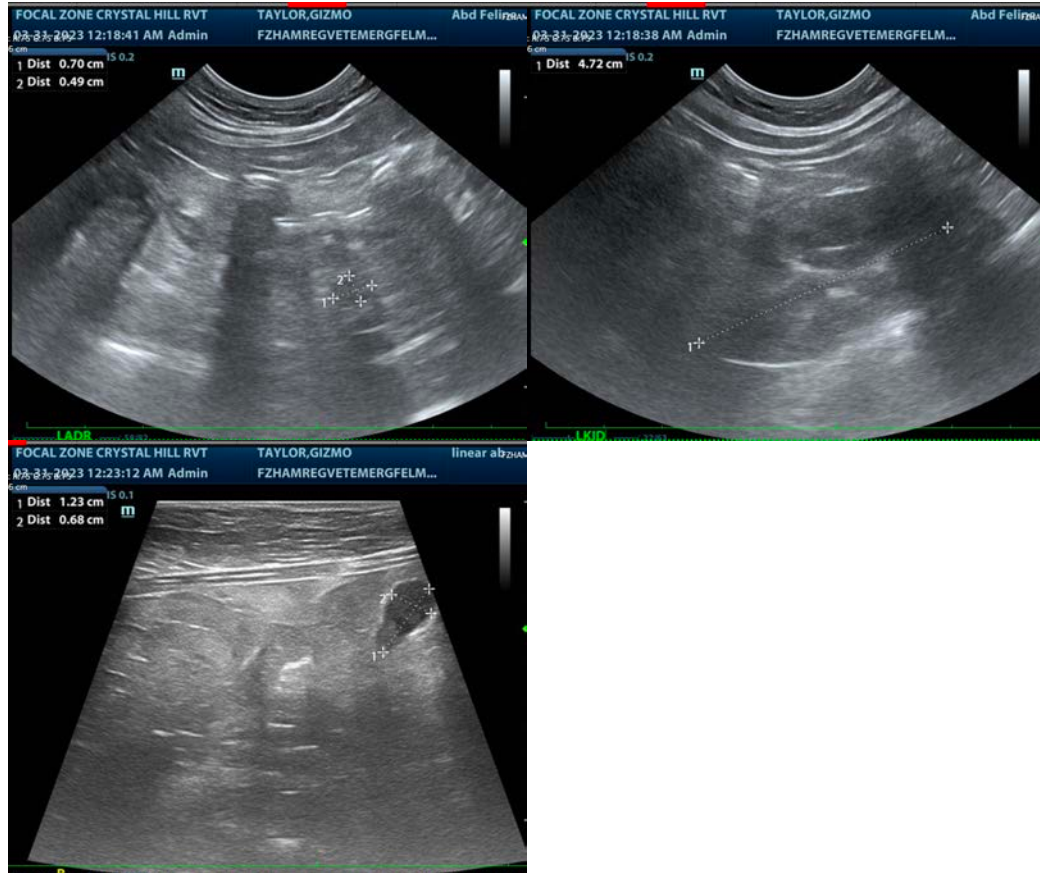
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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