

**DATE PRESENTING CLINICAL SIGNS**

4/11/23

Became very lethargic, typically more aggressive but seemed weak Seems interested in eating but then turns away for 4 days No known health conditions Presented to rdvm: - 4 days of hyporexia and lethargy - Bw: Tbil 1.6 (0-0.9), Hct 13.9% (30.3-52.3), Retics 330.7 (3-50), Mono 0.68 (0.05-0.67), Plt 133 (151-600) - T4 WNL - fpl normal - Triple (-) - Ua: Usg 1.040, pH 7, Pro 30mg/dl, Bil 1 mg/dl - Rads: NSF

PATIENT

Jeffrey Kalendek

SPECIES

Feline

Current Medications: Cerenia, Dexamethasone, Gabapentin.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

1/31/16

The right kidney is normal in size (4.72 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 observed. Chronic infarcts are noted. A small non-obstructive nephrolith is present.

WEIGHT

10.7 Pounds

The left kidney is normal in size (4.61 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 or mineral observed. Chronic infarcts are noted.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (0.52 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAMEAnimal Emergency
Hospital

The left adrenal gland is normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Nacke-Horney

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.

INVOICE

46560

Liver

The liver is subjectively enlarged (Swollen contour). Mild parenchymal remodeling is present with diffusely mildly coarse architecture and slightly increased portal markings. No focal lesions are observed. Visible vasculature appears normal without distension or congestion. The visible biliary tree appears normal without distention or congestion. However, multifocal intrahepatic biliary mineral densities are present.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.

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 observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

A very scant amount of anechoic free fluid is noted.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **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.
- **Non-specific coarse hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- **Gallbladder debris combined with suspected intrahepatic biliary mineral** – suggestive of possible cholangitis, with both an acute active process as well as potentially chronic or resolved changes being possible. Often, intrahepatic biliary mineral is an incidental finding without clinical consequence.
- Scant amount of anechoic free fluid present

SECONDARY FINDINGS

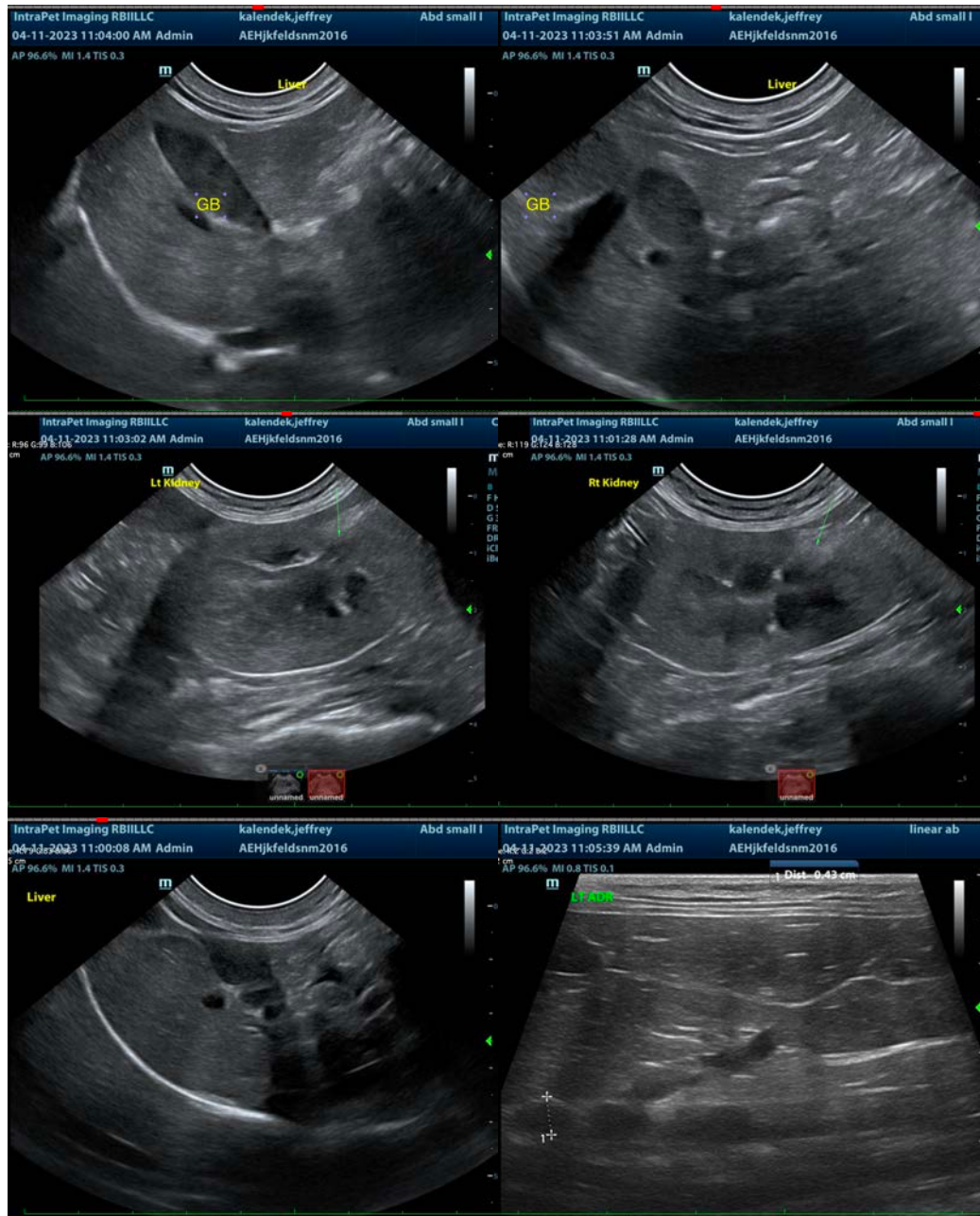
- Urinary bladder debris
- Bilateral chronic kidney infarcts with a non-obstructive nephrolith noted in the left kidney
- **Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

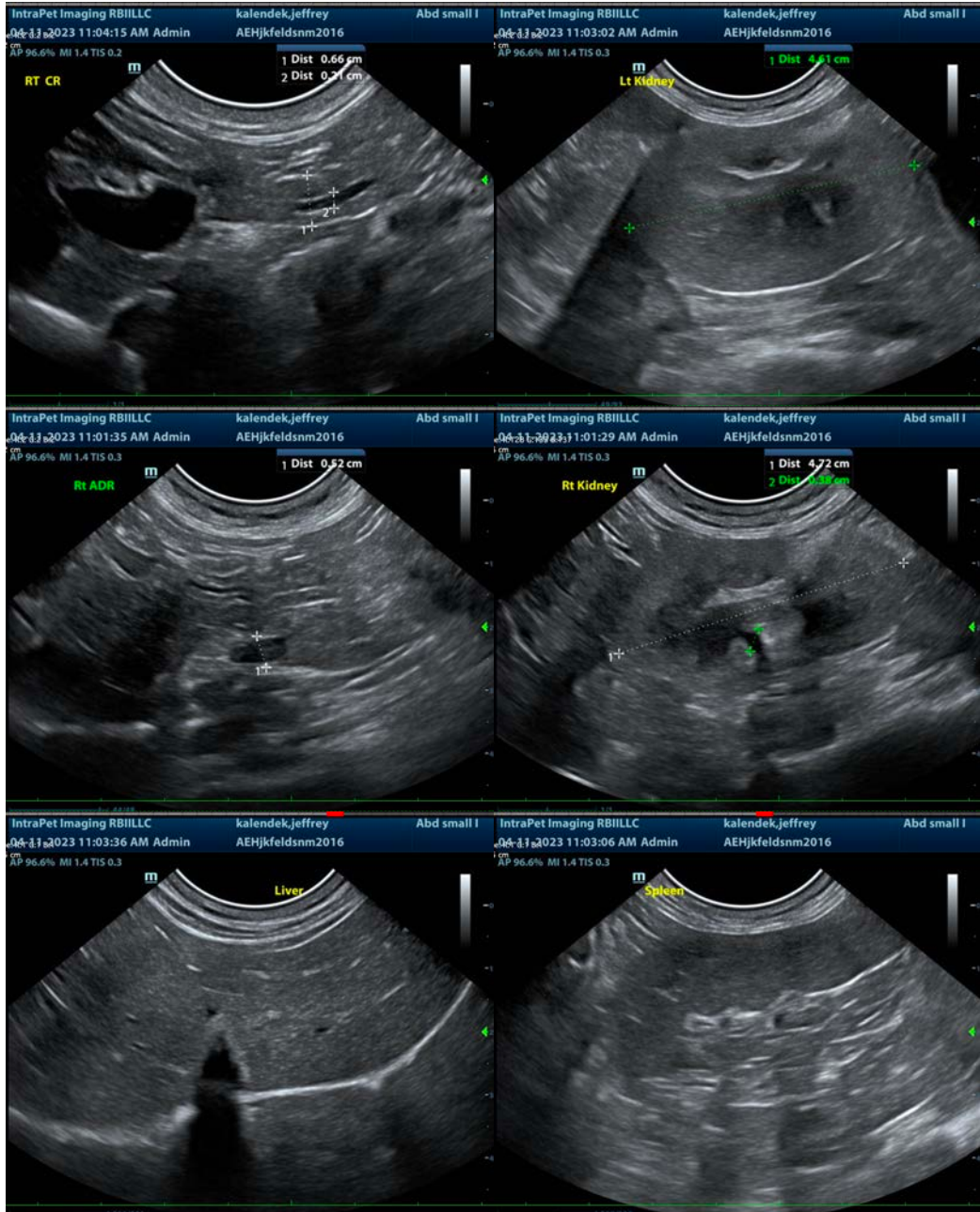
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

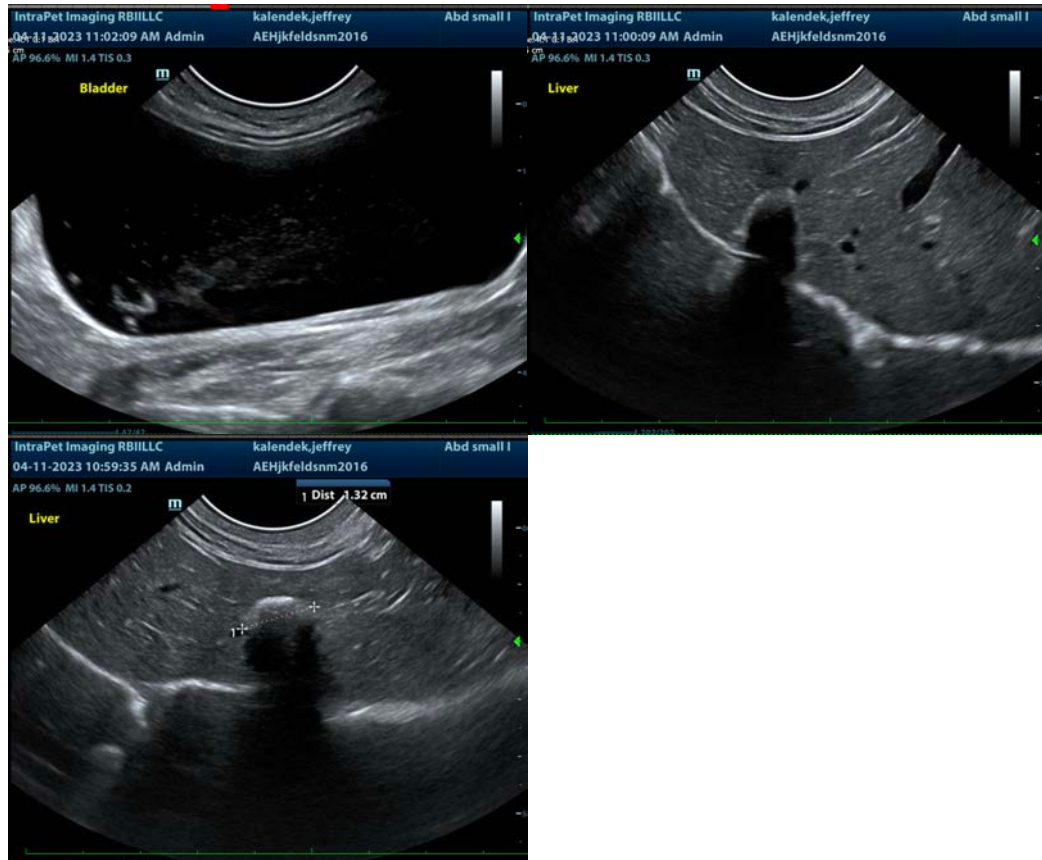
Differentials for this patient's reported regenerative anemia include both hemorrhage as well as hemolysis. There is no evidence of hemorrhage in these images, although it can't be ruled out, especially within the GI

tract. Having said that, given the concurrently mildly increased total bilirubin, hemolysis seems more probable. Therefore, recommendations include comprehensive infectious disease testing, as well as fine needle aspirates of the spleen and liver if patient's coagulation status is appropriate.

In the meantime, a transfusion is warranted, as is beginning empirical therapy for presumed autoimmune hemolytic anemia.







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.

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