



PATIENT PRESENTING CLINICAL SIGNS

Tucker Craven

P has a history of feline asthma and had recently had a flare-up of coughing, so oral prednisolone was initiated. These problems had seemed to improve, but then the patient presented with 1-2 day history of anorexia, frequent vomiting, and lethargy. The patient was admitted to the hospital on 6/19/23 and no additional vomiting has been observed (continues to be anorexic). Current meds: IV NaCl at 12ml/hr, Ampicillin, cerenia, metronidazole, buprenorphine, Elura appetite stimulant, prednisolone.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM(in house) performed 6/19/23 CBC: mild stress leukogram (mild lymphopenia, LYMPHS= 0.70) and suspected Band cells, but otherwise unremarkable; CHEM: stress hyperglycemia GLU= 255, but otherwise unremarkable. SNAP FPL= abnormal.... Rads: Mild pleural effusion was noted in the cranial left lung fields and there was a mild bronchiolar to broncho interstitial pulmonary pattern, but the thorax appeared otherwise unremarkable, and no significant findings were noted in the abdomen.

AGE

7 Years 5 Months

WEIGHT

13

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 a moderate to large amount of echogenic non-shadowing debris, which could be partially consistent with incidental suspended lipid in a cat, likely 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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 pyelectasia, mineral or infarcts observed. Multiple cortical cysts present bilaterally. The left kidney measured 4.69 cm. The right kidney measured 4.59 cm.

IMAGING PERFORMED BY

Jessica Green

Adrenal Glands

The right adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Stanglein Vet Clinic

The left adrenal gland is normal in size (0.31 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Dan Hoffman

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.

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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.

DATE

6/20/23

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.



PATIENT

Gastrointestinal

Tucker Craven

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.

SPECIES

Feline

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.

BREED

DSH

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

SEX

Neutered Male

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.

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Free Abdomen

A small amount of free fluid is present, primarily in the cranial abdomen adjacent to the pancreas.

WEIGHT

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There is no apparent lymphadenopathy noted in these images.

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PRIMARY FINDINGS

- Acute pancreatitis
- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Urinary bladder debris

IMAGING PERFORMED BY

Jessica Green

SECONDARY FINDINGS

- Age related kidney changes with bilateral cortical cysts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. Additionally, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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Otherwise, supportive/symptomatic medical management of acute pancreatitis is recommended if monitoring of clinical signs, laboratory changes, etc. for improvement. Treatment recommendations include antiemetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management if clinically indicated, broad-spectrum antibiotics, fluid therapy, etc.

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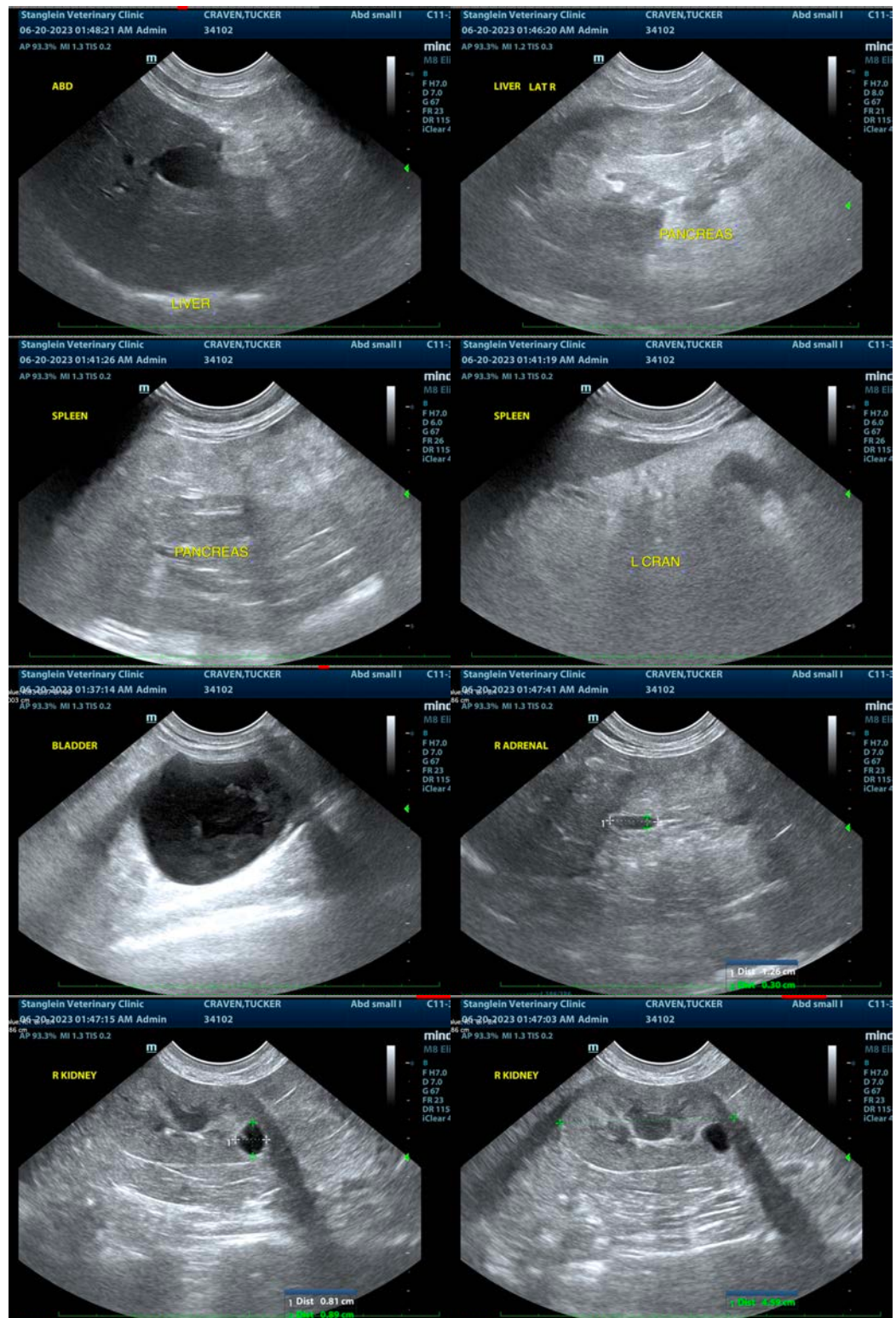
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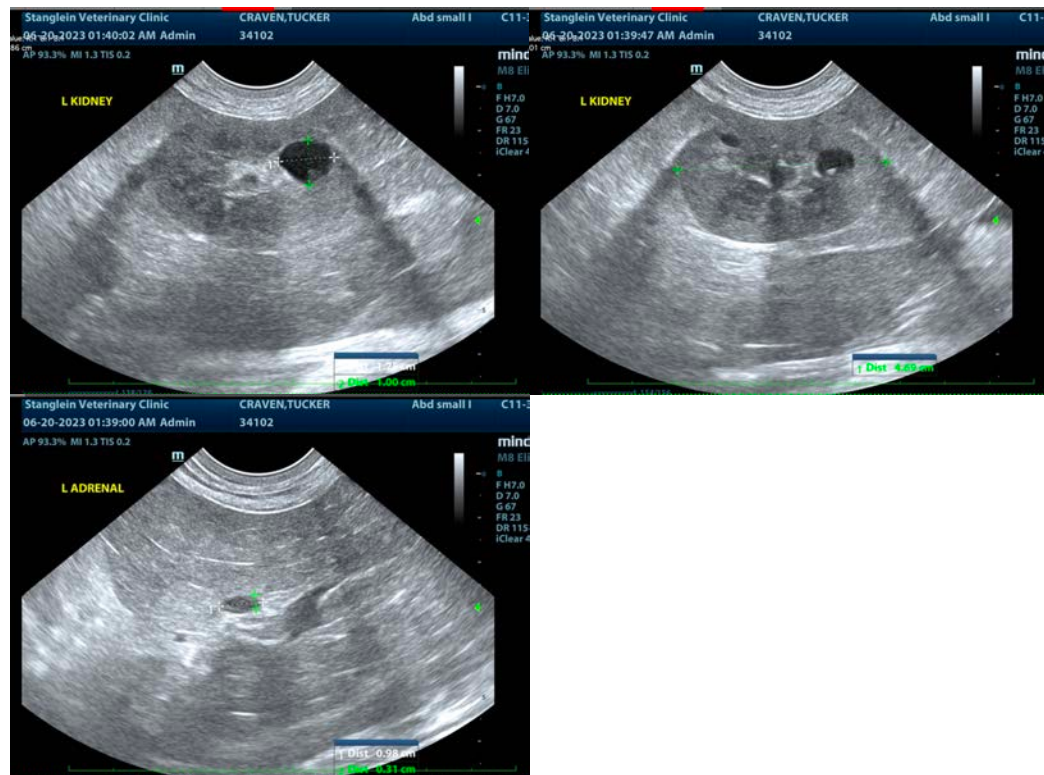
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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