

**DATE PRESENTING CLINICAL SIGNS**

6/28/23 Severe PLN, upper respiratory signs. Presented 6/13 to rDVM for URI, lethargy, weight loss. Abdominal effusion noted on PE, reportedly transudate. Convenia given which resolved URI signs. Labs at the time consistent w/PLN (updated labs pending today) and anemia (22%, borderline regenerative). Recheck 6/19 and performed infectious PCR testing and FIP PCR on abdominal effusion (negative across the board). Exam today--muscle wasted, moderate volume abdominal effusion, lethargic, fever of 103.9, URI signs returning (ocular and nasal d/c)

SPECIES

Feline

Current Medications: None.

Lab Results: 6/13: BNP 49 (WNL), T4 0.5. Chem--SDMA 15 (creat 0.6), tCa 6.7, Na 145, albumin 1.4, glob 5.7, CK 554. CBC--HCT 22% (norm/norm, borderline regen w/retics 44K), monos 0.765

BREED

DSH

UA--USG >1.050, pH 7.0, 500 protein, 7 WBC, 5 RBC, UPC 6.0, Idexx anemia PCR panel negative

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Imaging Performed By:

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

6/15/22

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.

WEIGHT

2.74 kg

INTERPRETED BYBeth Johnson, DVM
DACVIM

The right kidney is normal in size (4.36 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.

HOSPITAL NAME

Nexus Vet Specialists

The left kidney is normal in size (3.72 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, mineral or infarcts observed.

REFERRING VET

Dr. Steele

Adrenal Glands

The area of the adrenal glands are examined without evident adrenal gland pathology.

INVOICE

43548

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.

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. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is empty with no evidence of obstruction or foreign material.

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 large amount of echogenic appearing free fluid.

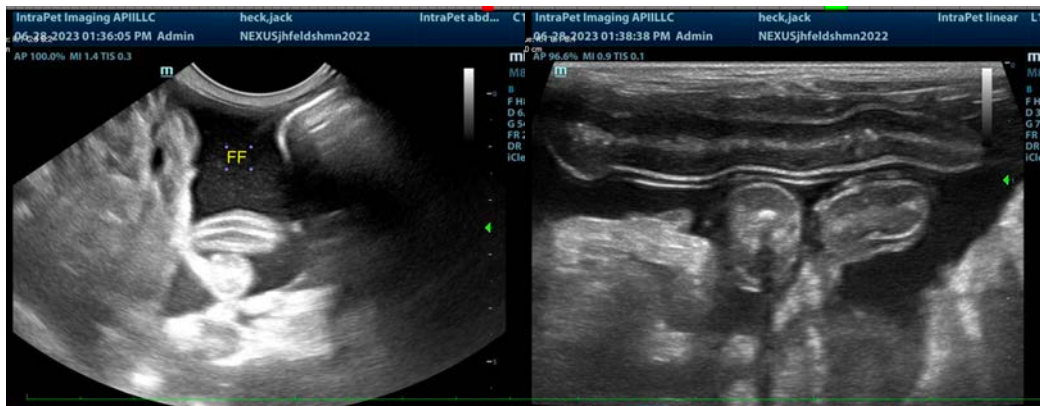
There is no apparent lymphadenopathy noted in these images.

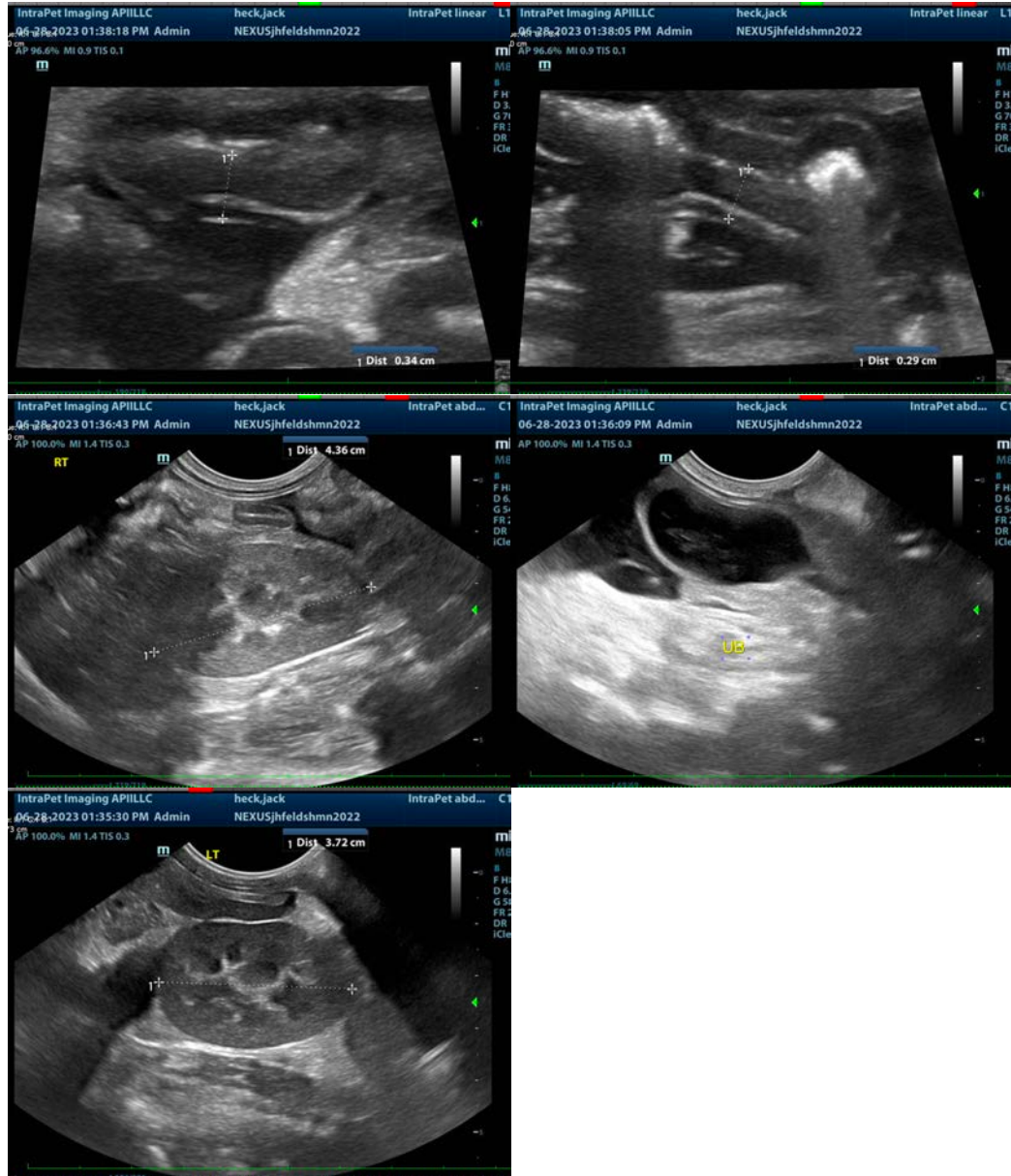
ULTRASONOGRAPHIC FINDINGS

- Mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- Large amount of echogenic appearing free fluid is noted.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations regarding this exam will be implemented by Dr. Cara Steele.





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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