

**DATE PRESENTING CLINICAL SIGNS**

8/16/23

8/4/23-Pepe was presented to the Internal Medicine service for evaluation of elevated liver enzymes, abnormal ultrasound findings, and back pain. The owner reports that now at home he seems completely normal. When he was feeling unwell, he would go through many days of seeming perfectly fine, and then he would have a day where he would be off and not eat well and act lethargic. 8/10/23-O called with concerns Pepe is vomiting dark brown, not eating well, diarrhea, acting slightly lethargic on/off, more chill. Played with the laser for a brief timeframe yesterday then stopped. He is more himself today than the other day. O states she can tell he doesn't feel well and is trying to hide how sick he feels.

**PATIENT**

Pepe Lefelar

**SPECIES**

Feline

Current Medications: Cerenia 8mg SID - prescribed 8/10/23, Provable forte 1mL paste BID and 1 capsule SID - prescribed 8/10/23.

**BREED**

DSH

Lab Results: Elevated ALT, Elevated ALP, SDMA elevation, Mature neutrophilia.

Date of Previous IntraPet Ultrasound: 5/11/23. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Neutered Male

Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

10/12/22

**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.

**WEIGHT**

4.45 kg

The right kidney is normal in size (3.55 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. A subtle hyperechoic band parallel to the corticomedullary border is present.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM

The left kidney is normal in size (3.83 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. A subtle hyperechoic band parallel to the corticomedullary border is present.

**HOSPITAL NAME**

Nexus Vet Specialists

**Adrenal Glands**

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

**REFERRING VET**

Dr. Steele

**Spleen**

Spleen is subjectively large in size with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

**INVOICE**

44727

**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 (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 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 no evidence of free peritoneal effusion noted in these images.

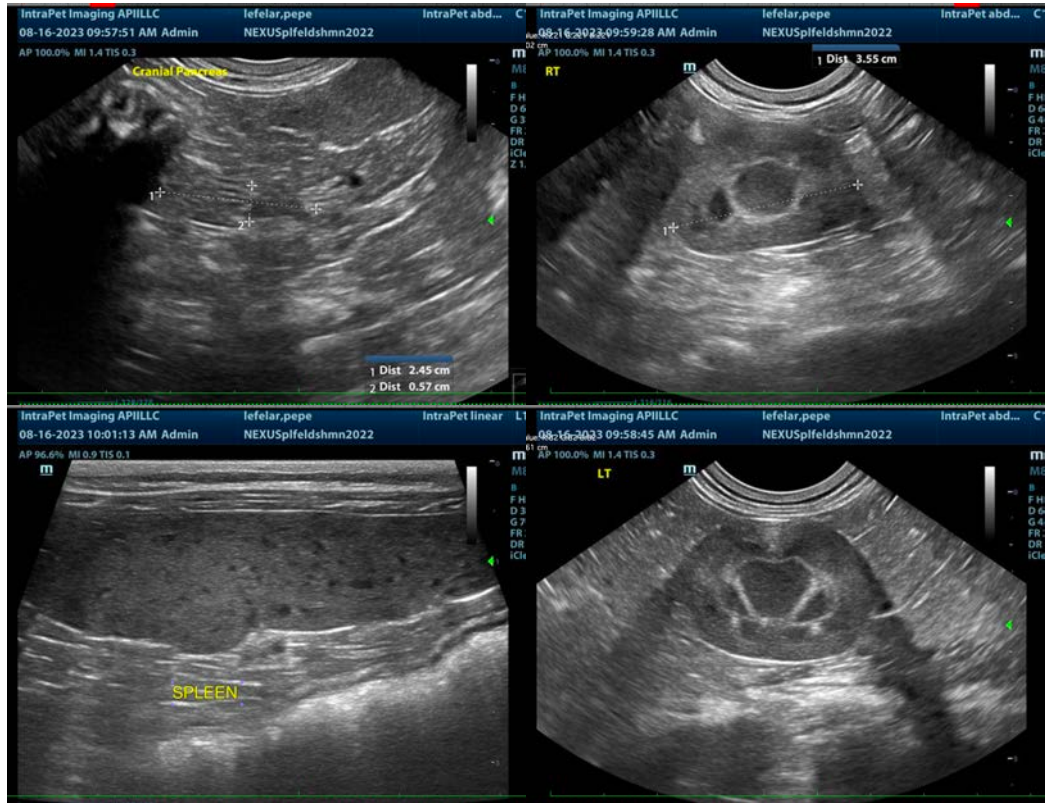
There is no apparent lymphadenopathy noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

- **Honeycomb Spleen** – This finding often suggests infiltrative disease such as round cell neoplasia. Having said that, however, splenitis or a reactive spleen secondary to infectious or immune mediated disease is possible and can't be definitively ruled out without tissue sampling.
- **Subtle bilateral medullary rim sign** - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations regarding this exam will be implemented by attending internist, 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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