

**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: Appetite Decreased, Not Defecating

**PATIENT**

History: Date: 11-11-2021 Notes: Since We Took In Our New Cat, Pickle Has Been Acting Lethargic And Depressed. He hasn't eaten in 6 Days, But He Is Still Drinking Water. He Has Been Peeing But I Haven't Seen Him Poop. He Has Urinary Problems, But I haven't Seen Any Blood/ He doesn't Have Difficulty Peeing Hills Prescription C/D Dry Food For Urinary Crystal Issues + treats- Cat Greenie'S Hard Treats ATO- Presented for 6 day history of anorexia, staying away from other cats, muscle loss depressed, no vomiting owner states indoor only; does have new cats in household - owner thinks patient is FELV/FIV negative owner states they have had as a kitten and is indeed only ~4 yrs of age.

Pickle Hoobler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2017

Current Medications: Oral Buprenorphine 0.3mg/ml, Mirtazapine 1mg (per cap), Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Comfortis 1620mg Tablet, Convenia <40 lbs [80 mg/ml] Inj., Pantoprazole (Protonix) 40mg/vial Injection (Per mL)

Lab Results: Attached

Radiographs: heart tall gas in intestines no obvious urinary bladder or kidney stones

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required for scan.

Stat Report: Not requested.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****WEIGHT**

8.44 lbs

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.06 cm. The right kidney measured 3.92 cm.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**Adrenal Glands**The regions of the **adrenal glands** revealed no evident pathology.**Spleen**

The **spleen** in this patient revealed slightly irregular contour, fairly uniform, yet volume contracted. Hydration status should be assessed.

**HOSPITAL NAME**

Animal Emergency H

**Liver**

The **liver** revealed slight coarse architecture. Double layered edematous gallbladder noted. Passive congestion liver pattern noted with dilated hepatic veins. Pleural effusion was noted through the diaphragm as well as intercostal approaches with areas of lung consolidation.

**REFERRING VET**

Dr. Kalwa

**Gastrointestinal**The **stomach** itself was unremarkable. Minor intestinal thickening noted.**INVOICE**

12505

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### **Free Abdomen**

The mesenteric **lymph nodes** (2.09 cm x 0.62 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

### **Other**

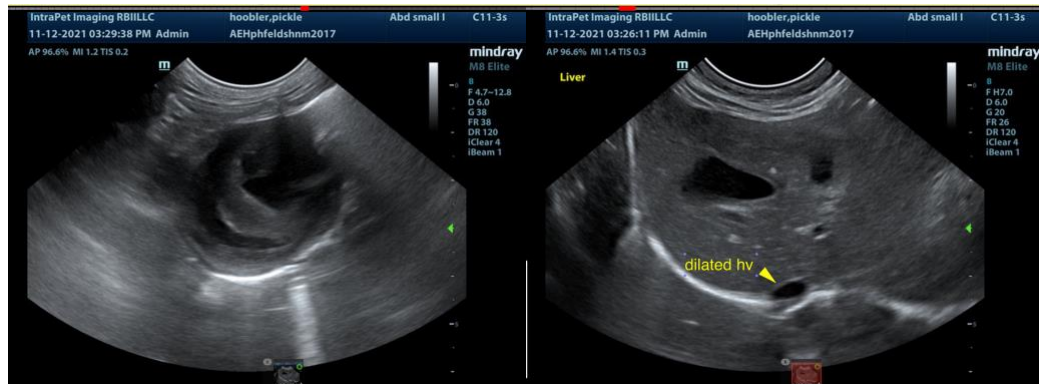
A rapid view of the **heart** revealed slight pericardial effusion without volume overload.

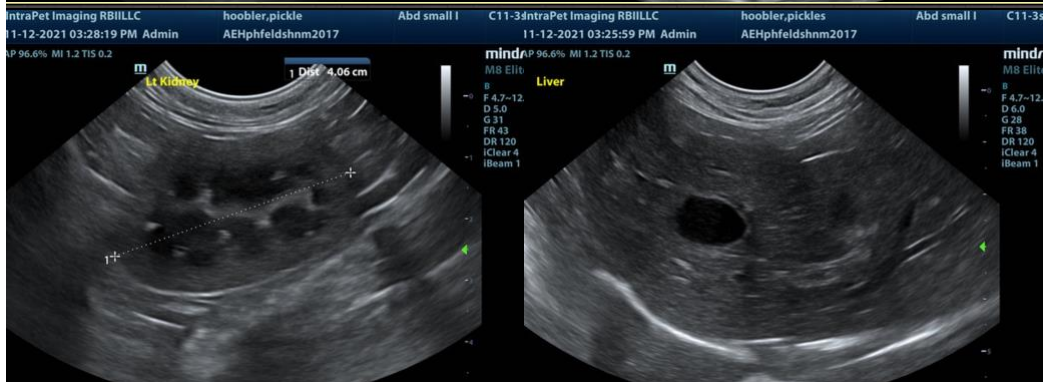
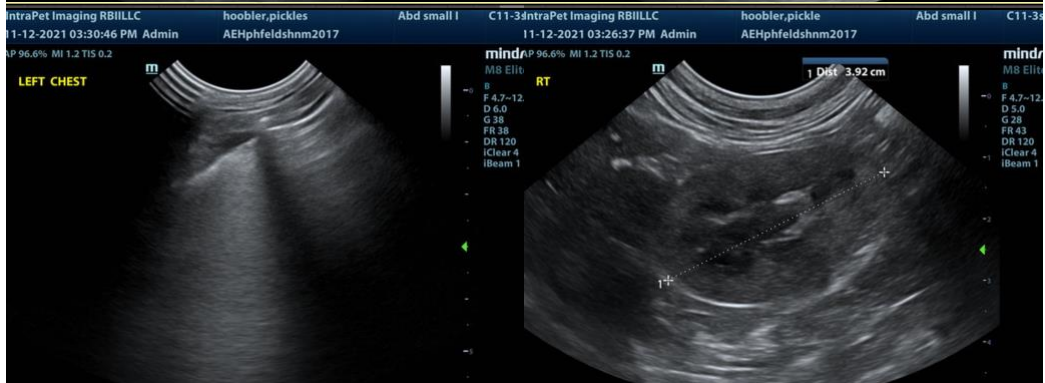
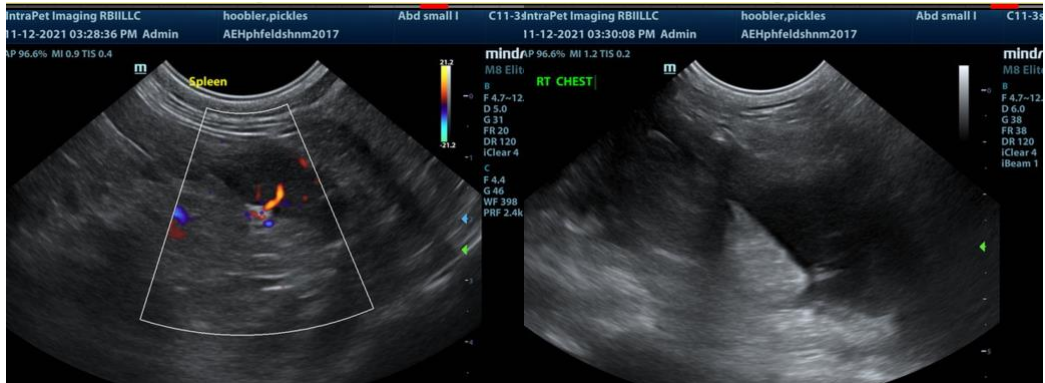
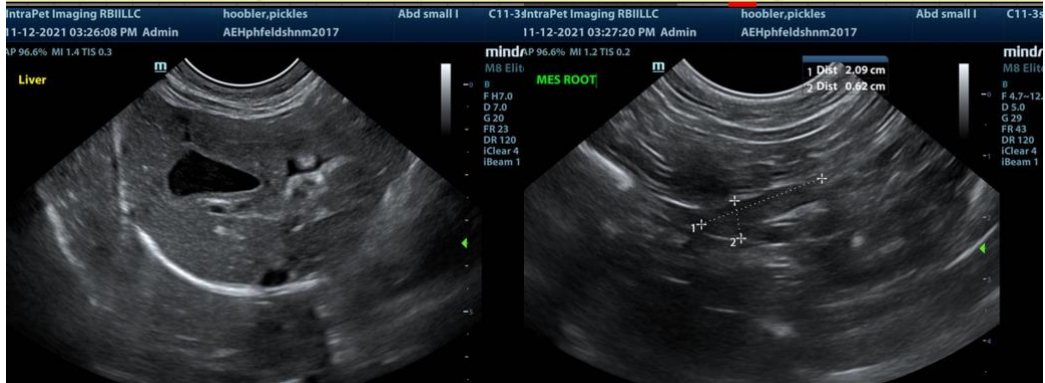
### **ULTRASONOGRAPHIC FINDINGS**

- Non-cardiogenic pericardial effusion, not to the level of tamponade effect
- Pleural effusion
- Passive congestion liver pattern
- Minor intestinal thickening
- Reactive mesenteric lymph nodes
- Volume contracted spleen

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

I'm concerned for thoracic neoplasia in this patient. Pleurocentesis and cytospin recommended as well as FNA of the spleen for further definition. CT of the chest would be ideal in this patient to assess the distribution and pattern of thoracic pathology.





**The information and recommendations provided are based on the images presented by the referring veterinarian. 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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