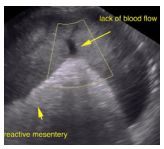

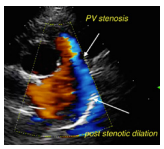

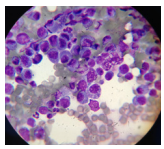
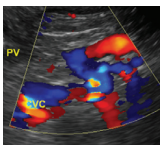

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PATIENT

Storm Kahn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

11.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tessa Maggiulli

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Tessa Maggiulli

INVOICE

36498

DATE

3/28/22

PRESENTING CLINICAL SIGNS

Brief History: 3 wk progression of hyporexia, lethargy. indoor only, no preventatives, not utd on vx 3/26 Seen at LInn Vet CBC: Early regeneration (polychromasia) with anemia of 11%. Autoagglutination of erythrocytes. Mild hyperbilirubinemia (1.7), low cholesterol (55), low creatinine (35), elevated ALP (117), mildlow ALT (8), hyperproteinemia (6.2). transferred to wilvet
Abnormal PE/Chem/CBC/UA Results: dull, white/icteric mm, icteric sclera, thoracic auscultation wnl (prev gallop appreciated), eupnic, bcs 8/9, ambulatory, pain with abdominal palpation but mostly soft, rest nsf_ 3/26 -PCV/TS: 11/ 6.8 autoaggln noted Blood type A UA (via cysto): USG 1.020, pH 9.0, negative for protein, glucose, ketones; quiet sediment FAST (with DVM): Neg for free fluid. Brief overview abdomen unremarkable. 2 view body radiographs: CONCLUSIONS: There is cardiomegaly; an association with the reported anemia is possible. However, genuine cardiac disease remains a consideration. There is also distention of the pulmonary vasculature and a peribronchial pulmonary infiltrate. This combination of findings may reflect cardiac decompensation and early cardiogenic pulmonary edema. However, chronic bronchitis of infectious, allergic or parasitic origin is also possible. Hepatomegaly is a nonspecific finding and may reflect a hepatopathy of metabolic, inflammatory or neoplastic origin. Hepatic venous congestion is also a consideration. Anemia PCR (#3572) to IDEXX - pending FeLV/FIV/Hw Ag (in house): Negative x 3 post transfusion of 20ml packed RBCS pcv/ts - 9%/5 CONCLUSIONS: There is cardiomegaly; an association with the reported anemia is possible. However, genuine cardiac disease remains a consideration. There is also distention of the pulmonary vasculature and a peribronchial pulmonary infiltrate. This combination of findings may reflect cardiac decompensation and early cardiogenic pulmonary edema. However, chronic bronchitis of infectious, allergic or parasitic origin is also possible. Hepatomegaly is a nonspecific finding and may reflect a hepatopathy of metabolic, inflammatory or neoplastic origin. Hepatic venous congestion is also a consideration. Whole blood transfusion-3/27 Post 1 hr transfusion of 20ml whole blood- PCV 12%/ 7.2 TS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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 kidneys measured 3.0 cm each.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was normal to slightly heterogeneous at the caudal pole. Trace free fluid noted. May be simple hyperplasia. The free fluid may be owing to the anemic state, or more likely passive congestion pattern in the liver.

Liver

The **liver** was diffusely hyperechoic to falciform fat with dilated hepatic veins. Slight ascites noted between the liver and lobes and the diaphragm. The gallbladder was unremarkable.

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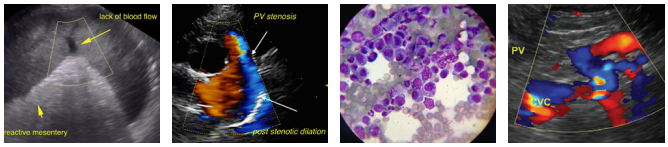

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Heart

Rapid view of the heart revealed no evident pathology.

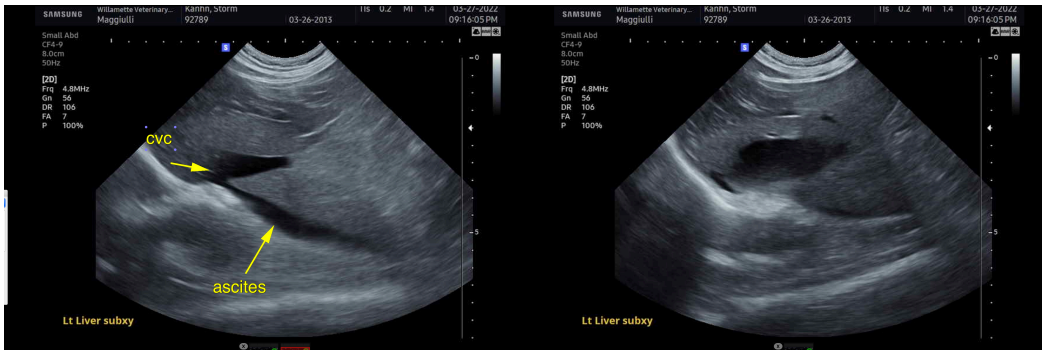
ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen with slight heterogeneous splenic changes and minor free fluid
- Passive congestion liver pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild hepatic lipidosis patter, yet not likely the overt cause of the clinical profile. Hemolytic disease likely. CBC path review, coverage for immune mediated hemolytic anemia recommended. Bone marrow aspirate indicated. Repeat sonogram of the abdomen in 3-5 days may provide a more progressive presentation, particularly with the minor heterogeneous changes in the spleen.

Full echocardiogram with tricuspid insufficiency velocity warranted +/- chest CT to assess for concurrent caudal thoracic disease that may be contributing to the passive congestion pattern in the liver.



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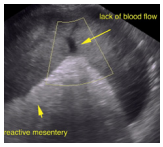

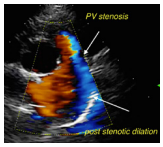

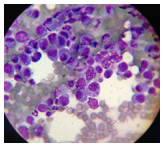
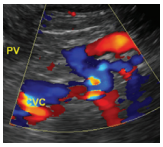

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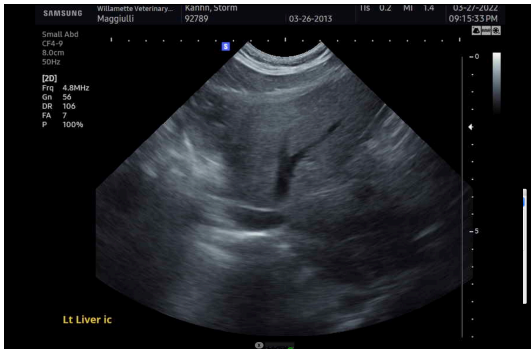

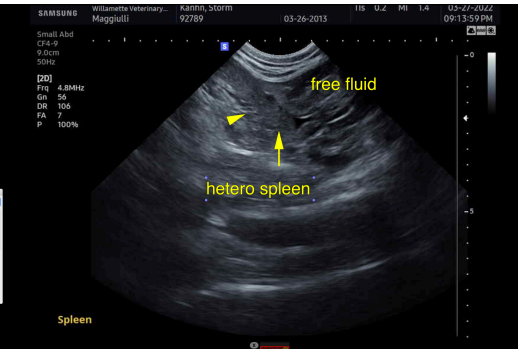

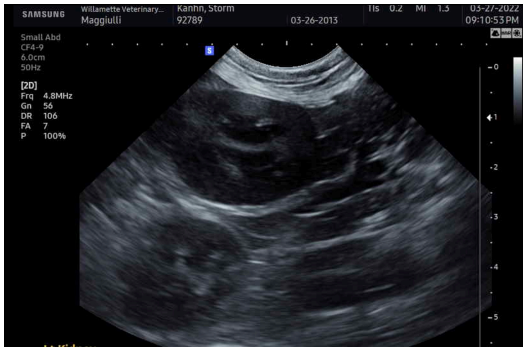

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com