



PATIENT PRESENTING CLINICAL SIGNS

Diddy Ouellette

SPECIES

Feline

BREED

Bengal

SEX

Neutered male

AGE

1 ½ years

WEIGHT

12.8 lbs

History: Patient presented to ER in December 2022 and had UTI, unable to take temp at that time due to very fractious nature of the cat. Treated outpatient at that time and patient improved at home. Patient came back to ER March 25th of this year and was hospitalized for fever of unknown origin - bartonella test sent out but is still pending. Sent home on mirtazapine, azithromycin, gabapentin, and onsiar. Did okay then presented again to ER today for continued lethargy, not E/D, and feverish again. Temp on presentation today 106.8F, still high ~105F even with active cooling for several hours now. NI in food still, still dull mentation. Repeated all diagnostics today (see below).
 Abnormal PE/Chem/CBC/UA Results: Radiograph report: Findings Thorax/abdomen (three images dated March 27, 2023): The cardiovascular structures are within normal limits. The pulmonary parenchyma is unremarkable for the radiographic technique. There's no evidence of pleural disease or lymph node enlargement. The cranial mediastinum is within normal limits. The trachea is normal in size. A small amount of gas and fluid is present in the esophagus. There is fair serosal demarcation of the abdominal viscera. The liver and spleen are normal in size and margination. The stomach is empty. The small intestine is normal in size and contents. The colon contains heterogenous soft tissue and gas and is normal in size. The kidneys and urinary bladder are within normal limits. No osseous abnormalities are noted. Conclusion 1. Unremarkable thorax 2. Unremarkable abdomen – A cause for the patient's clinical signs is not identified. Differentials to consider include non-radiographically apparent abdominal disease (pancreatitis, infectious or inflammatory gastroenteritis) versus a metabolic/systemic etiology. Recommendations An abdominal ultrasound could be considered to further assess the abdominal viscera including the pancreas and gastrointestinal tract. Read By: Scott Secrest DVM, MS, DACVR FPL: normal/negative CHEM: phos 2.4, calcium 8.2, glucose 186 mg/dL, ALT 373, tbilli 2.6 EPOC: pO2 54.1, cSO2 88.3, pCO2 25.9, TCO2 14.9, BE ECF -9.1, potassium 3.5, glucose 180 mg/dL CBC: WBC 3.57, MPV 6.4, LYM 0.22, EOS 0.04, PLT 37 (PLT verified very low on blood smear -counting 0-1 megaplatelet/HPF @ edge of smear, 1-5 platelets/HPF - some fields had zero platelets)

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Nieuwal

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Nieuwal

INVOICE

43496

DATE

3/28/23

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 was noted. Ureteral papillae were normal.

The left **kidney** was enlarged and measured 5.0 cm and was structurally unremarkable; however, corticomedullary definition was maintained. The right kidney measured 4.75 cm with similar changes to the left.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was mildly enlarged and measured 1.15 cm with a slight granular appearance. The spleen was folded upon itself.



PATIENT

Liver

Diddy Ouellette

The **liver** is structurally unremarkable with increased portal markings present. The gallbladder and common bile duct are unremarkable. There is no evidence of post hepatic obstruction.

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Gastrointestinal

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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.

SEX

Neutered male

Pancreas

AGE

1 ½ years

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.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

12.8 lbs

Swollen spleen. Round cell neoplasia versus splenitis.

Acute cholangitis liver pattern, structurally unremarkable.

Swollen kidneys with structurally unremarkable presentation.

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Eric Lindquist, DMV
DABVP, Cert. IVUS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytology and culture are indicated. FNA is indicated. I strongly recommend FNA of the spleen and liver in this patient after coagulation panel, Toxoplasmosis and Bartonella titers are indicated. FIP is an underlying possibility, yet the sonographic presentation is largely non-specific.

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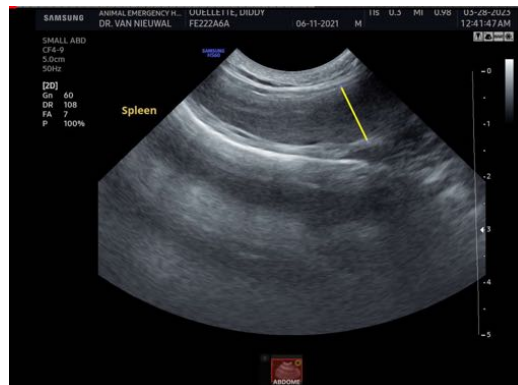
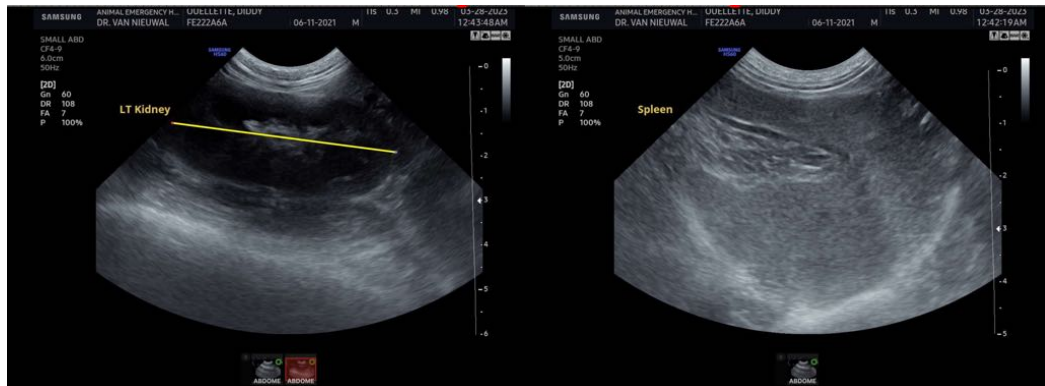
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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