



**PATIENT PRESENTING CLINICAL SIGNS**

Dolly Cat Shelter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

Presented as a Stray on Mar 29 - abdominal hernia, pregnant (late term). Fetal skeletons on radiographs are outside of abdominal wall, in hernia. Spay performed w/ hernia repair on Mar 30 - surgery routine, normal recovery. Dr W took over case on Apr 1 - patient QAR, not eating, no urine production. Abdomen painful. Received Convenia and SR Buprenorphine at time of surgery. Bloodwork below - now started on 5% dextrose CRI, regular insulin inj as needed. Unable to maintain K levels longer than 3-4 hours between insulin injections. Patient is now hyperglycemic (BG 21mmol/L) due to dextrose drip. UNABLE TO PERFORM ADDITIONAL BLOOD DRAW AT TIME OF ULTRASOUND - alone after hours and all veins blown. Will attempt again ASAP. Unfortunately, it appears pre-anesthetic bloodwork was NOT performed so no baseline available. DDx at this time is Acute kidney injury/ failure,..... want to determine if ureter tied off during surgery...?  
Abnormal PE/Chem/CBC/UA Results: April 1 bloodwork: Again, no baseline performed so unfortunately do not know what bloodwork was like prior to surgery CBC - marked anemia (13% HCT), mild neutrophilia Chem - severe azotemia - creat 1100 + correcting on IVF. Urea too high to read. Phos initially too high to read but decreased to 3.2mmol/L after 12hours IVF (last reading 10pm Apr 1). Marked hyperkalemia (9.4mmol/L, corrects to normal range approx 1hr after reg insulin, but increases again after 3ish hours). TP - moderate panhypoproteiniemia Mild hyponatremia and hypochloremia

**AGE**

1 Year

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**WEIGHT**

2.9 kg

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

The **kidneys** were swollen with mild pyelectasia, yet no obstructed ureters noted. Slight subcapsular cyst noted in the left kidney. Reactive mesentery noted around both kidneys.

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**Adrenal Glands**

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

**IMAGING PERFORMED BY**

Dr. Celine Ward

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**HOSPITAL NAME**

Kenora Vet Clinic

**Liver**

**REFERRING VET**

Dr. Celine Ward

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Double layered gallbladder, secondary to ascites.

**INVOICE**

36696

The vena cava was mildly dilated, as were the hepatic veins.

**Gastrointestinal**

**DATE**

4/2/22

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.



**PATIENT**

**Pancreas**

Dolly Cat Shelter

Heterogeneous **pancreatic** changes noted with nodules.

**SPECIES**

**Free Abdomen**

Feline

Free fluid noted throughout the abdomen.

Pleural effusion noted.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DSH

- Undefined ascites and pleural effusion with passive congestion hepatic pattern
- Edematous and nodular pancreas
- Swollen kidneys

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

Given the anemia and the general complex in this patient, I'm concerned for underlying FIP. Pleurocentesis and abdominocentesis with cytospin recommended +/- FIP titers. Acute renal injury/nephritis suspected. Full coagulation panel warranted, given the anemia, in case of underlying coagulopathy.

**AGE**

1 Year

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

**WEIGHT**

2.9 kg

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Celine Ward

**HOSPITAL NAME**

Kenora Vet Clinic

**REFERRING VET**

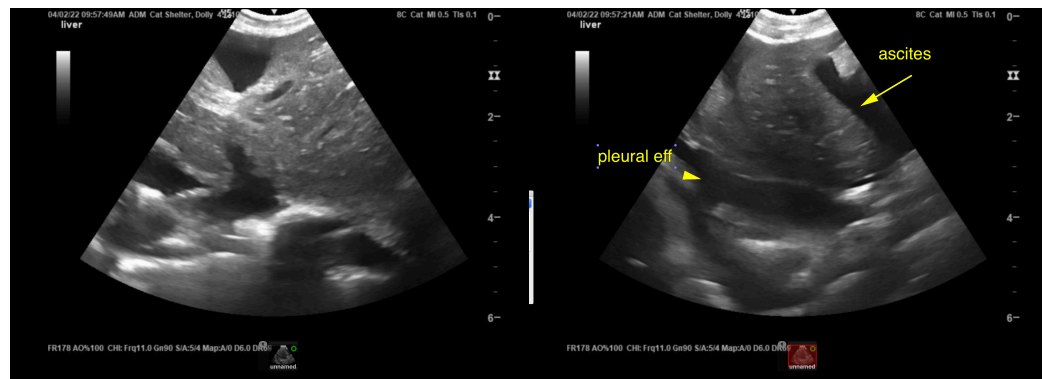
Dr. Celine Ward

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**DATE**

4/2/22





**PATIENT**

Dolly Cat Shelter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

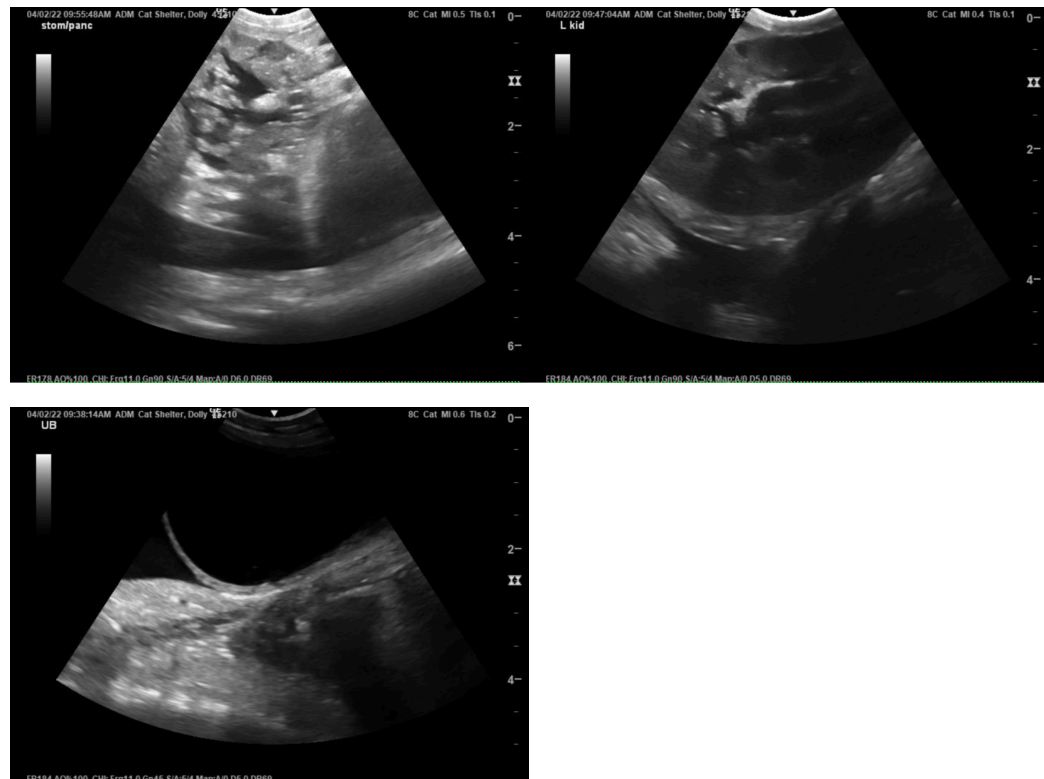
Spayed Female

**AGE**

1 Year

**WEIGHT**

2.9 kg



**INTERPRETED BY**

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DABVP, Cert. IVUSS

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**DATE**

4/2/22

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](mailto:info@SonoPath.com)