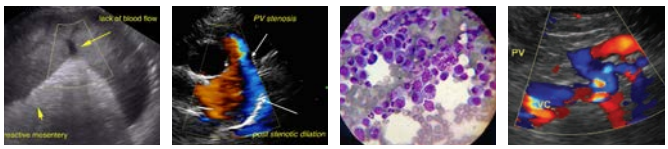
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Magnificat Scot

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
17 Years

WEIGHT
3.17 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Schwanebeck

HOSPITAL NAME
Animal Emergency Hospital Deland

REFERRING VET
Dr. Schwanebeck

INVOICE
43884

DATE
7/16/23

PRESENTING CLINICAL SIGNS

Presented for anorexia for the last 2.5 days. O noticed that the pet has been crying and seems to have increased RE. Pet has a hx of digestive issues and a heart murmur.

Abnormal PE/Chem/CBC/UA Results: PE Findings: Respiratory - Increased rate/effort. Possible crackles on R, purring. Cardiovascular - Purring, difficult to hear murmur Abdomen - Thickened intestines Initial PCV: 12%, T/S:7.4g/dL - blood transfusion performed, completed 8pm. Post PCV at 10pm : 24%, TS:8.2g/dL Chem: BUN increased (44) EPOC: Hypokalemia (3), mild hyperlactatemia(3.49), increased BUN(44) CBC: Decreased RBC (2.67), HCT 11%, , thrombocytopenia FLEV/FIV: Negative T4: Normal Radiographs: Findings WHOLE BODY -3 images: The heart and pulmonary vasculature are within normal limits for size. There is a small volume of pleural effusion. There is slightly decreased peritoneal serosal detail in the mid-abdomen. The liver, spleen, kidneys, and urinary bladder are normal in size and contour. The stomach contains a small amount of gas. The small intestines are normal in size and content. The colon contains granular fecal material. No musculoskeletal abnormalities are detected. Conclusion Small volume pleural effusion with suspected scant peritoneal effusion. Possible differentials include bicavitary effusion include neoplastic, inflammatory, and less likely hemorrhage or infectious etiologies. There is no definitive evidence of left-sided congestive heart failure. No pulmonary metastases. Thoracocentesis with fluid cytology is recommended. Abdominal ultrasound may also be of benefit to further evaluate for the cause of the effusion. Echocardiography could be considered to rule out cardiac disease as an underlying cause, though this is thought less likely.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.2 cm. The right kidney measured 3.5 cm.

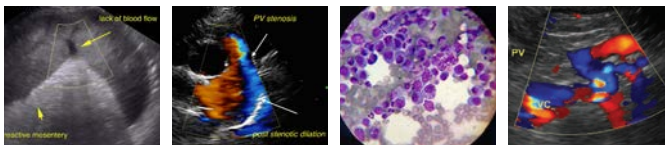
Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.50 cm.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Magnificat Scot

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
17 Years

WEIGHT
3.17 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Schwanebeck

HOSPITAL NAME
Animal Emergency Hospital Deland

REFERRING VET
Dr. Schwanebeck

INVOICE
43884

DATE
7/16/23

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Hepatic veins were dilated, consistent with passive congestion. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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.

Free Abdomen

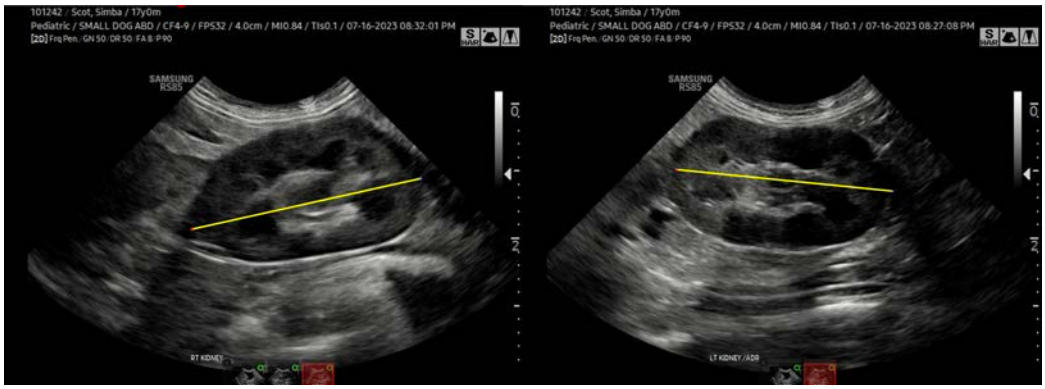
Ascites present.

ULTRASONOGRAPHIC FINDINGS

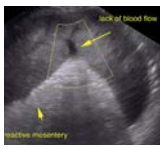
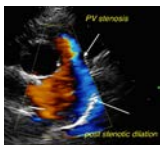
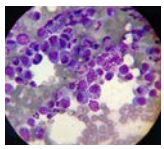
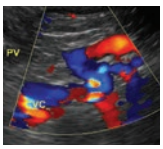
- Geriatric abdomen with passive congestive liver pattern and ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend thoracic workup in this patient to assess for cardiac disease or obstructive disease that may be causing secondary ascites. The abdominal changes are largely expected for this age patient and species, aside from the ascites.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Magnificat Scot

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

3.17 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

43884

DATE

7/16/23

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