

**DATE PRESENTING CLINICAL SIGNS**

10/20/21

History: 10/19/21 - Concerned about pet- anemia with neuropathy/ataxia. R/O possible infection, inflammatory, neoplasia, treated based on bloodwork findings today, but would recommend an ultrasound to identify underlying cause. Rec owners try to feed baby food at home since not eating well.

**PATIENT**

Preston Shires

Current Medications: 10/19/21 - gave SQ LRS 200 mls, Convenia 80 mg/ml 0.35 mls SQ, gave dose of Elura 20mg/ml 0.3 ml PO, Elura 20 mg/ml 0.3 ml daily as needed.

**SPECIES**

Feline

Lab Results: 10/19/21 - cbc/chem/T4- anemic 22%, (last bloodwork was 38%) elevated WBC 24K with neutrophilia 21K, mildly elevated glucose r/o stress vs other. UA see labs glucosuria r/o stress vs other. Radiographs: Not provided by the veterinarian.

**BREED**

DLH

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report declined by the veterinarian.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**AGE**

8/20/08

The left kidney has a normal shape and size (4.13 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

6.88 Pounds

The right kidney has a normal shape and size (4.02 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

**HOSPITAL NAME**

BPH of Westminster

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**REFERRING VET**

Dr. Jantz-Stephis

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**INVOICE**

26403

**Liver**

The liver is large in size, with normal echogenicity and smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The vasculature is prominent. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach is severely dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### ***Free Abdomen***

A large amount of somewhat echogenic free fluid is present. No mesenteric lymphadenopathy. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of increased echogenicity.

### ***Other***

A brief view of the heart was submitted, showing evidence of pleural effusion and suspected cardiac chamber enlargement. Recommend echo.

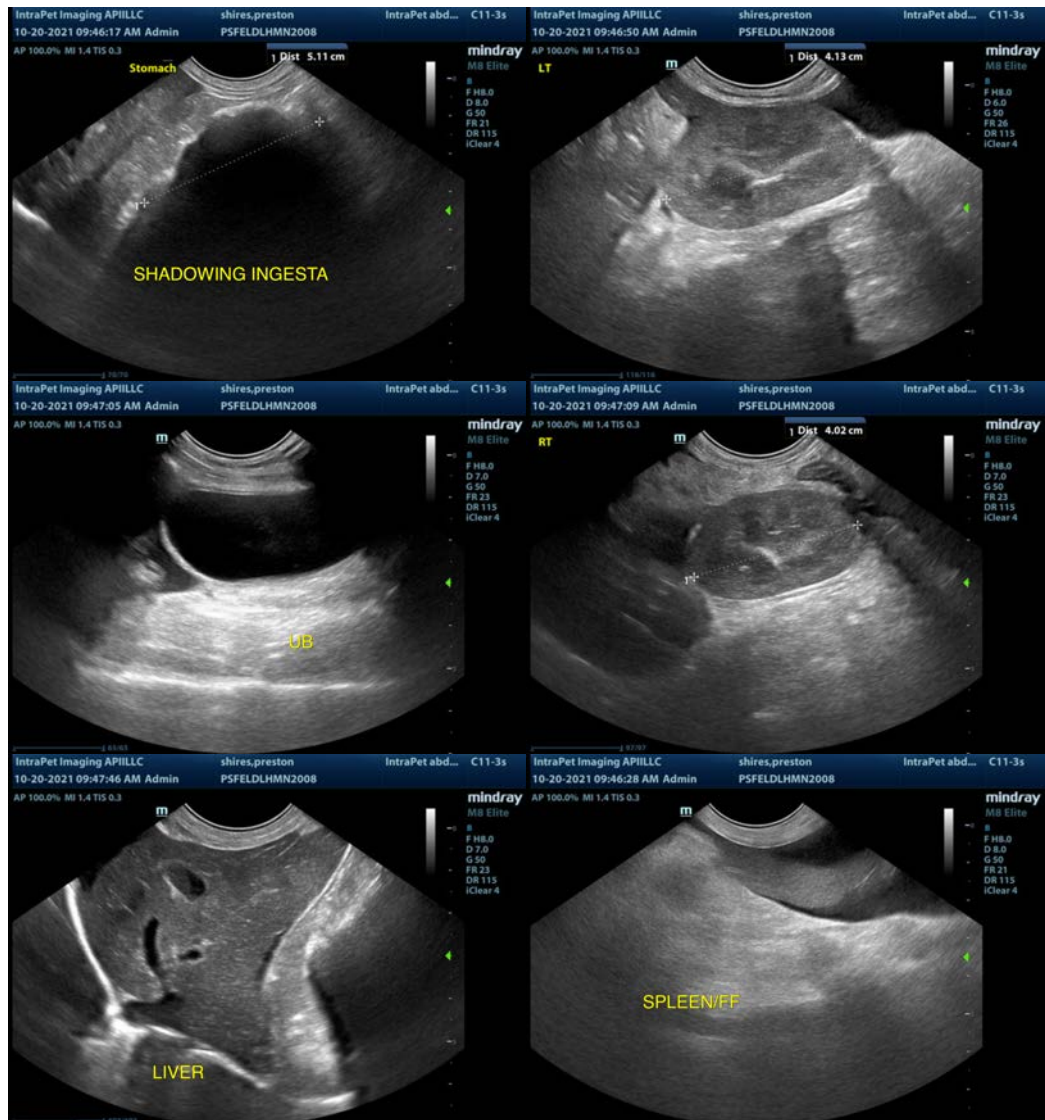
## **ULTRASONOGRAPHIC FINDINGS**

- Large, heterogeneous liver with prominent vasculature – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. Based on the prominent vasculature and large size, congestion and cardiac disease is a concern.
- Severely dilated stomach with shadowing intraluminal material – could be consistent with a recent large meal, or possible gastric foreign material. Correlate with abdominal radiographs and history. Gastric ileus or an outflow tract obstruction are also possible.
- Moderate to large amount of free abdominal fluid and pleural effusion – recommend sampling with cytology and fluid analysis. Recommend cardiac ultrasound.

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

I suspect there may be some degree of cardiac disease in this patient, but there could be concurrent disease present. This could reflect fluid overload, etc. The liver is large. If this is not due to cardiac disease, then consider fine needle aspirate of the liver. Additionally, there is a lot of shadowing material in the gastric lumen. This could be consistent with gastric foreign material or ingesta, delayed gastric emptying, etc. Recommend full body films for more information on the thorax and abdomen. Recommend echo and possible centesis if needed. Stabilization may be necessary prior to considering and reevaluating diagnostics. Consider

CBC with path review to evaluate for differentials of the anemia and determine if it is regenerative, and transfusion if needed.



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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