

**DATE**

6/2/22

PRESENTING CLINICAL SIGNS

History: Lethargic for 2 weeks. Indoor/outdoor. PE- no obvious findings.

PATIENT

Stinky Musicus

Current Medications: Denamarin 90mg SID, Enrofloxacin 22.7mg SID (although has been difficult to give).
 May have started Doxycycline by the time the ultrasound takes place to cover for blood borne parasites
 Lab Results: Serum was icteric once serum tube spun down. Slight increase in bilirubin. Low end HCT with increased reticulocytes.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: IM: 0.1 mL Dexdomitor/0.1 mL Ketamine/0.1 mL Torbutrol.
 Stat Report: Not requested.

BREED

DSH

Imaging Performed By: Rachel Brillhart, RDMS.

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

7/11/14

The left kidney has a normal shape and size (4.18 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

11 Pounds

The right kidney has a normal shape and size (4.52 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 left adrenal gland is normal in size measuring 0.42 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

Harborside MVC

The right adrenal gland is normal in size measuring 0.4 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Hawkins

Spleen

The spleen is large in size, echotexture is homogenous and mildly hypoechoic, 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. The spleen measures 1.96 cm in width at the level of the hilus.

INVOICE

15850

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder 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 contains minimal luminal contents. 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 layers 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/region of 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

There is no free fluid. There are occasional prominent mesenteric lymph nodes, one such lymph node is visualized, measuring 0.33 cm. The omentum is of normal echogenicity.

Other

A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Large, slightly hypoechoic spleen. The significance of this is unclear with sedation, but the spleen is very prominent. Considering the history, I recommend a fine needle aspirate.
- Mildly prominent mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

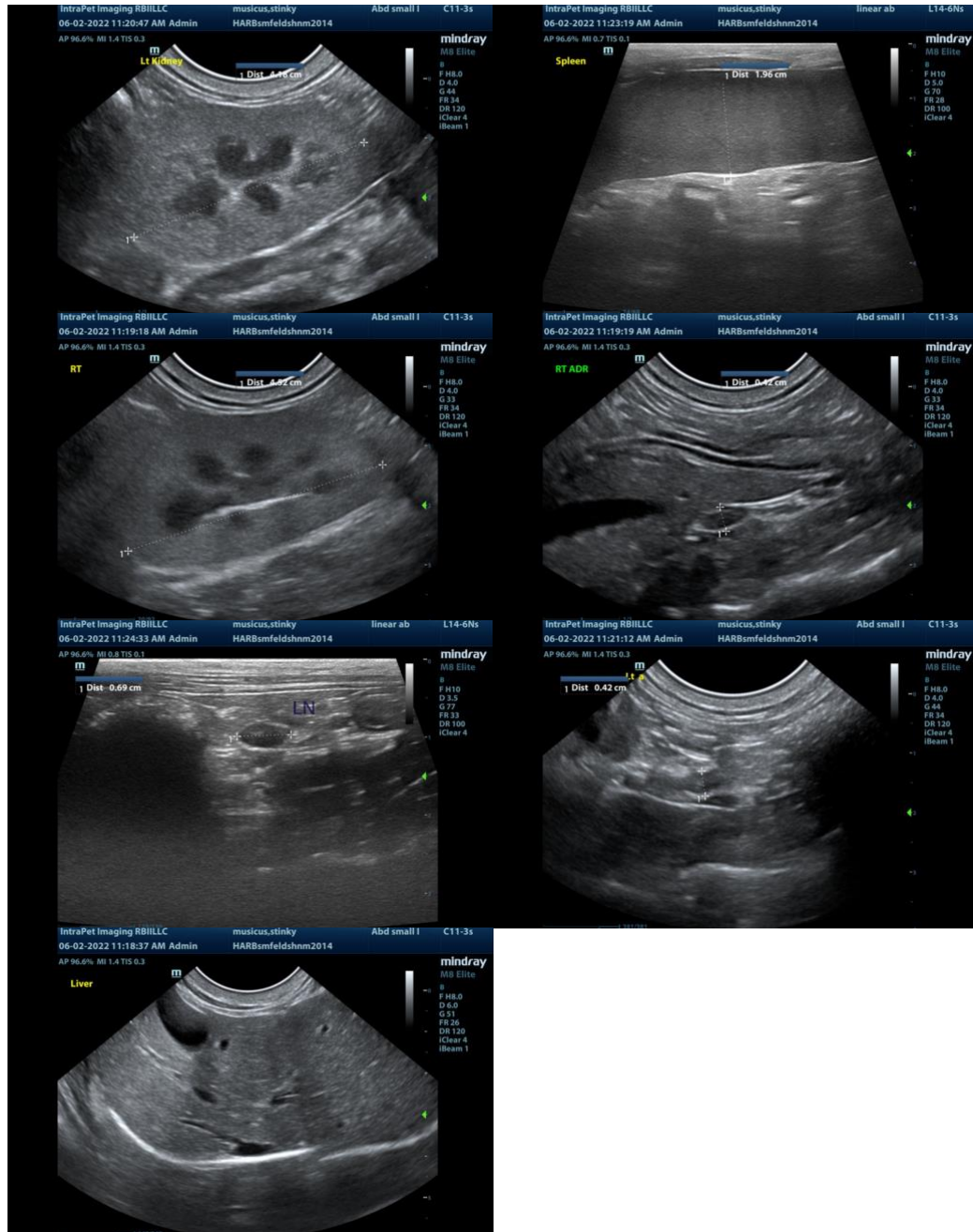
The spleen appears large and prominent on today's scan. No focal lesions are observed but consider a fine needle aspirate to rule out round cell neoplasia.

The remainder of the ultrasound appears relatively normal. It is unusual to have an elevation in bilirubin without liver enzyme elevations. So, consider confirming the elevated bilirubin with a very clear stick. Consider a pathologist review of the blood smear, to look at the anemia and evaluate for any atypical cells, blood parasites, etc.

If not recently done, consider FVLV FIV testing and infectious disease testing (to NC State's Vector Borne

Disease Lab (Feline Comprehensive Panel)). Ideally, this testing should be done prior to starting Doxycycline.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com