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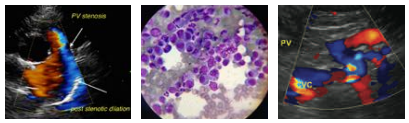

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DATE
8/10/21

PATIENT
Huckleberry Gagnon

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
2011

WEIGHT
18.2 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Saubier

INVOICE
91113

PRESENTING CLINICAL SIGNS

Vomiting, Lethargic / Tired, Not Himself/Herself, Gums Pale/White.
History: Date: 08-10-2021 Notes: Owner was away for the past neighbor was watching - had automatic feeder. Owner got home Sunday -noted not as much food gone as expected. Concerned was not eating. This morning not interested in eating and then vomited around 3pm
Tonight hiding in basement - weak / limp when owner picked up and then started breathing shallow. Indoor only cat, no known toxic or
foreign ingestions.
Current Medications: Gabapentin Capsules 100mg, Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Oral Buprenorphine 0.3mg/ml, Ampicillin 125mg/vial Injection (Per mL)
Lab Results: Attached
Radiographs: Thorax 2 view- Lateral and VD whole body. Cardiac silhouette appears small. Abdomen - loss of detail. Left kidney - renoliths, urinary bladder small.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney has a normal shape and size (4.83 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. The left kidney reveals non-obstructive nephroliths. One measures at 0.37 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.22 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

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.

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.

Spleen

The spleen is subjectively normal to slight small (hypovolemic?) in size. The echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a slightly hypoechoic, irregular mass effect on the spleen measuring 2.26 x 2.11 cm. This is a solid mass and may represent a tumor or an irregular folding artifact of the spleen.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. 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 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. The jejunum measured 0.27 cm. 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
Evaluation of the peritoneal cavity revealed a moderate amount of anechoic free fluid. There was no evidence of any evidence of lymphadenomegaly.. The omentum is of generally increased echogenicity.

ULTRASONOGRAPHIC FINDINGS
PRIMARY FINDINGS:

- Mass effect on the spleen. Differentials could include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, folding irregularity of the spleen, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

- The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

- Moderate amount of anechoic free fluid was noted in the abdomen. I recommend fluid analysis, cytology and culture for more information.

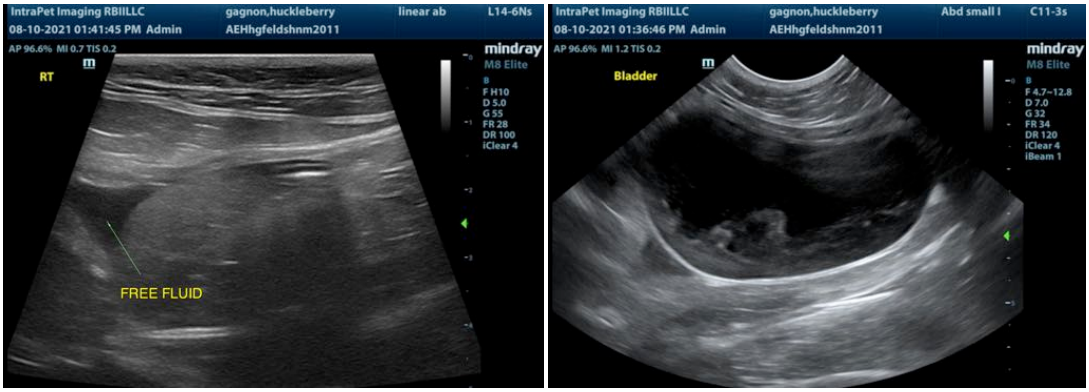
SECONDARY FINDINGS:

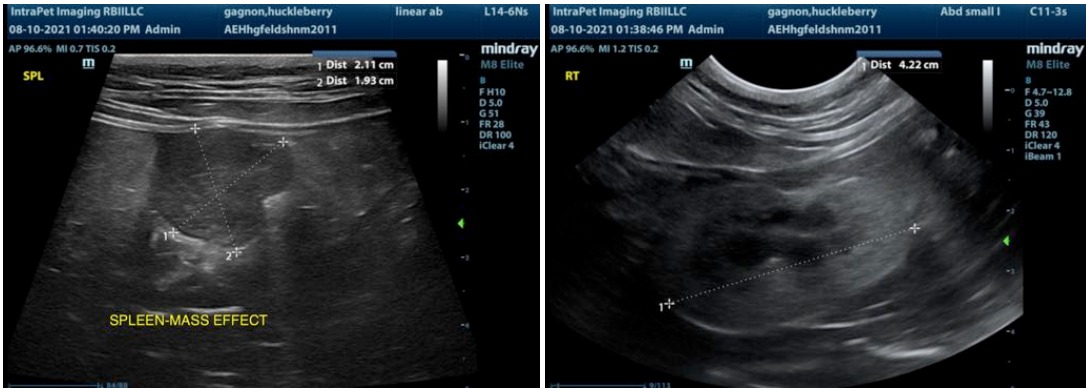
- Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

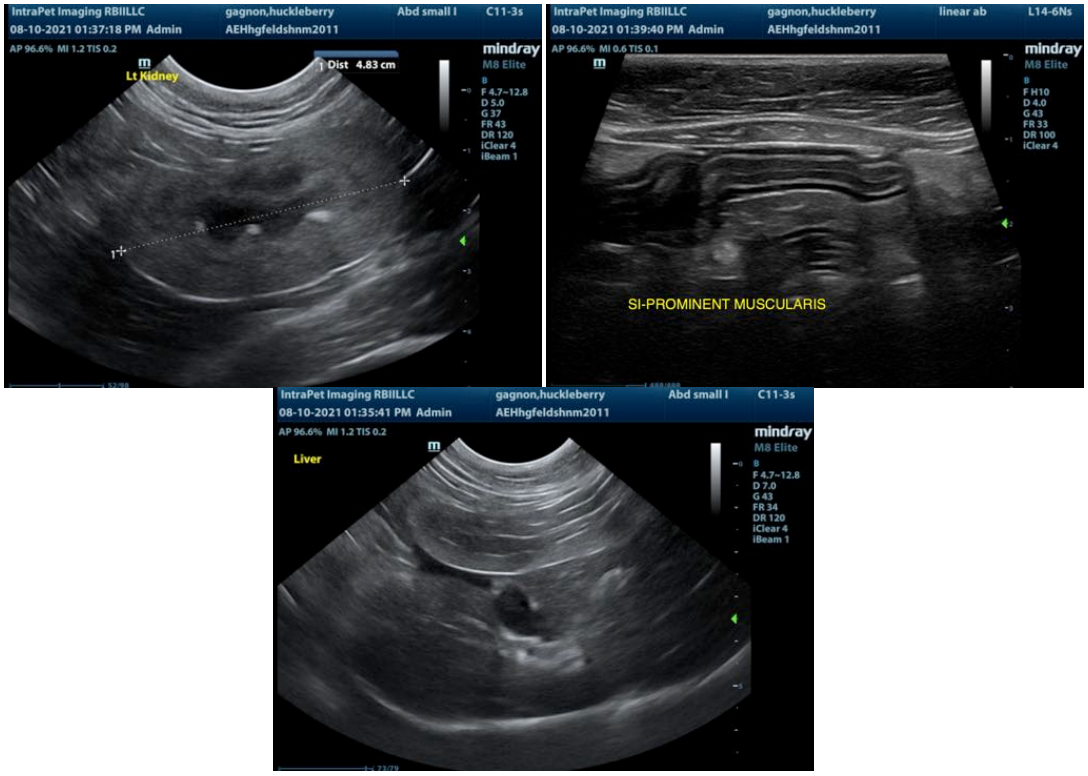
- Prominent muscularis layer to the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the blood work and history provided it is difficult to determine how much of the azotemia is due to dehydration and if the anemia will be more significant once rehydrated. A low platelet count is reported, which may hinder some diagnostic abilities, but I am hoping this is artifact. Consider reevaluation on a known clean stick. Consider FNA of the liver and spleen in addition to fluid analysis and cytology on abdominal fluid. Ideally a urinalysis and culture would be helpful as well. This patient may need some supportive care as far as hydration, possible blood transfusion, etc. while trying to get more information on a possible diagnosis.







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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