

**DATE PRESENTING CLINICAL SIGNS**

8/31/21

Not Eating, Fever.

History: Date: 08-29-2021 Notes: Patient has been vomiting, not eating, and ADR for the past couple of days. Patient was diagnosed with stomatitis and has been on prednisolone for the past year and half. Patient was recently put on clindamycin to address stomatitis in the beginning of august. Patient has not had any blood work done since sometime last year. Patient is having difficulty urinating and defecating.

PATIENT

Luna Wunder

Current Medications: Prednisolone 5mg/mL Suspension, Metronidazole 5mg/mL Injection (Per mL), Amp/Sulb (Unasyn) 1.5gm Injection (Per mL), Denamarin Advanced 61 mg (Cats & Small Dogs), Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Vitamin B12 1,000mcg/mL Injection (Per mL), Vitamin B Complex Injection (Per mL), Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Gabapentin Tablets 25mg

SPECIES

Feline

Lab Results: Attached

BREED

Domestic Shorthair

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

2018

Urinary System

The urinary bladder is moderately distended with primarily mobile echogenic debris. There is a large, rounded mass effect in the mid bladder measuring 3.8 x 1.8 cm. This appears poorly vascularized and is most consistent with a clot. 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.

WEIGHT

8.6 lbs

The left kidney has a normal shape and size (4.05cm). 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
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The right kidney has a normal shape and size (4.26 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.

HOSPITAL NAME

Animal Emergency
Hospital

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.

REFERRING VET

Dr. Roper

Spleen

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

INVOICE

91585

Liver

The liver is subjectively large in size and hyperechoic 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 gallbladder 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 appears contains minimal luminal contents. It measures at a normal thickness of (XX cm) 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 jejunum measured 0.15 cm in diameter. 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. The pancreatic duct measured 0.15 cm. 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 did not reveal any evidence of effusion. There is a mild lymphadenomegaly present (measuring 0.25–0.32 cm). The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Mass effect in the urinary bladder. This appears most consistent with a blood clot, but should be monitored closely.
- Prominent, hypoechoic pancreas with prominent, pancreatic duct. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

SECONDARY FINDINGS:

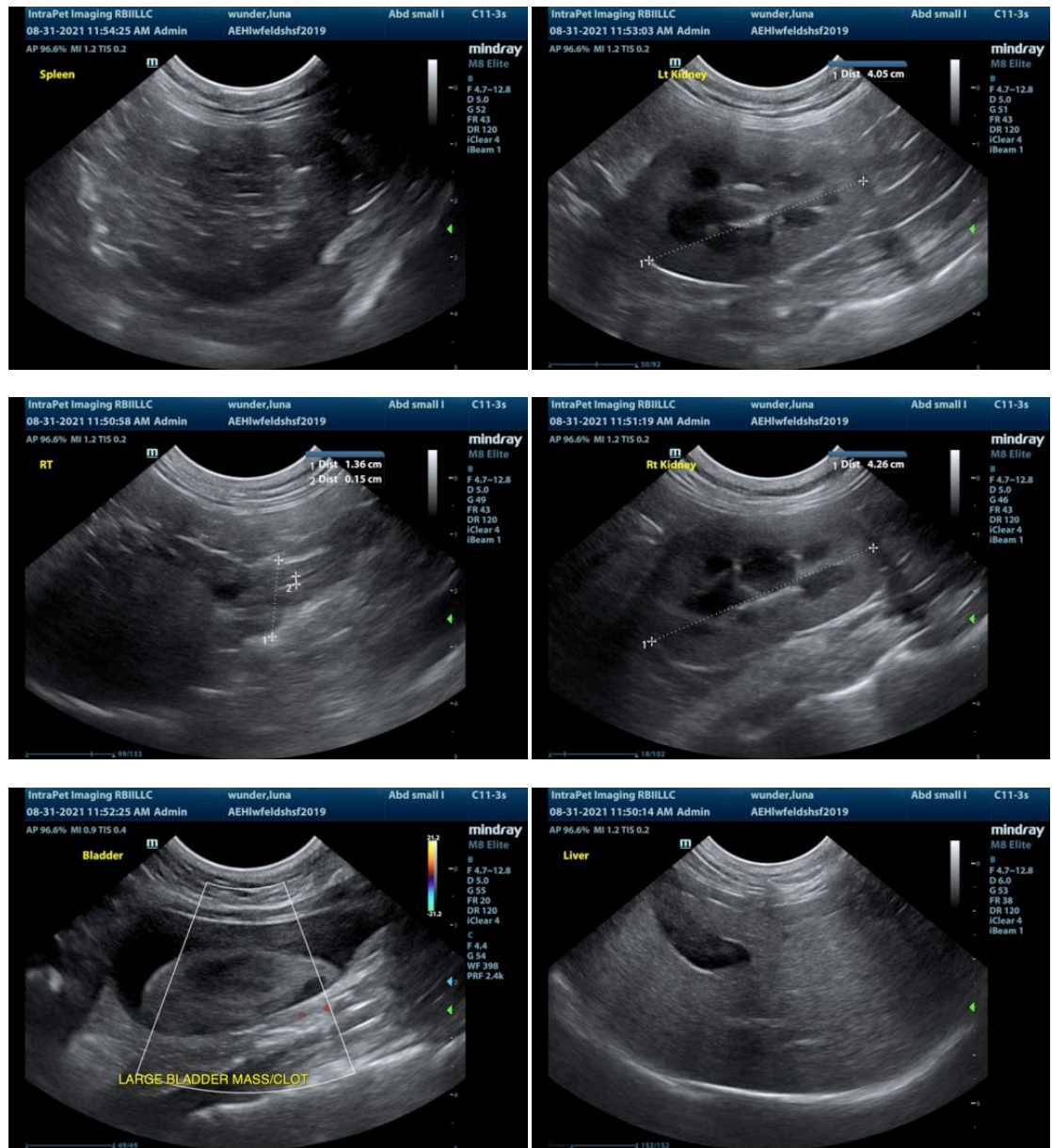
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The icterus reported appears most likely to be due to primary hepatic disease as the gallbladder appears relatively normal and the patient is not reported as being anemic. Consider a FNA if coags permit and placement of a feeding tube as the age of this patient could favor lipidosis, cholangiohepatitis or round cell neoplasia as differentials. Additionally the pancreas is somewhat prominent. A quantitative fPLI, B12 and

folate will help to get more information about the pancreas and small intestinal status. Alternately you can be more aggressive and consider a surgical liver biopsy and G tube placement if the patient has not eaten for a while due to stomatitis? I recommend three view thoracic radiographs.

The mass effect in the urinary bladder appears most consistent with a clot. This could be iatrogenic if cysto was obtained and clotting parameters are prolonged or could be secondary to cystitis, etc. I recommend urinalysis and culture it if it is safe to sample. I recommend a recheck ultrasound of the bladder in 7-10 days or sooner if the patient is having difficulty urinating.



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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