

**PATIENT**

Leinie Hopkins

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

4 years

**WEIGHT**

18 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Narske

**INVOICE**

31587

**DATE**

7/12/22

**PRESENTING CLINICAL SIGNS**

Presented 7/9 AM to Emergency Center owner found him laying on floor not moving with urine all over him and legs stretched out. Owner saw him straining in box day before. Found vomit just outside litterbox. On presentation had thick Mucous from rectum. Temp 103.7 Has not eaten on own since last Friday. Was syringe fed 35mls yesterday at 11am but npo since.

Abnormal PE/Chem/CBC/UA Results: 7/9 PHOS 2.4, K+6.0, WBC 5.32, LYMP 0.36, HCT 47%, FPL negative yesterday, serum icteric yesterday. Jaundice, very depressed and lethargic. Overweight. Became ataxic Monday morning. Temp increased to 106.4 by Sunday but came down to 102.3 Sunday evening. Has had normal temp since. Hospitalized on IVF, Ampicillin, cerenia, and mirtazapine. Switched to oral enrofloxacin and cerenia yesterday and continued IVF. Has been urinating normal and no stool since hospitalized. Radiographs sent to radiologist found circular mineralized area in the caudal abdomen that does not appear to be in the colon or bladder.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra (2-3 cm of the proximal urethra) and surrounding region. There is no evidence of sediment, cystoliths, polyps or a mass.

**Kidneys**

The **left** kidney measures 4.88 cm (3.80-4.40 cm). Mild renomegaly, with mild rounding of the kidney (i.e., mild loss of the normal "kidney bean shape"). The capsule is smooth, however, its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. A scant amount of anechoic fluid is present surrounding the kidney. The surrounding mesentery is mildly to moderately hyperechoic.

The **right** kidney measures 5.36 cm (3.80-4.40 cm). The capsule is smooth, however, it is very mildly irregular at the cranial pole. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is severely hyperechoic.

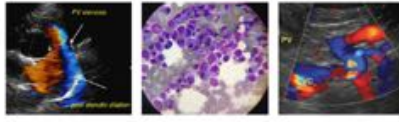
**Aortic bifurcation/trifurcation** No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.51 cm at the cranial pole, 0.51 cm at the caudal pole and 1.12 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.42 cm at the cranial pole, 0.49 cm at the caudal pole and 1.14 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

**PATIENT**

Leinie Hopkins

The spleen is within normal limits in echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. It is at the high end of the normal reference range, to very mildly enlarged, 10.4 mm (normal = 10 mm).

**SPECIES**

Feline

**Liver**

Mild hepatomegaly is suspected, however, this is better characterized at the time of the ultrasound or radiographically. The liver's borders are smooth and relatively sharp, except for one lobe which is mildly rounded, appears irregular and "expansile". It is homogeneous and appears to be isoechoic to the falciform fat, however, it appears slightly hypoechoic compared to "normal". The omentum surrounding the liver is severely hyperechoic and a very small amount of anechoic fluid is noted surrounding a few liver lobes. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

The gallbladder wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

**AGE**

4 years

**Gastrointestinal**

The stomach is severely distended with fluid and gas, i.e. a marked ileus is present. The gastric wall is within normal limits in thickness and the wall layers are well defined.

**WEIGHT**

18 Pounds

A hyperechoic semilunar structure with an abnormal gas pattern is noted in the region of the ileo-cecal colic junction, and a the jejunum leading to the loop of bowel appears corrugated. A trichobezoar or foreign body may be present, however, it does not appear to be causing obstructive disease.

There is no stool in the colon, however, it appears corrugated.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**Pancreas**

The **left limb** is mildly hypoechoic and its contours are slightly irregular. The surrounding mesenteric fat is mildly hyperechoic.

**IMAGING PERFORMED BY**

Sarah Pender, CVT

The **right limb** is hypoechoic with severe acoustic enhancement.

**HOSPITAL NAME**

SVS Imaging QC

**Other****Lymph nodes**

A few hypoechoic lymph nodes are prominent in the right cranial quadrant of the abdomen. The largest one measures 0.51 cm in diameter x 1.36 cm in length. The surrounding mesentery is severely hyperechoic.

**REFERRING VET**

Dr. Narske

**Abdominal effusion**

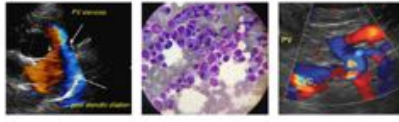
A scant amount of anechoic fluid is present surrounding the left kidney. A very small amount of effusion is present in the left cranial abdomen, amongst the loops of bowel.

**INVOICE**

31587

**ULTRASONOGRAPHIC FINDINGS****DATE**

7/12/22

**PATIENT**

Leinie Hopkins

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

4 years

**WEIGHT**

18 Pounds

- **Liver:** Subjectively, the liver is enlarged and mildly hypoechoic. Although it is homogeneous it has a very subtle miliary pattern. Furthermore one of the lobes is round, irregular and expansile. Ascites is present surrounding the liver and Leinie is icteric. The changes are concerning for lymphoma or mast cell tumour. Other differential diagnoses may include an infectious disease, such as toxoplasmosis or FIP, as well as leptospirosis (if Leinie goes outdoors or if he lives with other pets who go outdoors).
- **Kidneys:** Bilateral renomegaly. Although the architecture of both kidneys is relatively well preserved, very mild irregularity of the capsule is noted, in addition to perirenal effusion and acoustic enhancement. Lymphoma cannot be excluded.
- **Gastrointestinal tract:** Severe ileus of the stomach. Possible foreign body or trichobezoar of in the region of the cecum. Although signs of inflammation are present, obstructive disease does not seem present based on the gas pattern of the rest of the GI tract,
- **Pancreas:** Pancreatitis is suspected despite the negative fPL.
- **Spleen:** Splenitis or reactive hyperplasia may cause mild splenomegaly.
- **Ascites** due to vascular permeability, vasculitis, volume overload, lymphomatosis or mastocytosis.
- **Mesentery:** severe acoustic enhancement attributed to severe abdominal inflammation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Nasogastric tube to remove fluid and gas in stomach

Arterial blood pressure

Fundic exam

Fine needle aspirate of the liver and ascites to exclude neoplasia prior to considering an exploratory laparotomy, particularly with his current state (recumbent and decreased responsiveness).

Coagulation profile and vitamin K administration prior to fine needle aspirates (0.5 mg/kg SQ q8-12h for 1-3 doses), even if PT/PTT within normal limits.

vitamin K will help as cholestasis likely present

analgesia, for example CRI of fentanyl, lidocaine and ketamine

+/- FeLV/FIV

**INTERPRETED BY**Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Narske

**INVOICE**

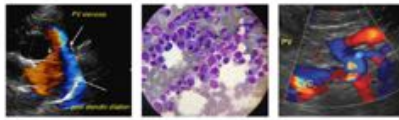
31587

**DATE**

7/12/22

IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



PATIENT

Leinie Hopkins

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

4 years

WEIGHT

18 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

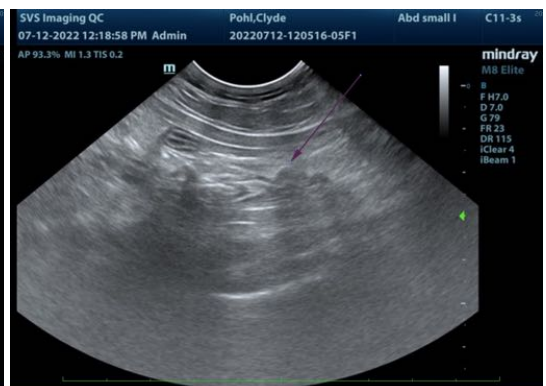
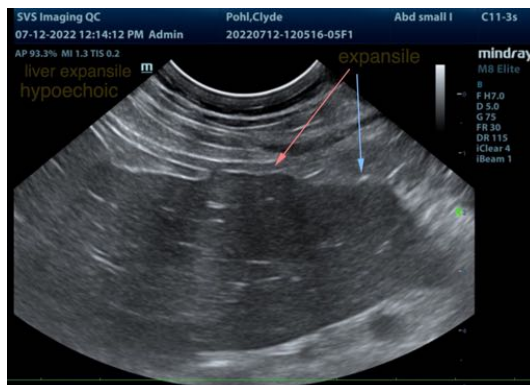
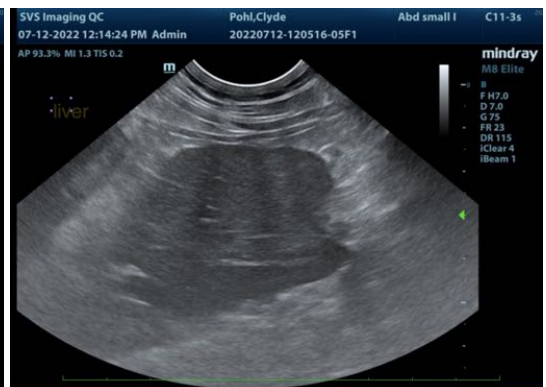
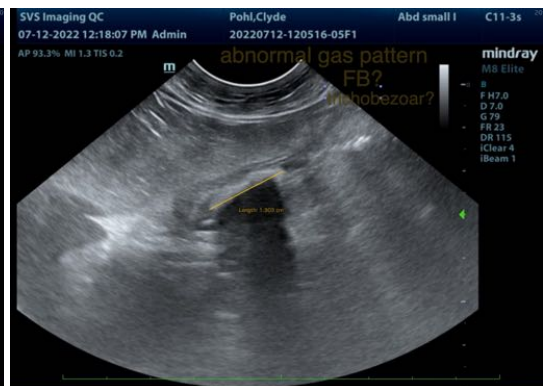
Dr. Narske

INVOICE

31587

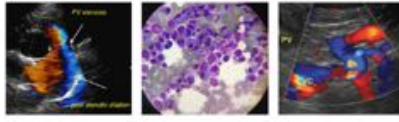
DATE

7/12/22



IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



Clinical Sonography & Telectyology

EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**

Leinie Hopkins

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

4 years

**WEIGHT**

18 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

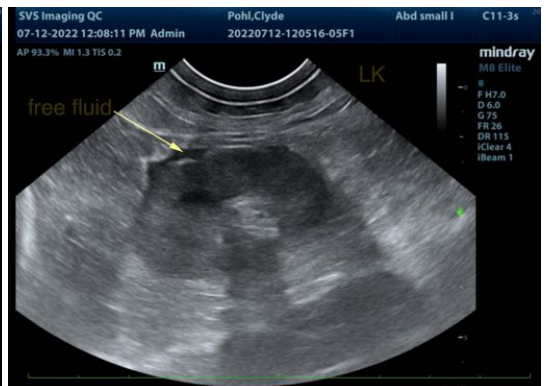
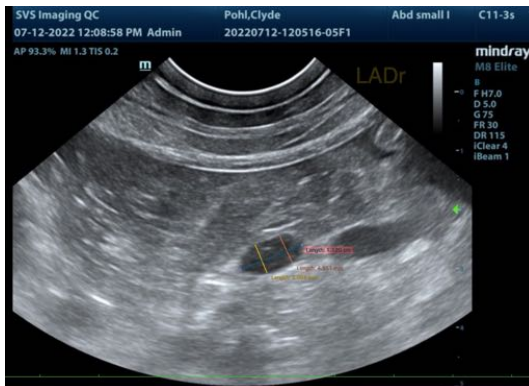
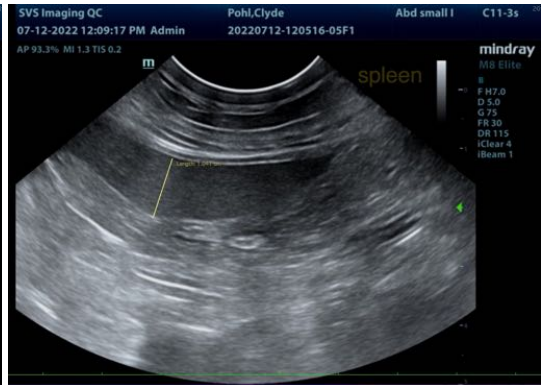
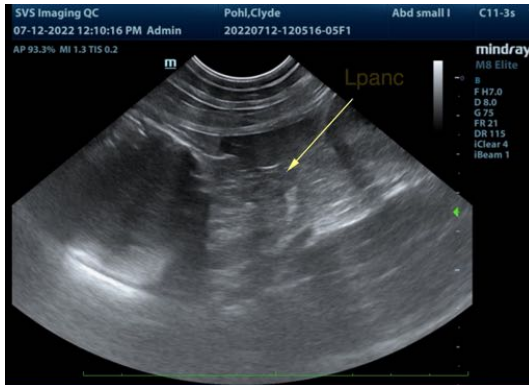
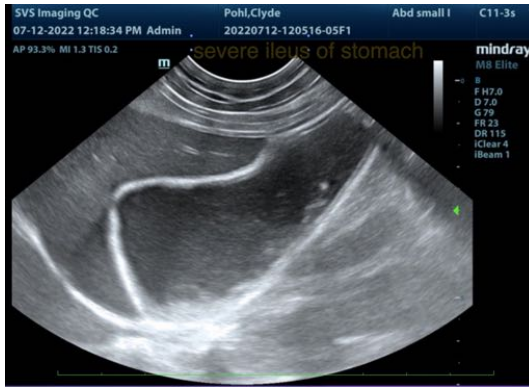
Dr. Narske

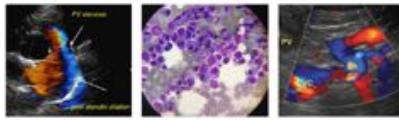
**INVOICE**

31587

**DATE**

7/12/22





**PATIENT**

Leinie Hopkins

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

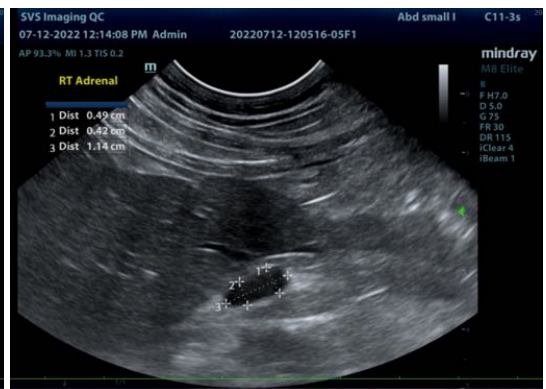
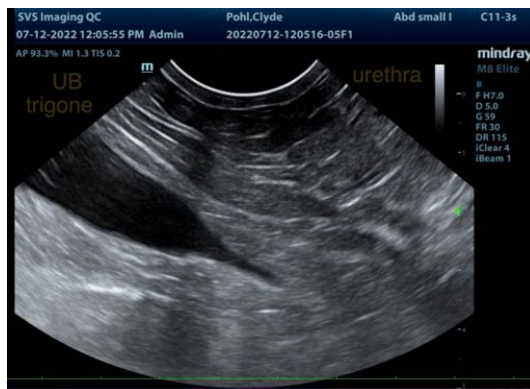
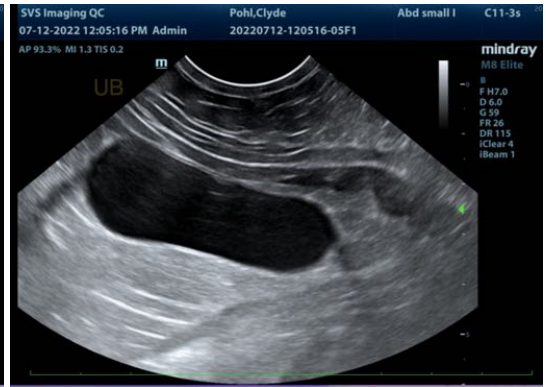
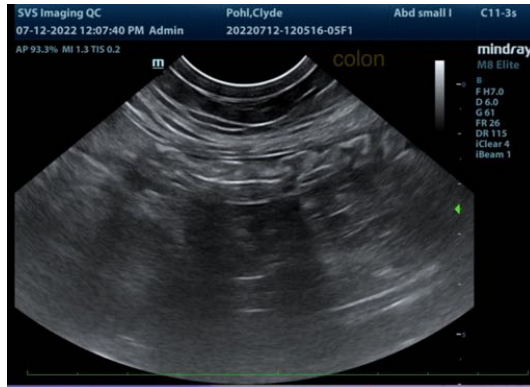
Neutered Male

**AGE**

4 years

**WEIGHT**

18 Pounds



**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

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.

**IMAGING PERFORMED BY**

Sarah Pender, CVT

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

[Lisa.Carioto@sonopath.com](mailto:Lisa.Carioto@sonopath.com)

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Narske

**INVOICE**

31587

**DATE**

7/12/22