



PATIENT

Fred Geer

SPECIES

Feline

BREED

American Shorthair

SEX

MN

AGE

5 years

WEIGHT

10.43 lbs.

PRESENTING CLINICAL SIGNS

-1 week of anorexia and vomiting. However, on 10/6 might have been exposed/ingested acetaminophen. Bruising on dorsum and around neck where collar is and bruising on both legs where catheters were placed/attempted.

Abnormal PE/Chem/CBC/UA Results: See attached labwork - CBC = Retic 1.9, Eos 3.8, Platelets 2, Platecrit 0, CHEM = Gluc 193, Calc 7.3, ALT 747, ALP 257, Chol 12. Coags = PTT normal @ 112, PT abnormal @ >100.

HCT 42.8, WBC 16.3 with eosinophilia, Platelets 2, Calcium 7.3, ALT 747, ALP 257, Cholesterol 12, BUN 18, Glucose 193, PT (>100), PTT 112

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, particulate, nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.68 cm width.

Liver/ Gallbladder

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Amanda Crook-
SDEP Certified
Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

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was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No intraabdominal masses, lymphadenopathy, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Hepatopathy with generalized increased parenchyma echogenicity
- Sonographically unremarkable gallbladder and common bile duct
- Sonographically unremarkable gastrointestinal tract
- Mildly heterogeneous pancreas - nonspecific, patient variant, potential for low-grade inflammation possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Considerations for the liver may include vacuolar hepatopathy, hepatitis (viral, bacterial, hepatotoxic insult), lipidosis, while round cell neoplasia cannot be definitively excluded. Ideally, hepatic FNA for screening cytology following empirical vitamin K administration would be ideal for screening cytology yet likely precluded, given the abnormal coagulation panel. Given the potential for hepatotoxic insult, hepatosupportive medications +/- Mucomyst may be considered. Recheck retroviral status given the significant thrombocytopenia is suggested. If available, platelet-rich plasma may be indicated in this patient if persistent significant thrombocytopenia and petechia. Continued as-needed gastrointestinal supportive care is recommended.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



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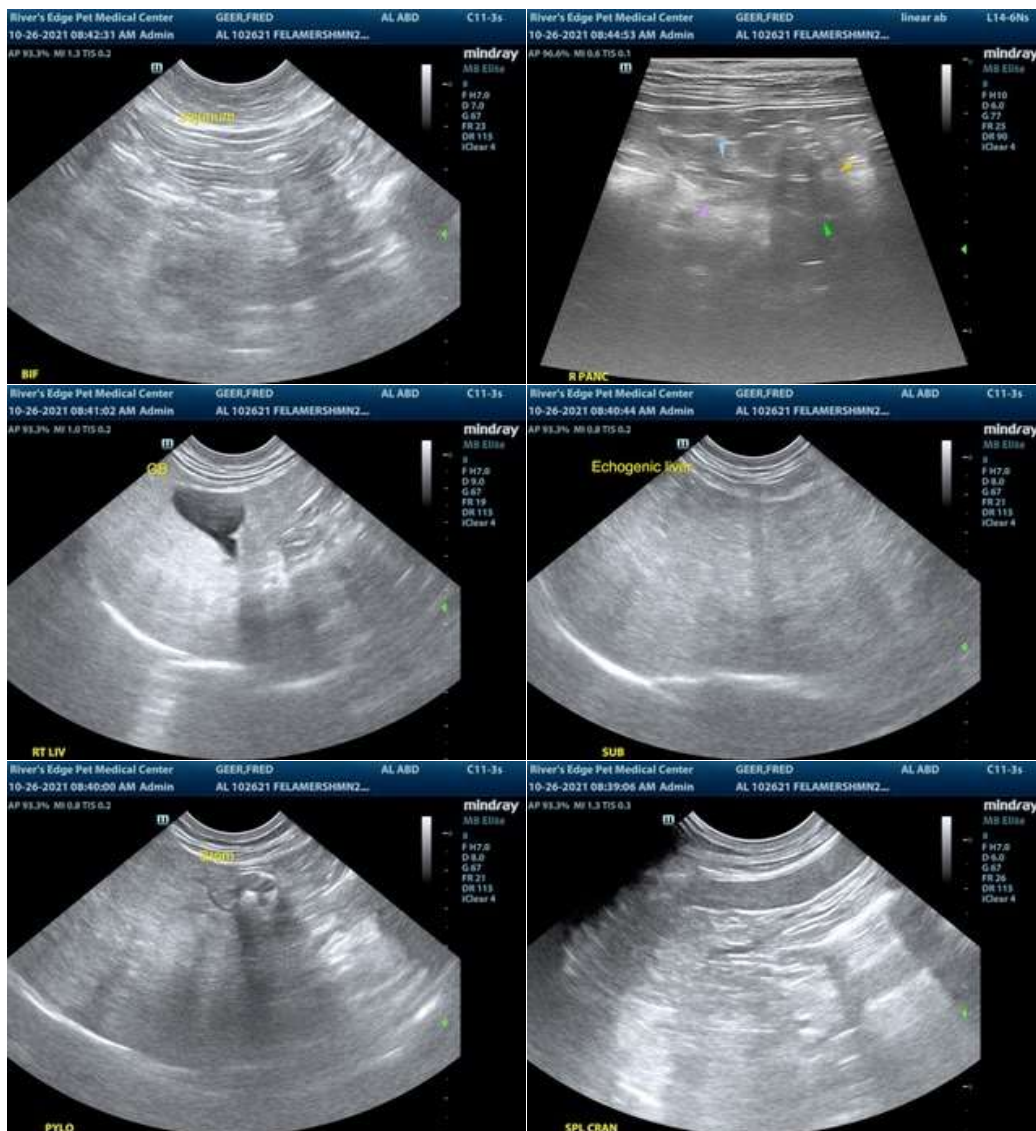
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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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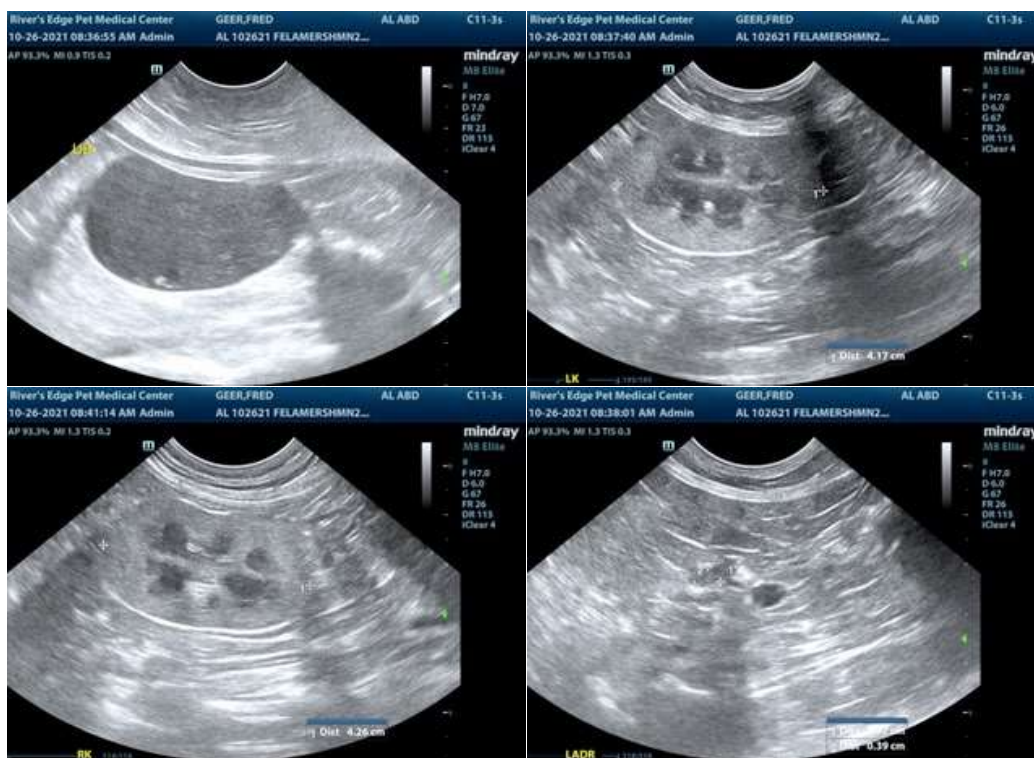
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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