



PATIENT

Biddies Gardner

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

11yr

WEIGHT

2.78kg

PRESENTING CLINICAL SIGNS

Patient has been hyporexic, lethargic, with intermittent vomiting x 7 days. Patient has responded poorly to SQF, Cerenia, appetite stimulant (Alura), Clavamox: Following 5 days without response to therapy, received triamcinolone medication due to development of harsh, raspy respiratory sounds and appreciated radiographic changes (listed below)

Abnormal PE/Chem/CBC/UA Results: PE: Unkempt, matted fur, evidence of weight loss with epaxial muscle atrophy, thickened SQ region on ventral midline (palpates ropey and associated with linea). Dehydrated. 12/13/2022: CBC: -- WBC: 34,170/uL (2870-17,020) -- PMN: 28,850/uL (2300-10,290) CHEM: -- BUN: 15 mg/dL (16-36) -- Na: 138 mmol/L (150-165) -- K: 2.9 mmol/L (3.5-5.8) -- Cl: 96 mmol/L (112-129) -- Tbili: 1.3 mg/dL (0-0.5) -- Amyl: 1640 U/L (500-1500) UA: -- cysto, pale yellow, USG: 1.015, pH: 7 -- all else WNL 12/16/2022 LAT/VD BODY RADS; -- Mild increased opacity and loss of detail along the margin of the sternbrae on the lateral view that indicates possible, mild pleural effusion. Cardiac silhouette appears unremarkable. Mild-moderate broncho- interstitial pulmonary parenchymal pattern. -- Increased opacity and loss of serosal detail in the cranial abdomen, otherwise no obvious gastric/intestinal FB/obstruction and no obvious mass/tumor identified. 12/19/22: ** repeat lytes ** -- Na: 132 mmol/L (150-166) -- Cl: 98 mmol/L (112-129) -- K: normal 12/20/22 ** Repeat blood work ** CBC: -- RBC: 6.88 M/uL (7.12-11.46) -- HGB: 9.8 g/dL (10.3-16.2) -- WBC: 48,600/uL (3.9-19.0) -- PMN: 42,525/uL (2620-15,170) -- MONO: 1361/uL (400-5300) CHEM: -- Creat: 0.7 mg/dL (0.9-2.3) -- TP: 5.8 g/dL (6.3-8.8) -- ALB wnl @ 2.9 g/dL -- GLOB: 2.9 g/dL (3.0-5.9) -- Spec fPL: 31.5 ug/dL (0-3.5) Gross evaluation of ascites on abdominocentesis: clear, yellow to pale. Volume insufficient for analysis, due to poor patient compliance and no sedation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were present. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.36 width and the right adrenal gland measured 0.36 width

Spleen

The spleen exhibited normal size, mild capsule asymmetry and mild parenchyma heterogeneity. 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 0.60 cm in width at the level of the hilus.

Liver

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Highland Vet Hospital

REFERRING VET

Dr. Poet

INVOICE

12496ag

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The liver presented borderline to mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-dependent echogenic luminal debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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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 a primarily 1:3 muscularis/mucosa ratio. A mildly prominent wall layering with mild prominent muscularis layer was present. No evidence of intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.25 cm width.

AGE

11yr

Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen extending into the non-specific mildly dilated cecum.

Pancreas

WEIGHT

2.78kg

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

Several to multiple focally enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.7 cm in diameter.

IMAGING PERFORMED BY

Patti Mayfield DVM

Generalized mild hyperechoic mesentery and mild volume peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis
- Hypoechoic liver-possible acute hepatopathy i.e. acute hepatitis, occult infiltrative neoplasia, reactive hepatopathy or non-cardiogenic congestion possible
- Non distended gallbladder containing mild luminal debris
- Intact yet generalized mildly prominent small bowel walls-possible acute or subacute enteropathy, inflammatory bowel episode, potential for occult infiltrative round cell neoplasia possible
- Intermittent prominent jejunocolic lymphadenopathy-reactive hyperplasia, lymphadenitis potentially secondary to inflammatory bowel episode, early neoplastic lymphadenopathy cannot be excluded
- Generalized hyperechoic mesentery and mild volume peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The sonographic abnormalities and clinical signs may potentially be owing to pancreatitis and concurrent primary or secondary acute hepatopathy even without hepatic enzyme elevations given the short half life of hepatic enzymes in cats. Potential for non-specific peritonitis or neoplastic criteria i.e.



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carcinomatosis, lymphomatosis or similar is possible. Assuming normal clotting status, a hepatic FNA for screening cytology is warranted for further assessment as well as effusion analysis. FIP is technically a potential yet considered less likely given the patient's age. A CBC path review as well as recheck retroviral status is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical GI support, therapy for pancreatitis and potential hepatopathy would be reasonable. A very guarded prognosis is likely indicated.

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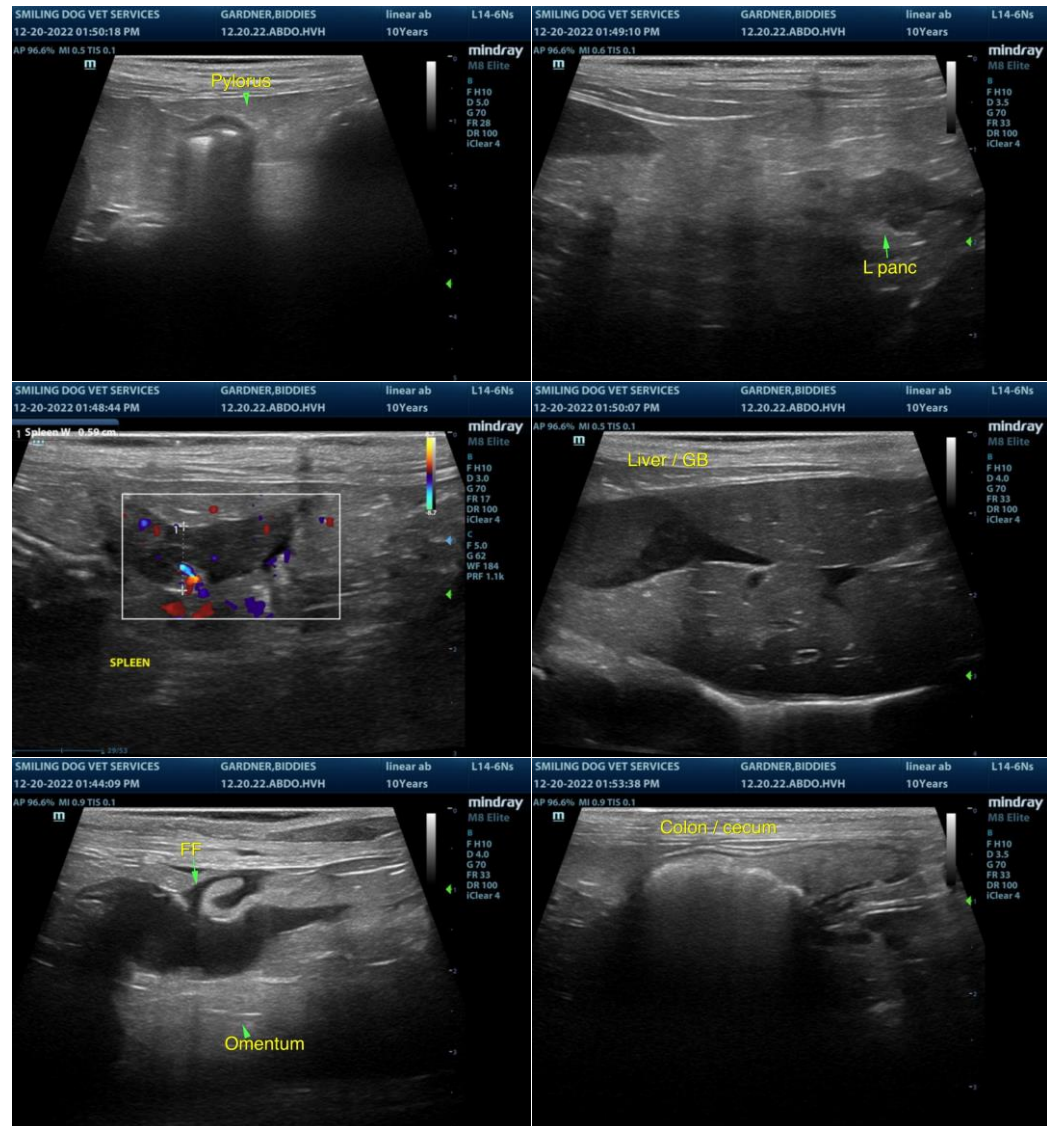
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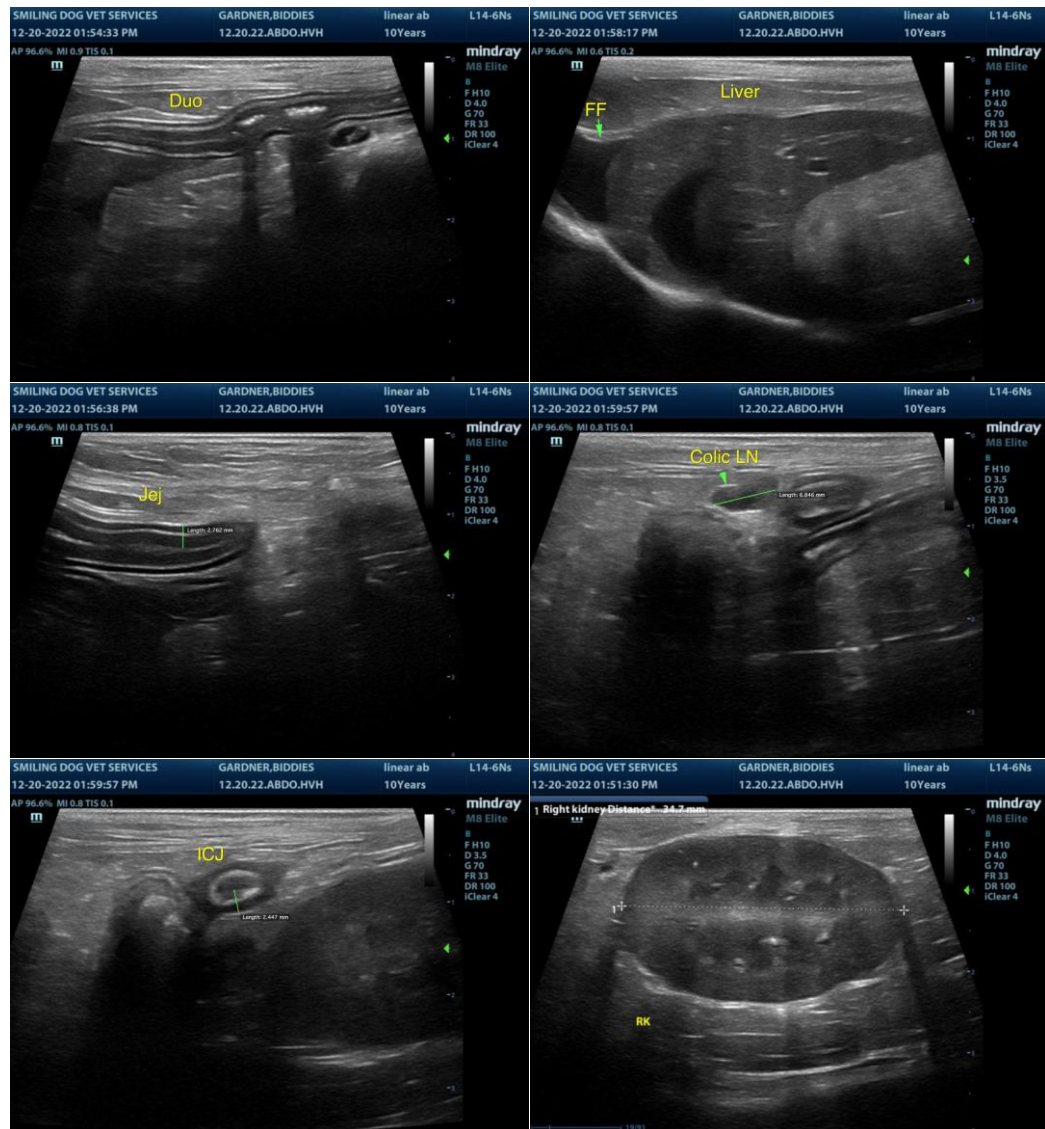
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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