



PATIENT

Keanu Nugent

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

5.86 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Emergency Vet
Hospital

REFERRING VET

Patti Mayfield, DVM

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43177

DATE

12/4/22

PRESENTING CLINICAL SIGNS

~ 2 nights ago, became anorexic. He was shivering and gagging ~ 2 nights ago. No V/D. He urinated last yesterday, but is not straining or excessively grooming. Lethargic. Meds: Flea prevention only. Strictly indoors. Deaf in the left ear and blind in left eye; potential previous head trauma. He does follow walls. He typically becomes stressed and slightly disoriented when he is lifted up. Treatments prior to AUS include: 1.) Methadone 0.3 mg/kg IM 2.) Sedation with dexdomitor 5 mcg/kg + butorphanol 0.2 mg/kg (mixed) IV Treatments following AUS: 1.) Reversal, antisedan 5 mcg/kg IM 2.) LRS @ 25 mL/hr 3.) Cerenia 1 mg/kg IV 4.) Additional methadone, prn

Abnormal PE/Chem/CBC/UA Results: ~5% dehydration. Vision loss OS. Lacking menace OS. Mucous membranes pink, tacky. No obvious oral lesions, however limited evaluation due to poor patient compliance. Mild ptialism. Tense and slightly painful on palpation. No palpable masses, organomegaly, or fluid wave. Patient is reluctant to ambulate and when he is lifted, he appears disoriented with mild extensor rigidity and some instability. Mild head tilt to the left. CNI, no CP deficits, LOC is anxious/nervous/alert. 1.) CBC: -- Leucocytosis, WBC: 24,050/uL (2870-17,020) -- Neutrophilia, PMN: 18,540/uL (2300-10,290) 2.) CHEM: -- Stress hyperglycemia, 182 mg/dL (74-159) -- BUN: 15 mg/dL (16-36) -- Hyperglobulinemia, 5.9 g/dL (2.8-5.1) -- TP: 9.2 g/dL (5.7-8.9) 3.) 3-VIEW ABDOMINAL RADS: -- No obvious gastric obstruction, however there is a radiodense appearance at the caudal margin of the stomach on the VD view, that may be summation effect and possible mass/tumor in the cranial abdomen. No obvious gastric or intestinal obstruction, however moderate gas noted within the colon. AUS: Positive murphy sign with imaging the region of the pancreas

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. Minor non-dependent particulate sediment present, which may indicate minor cellular debris/protein, crystalline debris, lipid, or mucus. 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. Normal 1:3 cortex / medulla ratio. Uniform mildly increased cortex echogenicity noted with mildly enhanced corticomedullary border demarcation. No pyelectasia or evidence of retroperitoneal inflammation. The left kidney measured 4.4 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm. The right adrenal gland measured 0.35 cm.

Spleen

The spleen presented generalized mild enlargement with mild medial folding of the cranial spleen. Primarily maintained symmetrical splenic capsule contour with subtle regions of medial capsule asymmetry. Uniform, finely textured homogeneous splenic parenchyma was maintained. The spleen measured 1.3 cm in width at the level of the hilus.



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Liver

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with primarily anechoic content. Mild congealed yet non-roganized echogenic debris present, primarily in the caudal lumen. No evidence of gallbladder or peripheral gallbladder inflammation. The common bile duct was 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.

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

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Pancreas

The left pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
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(Canine and Feline)

- Mild urinary bladder sediment
- Mon-specific increased renal cortex echogenicity
- Mild generalized splenomegaly with mild cranial spleen folding
- Mild gallbladder debris
- Sonographically unremarkable gastrointestinal tract
- Possible low-grade pancreatitis in the left limb

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant or definitive abdominal visceral pathology. The increased renal cortex echogenicity may indicate patient variant without overt evidence of renomegaly or nephritis. Urine culture and sensitivity recommended if evidence of inflammatory urinary bladder sediment.

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The splenomegaly is suspected to be secondary to sedation, although if persistent, incidental splenitis, hyperplasia, hematopoiesis, or less likely infiltrative neoplasia cannot be excluded. Screening splenic FNA cytology (assuming normal clotting status and using 25-gauge needle) could be considered if persistent splenomegaly or evidence of weight loss.

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The mild gallbladder debris is likely incidental, potentially secondary to fasting, given no evidence of cholestasis or hepatic enzyme elevations.

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No evidence of intraabdominal masses or overt neoplastic/FIP criteria. Spec fPL recommended. Empirical gastrointestinal support would be reasonable. CBC pathology review +/- recheck retroviral



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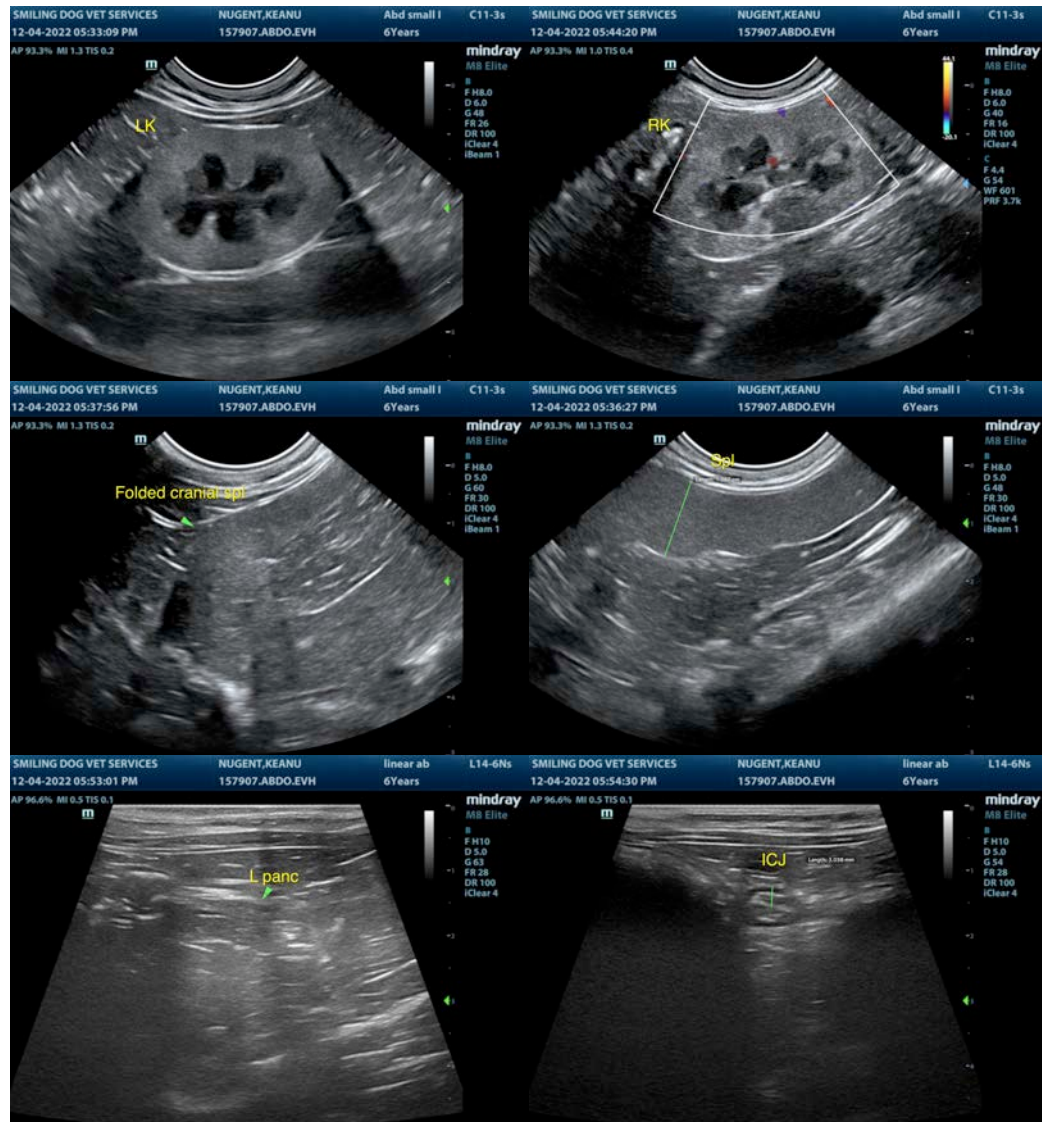
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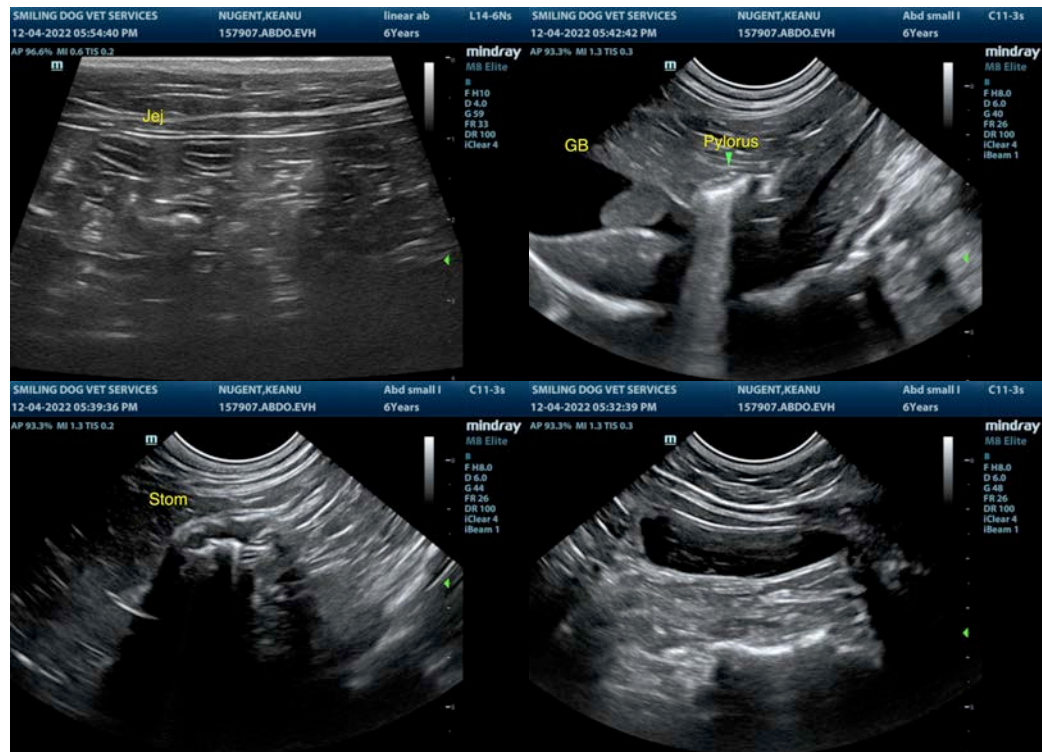
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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