



PATIENT

Felix Castello

SPECIES

Feline

BREED

DSH

SEX

CM

AGE

14 years

WEIGHT

6.11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Elmhurst Animal
Emergency Hospital

REFERRING VET

Dr. Suciu

INVOICE

13397

DATE

2/22/22

PRESENTING CLINICAL SIGNS

Felix has been PU/PD and losing weight for several weeks otherwise seemed to be ok at home. 2/15/22 he vomited twice (large amount of food) QAR, decreased appetite by ~75%, no diarrhea. 2/16/22 vomited twice, Foam, P was last seen by a rDMV about year ago for similar signs, owners report P has a sensitive stomach. TX cerenia, mirtazapine, as 2/20/21 P improved dramatically. Abnormal PE/Chem/CBC/UA Results: BCS 3/9, DDZ stage 3, 5% dehydrated, possible enlarged 1.5-2 cm lymph node palpated on mid abdomen. (hard at palpation) BW: 2/17/22 CHEM: ALT 718 U/L (H) 12-130 CREA: 2.7 mg/dl (H) 0.8-2.4 GGT: 6 U/L (H) 0-4 TBIL: 2.7 mg/dl (H) 0.0-0.9 CBC: LYMPHS: 7.73 K/uL (H) 0.92-6.88 MONOS: 1.23 K/uL (H) 0.05-0.67 WBC: 23.00 K/uL (H) 2.87-17.02 NEUT: 14.02 K/uL (H) 2.30-10.29 BW: 2/21/22 CHEM: ALT: 242 IU/L (H) 10-100 BUN: 47 mg/dl (H) 14-36 CBC: RBC: 4.8 (L) 5.92-9.93 Hemoglobin: 7.5 (L) 9.3-15.9 HCT: 22% (L) 29-48% NEUT: 8512 (H) 2500-8500 MONOS: 672 (H) 0-600 AMYLASE: 1201 (H) 100-1200 T4: 2.0 WNL UA: Not performed.

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. 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 was 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 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. Pinpoint to focal areas of nonobstructive medullary mineral were present in both kidneys. No evidence of pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.5 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 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

Spleen

The spleen was subjectively normal in size with folding. A nonspecific, non-expansive, discreetly hypoechoic splenic nodule was present measuring 0.45 cm in diameter. The overall spleen measured 0.9 cm width.

Liver/ Gallbladder

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 mildly prominent to isoechoic.



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The gallbladder wall width measured 0.19 cm. Focal areas of luminal mineral were present. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach exhibited moderate dilation with retained nonshadowing ingesta / fluid. The gastric body wall width measured 0.20 cm.

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The small intestine presented intact wall layering and subjectively maintained a 1:3 muscularis/mucosa ratio. The small intestine was primarily empty with mild areas of nonshadowing ingesta / chyme. The jejunum wall width measured 0.26 cm.

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Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

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Pancreas

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma. Mild pancreatic duct dilation was present.

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Free Abdomen

Intermittent, mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.5 cm x 0.5 cm. No free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjectively benign, probable low-grade inflammatory hepatopathy / cholangiohepatitis
- Mild cholecystitis pattern with mild luminal mineral
- Possible low-grade to chronic pancreatitis
- Distended stomach with retained nonshadowing ingesta / fluid
- Overtly normal small bowel
- Intermittent subjectively benign mesenteric lymph nodes
- Nonspecific splenic nodule - lymphoid hyperplasia, hematopoiesis, focal splenitis possible, neoplastic criteria cannot be definitively excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Sonographic monitoring of the splenic nodule for evidence of progression +/- FNA using a 25-gauge needle and assuming normal clotting status if evidence of weight loss would be reasonable.

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The distended stomach with retained ingesta / fluid may suggest some degree of gastric stasis or nonobstructive delayed gastric emptying. Potential for Triad Disease may be a consideration in this patient given the elevated ALT, potential for pancreatitis, as well as weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.



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Hospitalization with 24-48 hour IV fluid and gastrointestinal support with monitoring of gastric emptying would be appropriate. Overt evidence of obstructive pathology or foreign body to gastric outflow was not definitively present.

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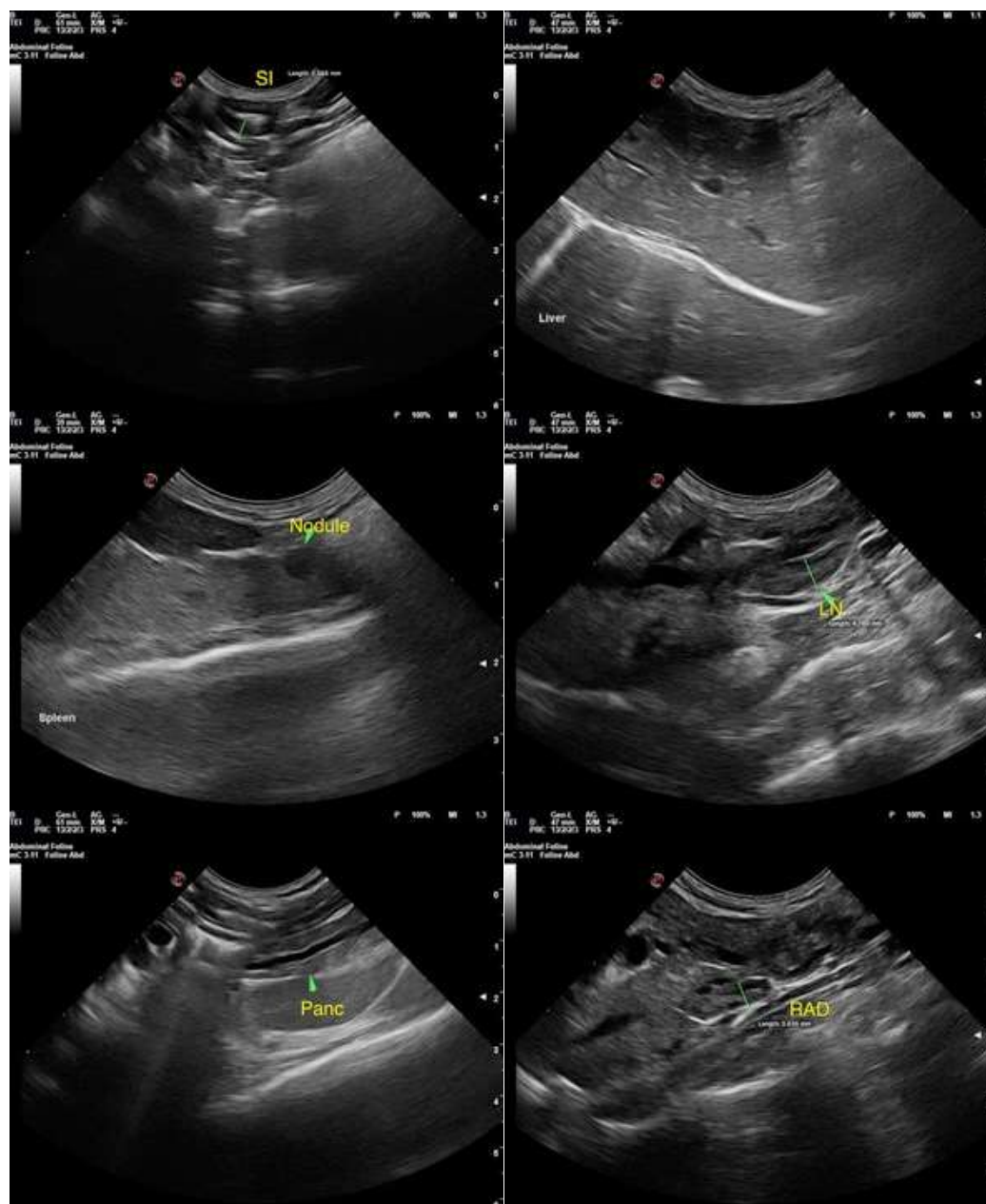
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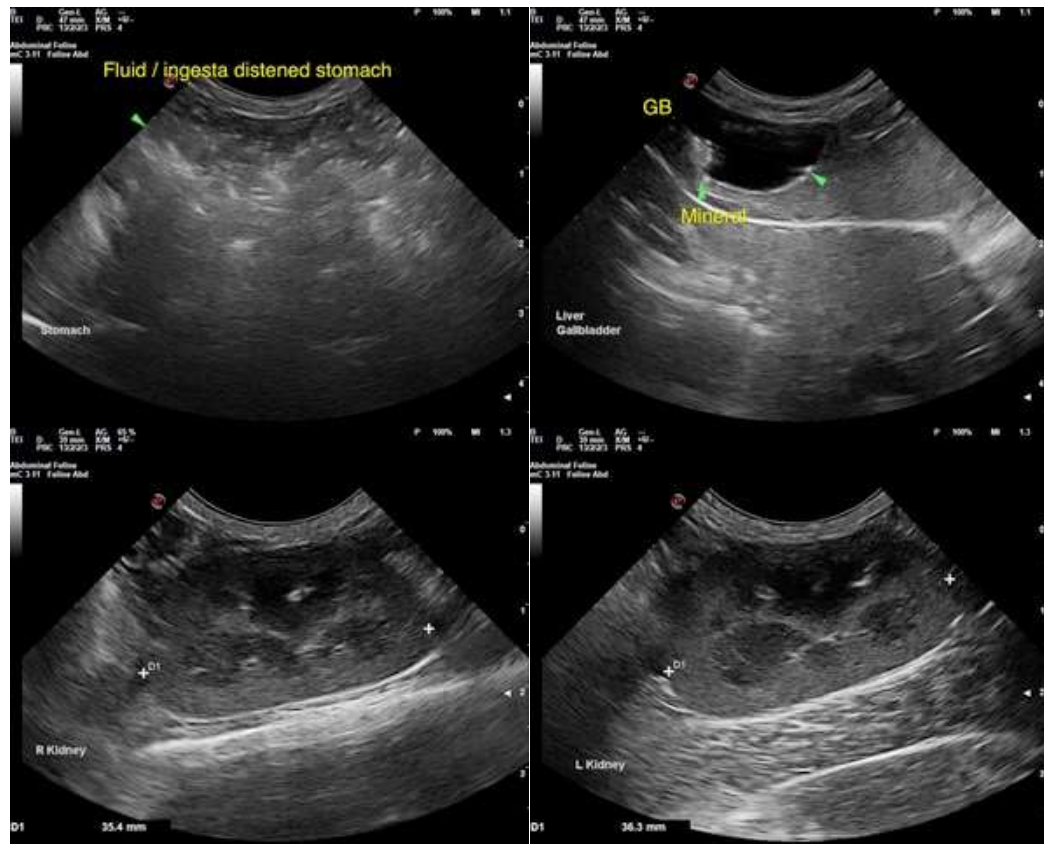
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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