



PATIENT

Fiddy Gordon

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Guenther

HOSPITAL NAME

Central Island Veterinary
Emergency Hospital

REFERRING VET

Dr. Lou

INVOICE

16401

DATE

3/21/23

PRESENTING CLINICAL SIGNS

Chronic wt loss over past few months. Now hiding and lethargic starting yest.

Abnormal PE/Chem/CBC/UA Results: BCS 3-4/9 and mild skin tenting otherwise normal PE. CBC - nonregen anemia (Hct 23). Mild Thrombocytopenia present (123) and confirmed on blood smear. Chem - Marked hyperproteinemia (>120) with normal albumin. Slide agglutination present macro and microscopically. XRs show hepatomegaly, aerophagia and mildly decreased serosal detail (suspect dt lack f peritoneal fat). Thorax nromal. Sedated dexdom/butorphanol/alfaxan.

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 renal size with maintained symmetrical renal margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 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 0.32 cm width.

Spleen

The spleen exhibited a 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 was borderline enlarged, measuring 1.0 cm width at the level of the hilus. Subtle areas of medial capsule asymmetry were noted with maintained finely textured and homogenous parenchyma. No splenic masses or nodules were noted.

Liver/ Gallbladder

The liver exhibited generalized enlargement with symmetrical to mildly rounded hepatic contour and uniform mild increased hepatic parenchyma echogenicity compared to the spleen with mild coarse parenchyma echotexture. Normal vascular volume was noted. No visualized hepatic masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented normal visualized gastric wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta / chyme without signs of obstruction or foreign material. The pylorus wall width measured 0.28 cm.

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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with subjective propensity for segmental mildly prominent submucosa layer and discrete intestinal mucosal fogging. Minor duodenal corrugation was noted. No obstructive pattern, loss of intestinal wall layering, or visualized intestinal masses were noted. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.30 cm width.

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Normal visible colon wall layers were present with formed to mild semi-formed fecal matter in lumen.

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Pancreas

The left limb, right limb, and base of 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

Intermittent, generally mild, mesenteric lymph 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). Intermittent very scant pocket of peri intestinal free fluid was noted. Mild increased omental echogenicity was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Chronic enteropathy exhibiting intact wall layering
- Intermittent mild mesenteric lymphadenopathy
- Chronic active to mild active pancreatitis pattern
- Hepatomegaly exhibiting mild uniform parenchyma hyperechogenicity
- Borderline splenomegaly
- Bilateral chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology is warranted. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. CBC pathology review, recheck retroviral status, and protein electrophoresis, given marked hyperproteinemia / hyperglobulinemia, could be considered. A guarded prognosis is indicated pending additional recommended diagnostics and sampling which is considered essential for further clarification.

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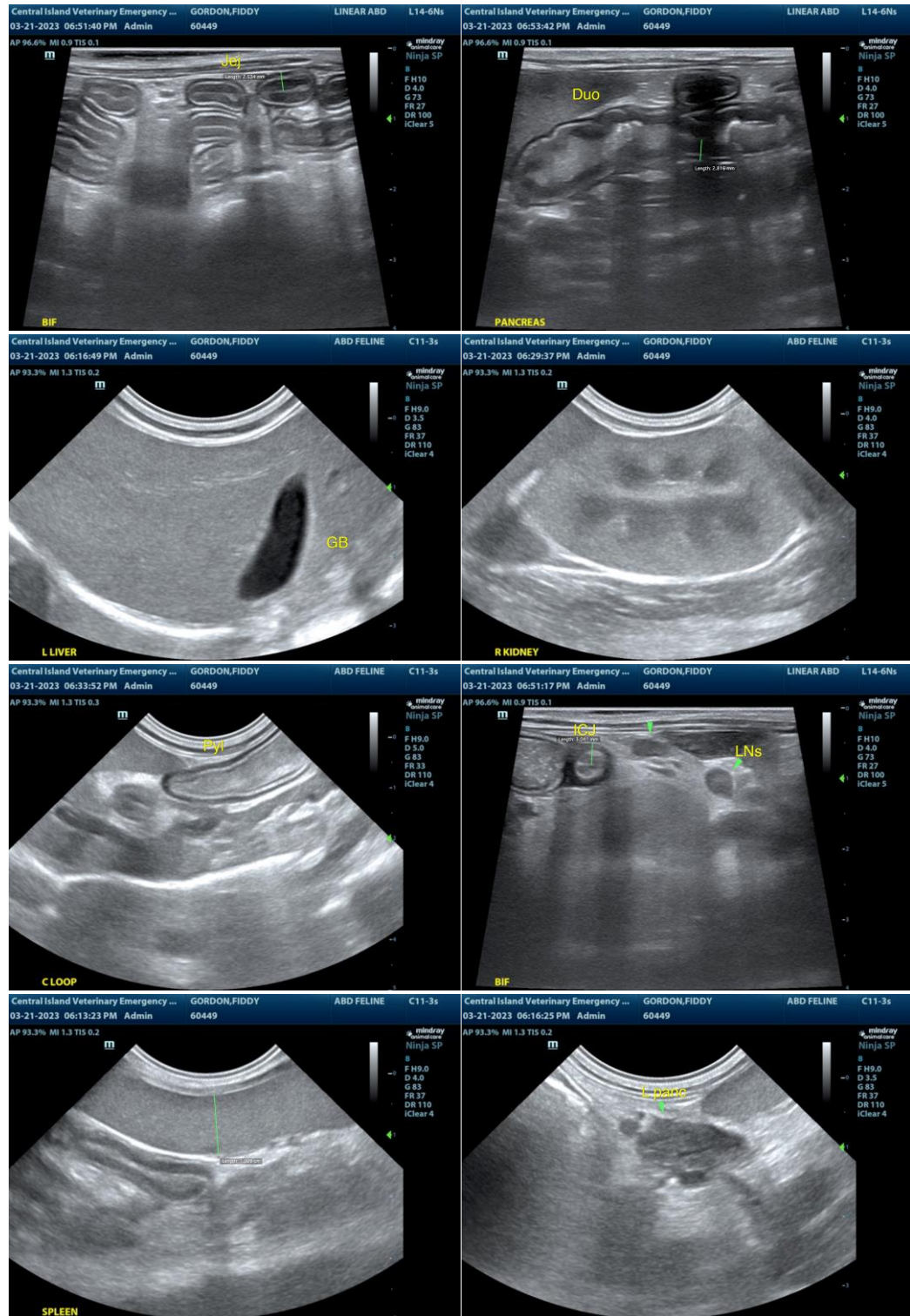
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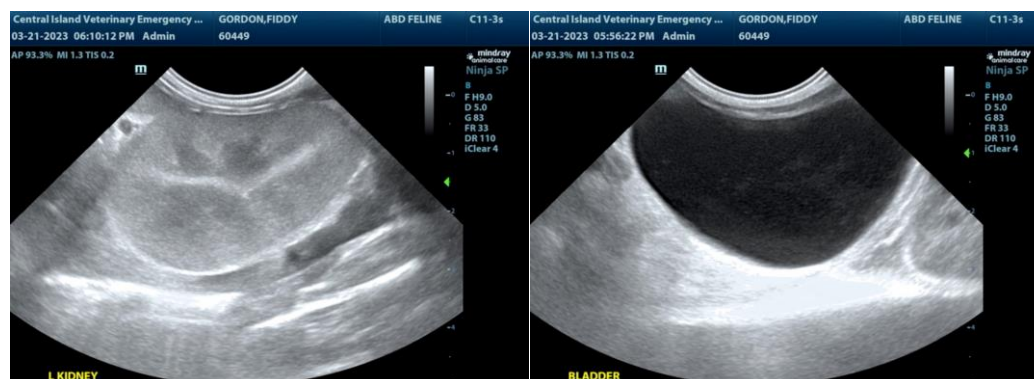
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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