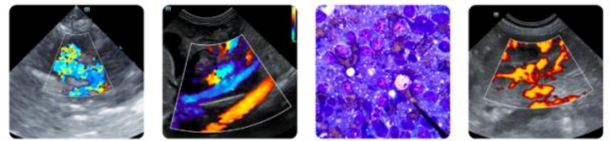


PATIENT
Rusty Wolf

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
2 Years 11 Months

WEIGHT
5.3 kg

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

IMAGING PERFORMED BY
Renee Trionfetti VMD

HOSPITAL NAME
Blue Pearl Wyomissing

REFERRING VET
Blue Pearl Wyomissing ER

INVOICE
15818

DATE
05/06/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate anorexia and hyperbilirubinemia. Indoor/Outdoor cat. Currently in the ER, presented for anorexia for 5 days, no V/D. PE shows 7% dehydration and mild icterus. Ate 1 bite of canned food on Saturday (5/2) and then hid. Saw pDVM on Monday (5/4) and given Convenia and Cerenia. No diagnostics performed at that visit. Owner gave Mirataz yesterday and today. Drank a small amount this morning. Was previously treated for ringworm.

CBC: unremarkable, stress leukogram (lymphs 0.34k L) PCV/TS: 40/8.2 Chem: TCa 8.3 L, ALP 43, ALT 42, tBili 3.2 H, Glu 140 H, TP 8.3 H, Glob 5.3 H, BUN 29.6, Chol 120, Alb 3, rest wnl QPL: 0.6 (N) FeLV/FIV/HW snap test: Neg x3

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. Echogenic to particulate nondependent mild 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 was 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 4.0 cm in length. The right kidney measured 4.2 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 0.40 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

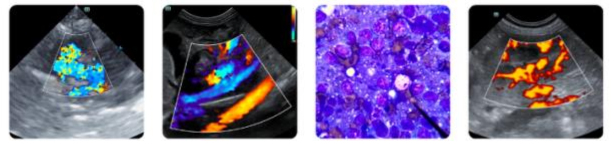
Spleen

The spleen presented mildly enlarged exhibiting mild asymmetrical medial capsule contour and subtle heterogeneous to micronodular parenchyma and noncapsule deforming mid splenic nodule measuring 0.62 cm in diameter.

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 non distended in size with mild to moderate to mildly congealed biliary sludge. The common bile duct was not visualized yet without posthepatic obstruction. No evidence of gallbladder or pericholecystic inflammation.



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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.

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. The small intestine wall measured 0.24 cm wall width. The ileocolic wall measured 0.33 cm wall width.

Normal visible colon wall layers were present with semi formed fecal matter.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Jejunocolic 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). An example of the lymph nodes measured 2.3 cm x 0.79 cm and 0.90 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

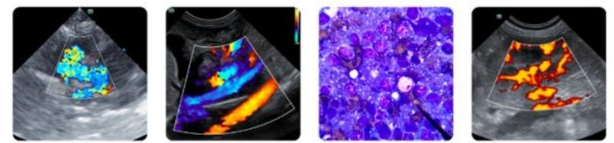
- Sonographically normal empty gastrointestinal tract.
- Normal area of the pancreas.
- Sonographically normal liver.
- Gallbladder debris.
- Mild splenomegaly exhibiting subtle nonhomogenous micronodular to focally nodular parenchyma.
- Intermittent primarily mild jejunocolic lymphadenopathy.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant hepatobiliary pathology or posthepatic obstruction. Underlying hepatopathy is possible given short half-life of hepatic enzymes in cats. Splenic hyperplasia, hematopoiesis, splenomegaly owing to sedation if clinically indicated, emerging to occult round cell neoplasia i.e. lymphoma are all potentials.

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology is warranted for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Hospitalization with supportive care pending hepatosplenic sampling which is considered essential to assess for occult disease as a contributing factor given lack of sonographic gastrointestinal or pancreatic pathology is recommended. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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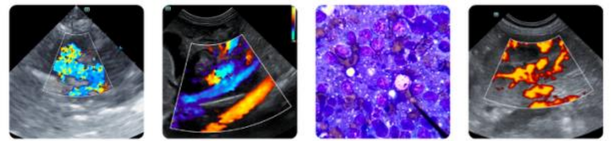

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Educational Teleconsultation Services™

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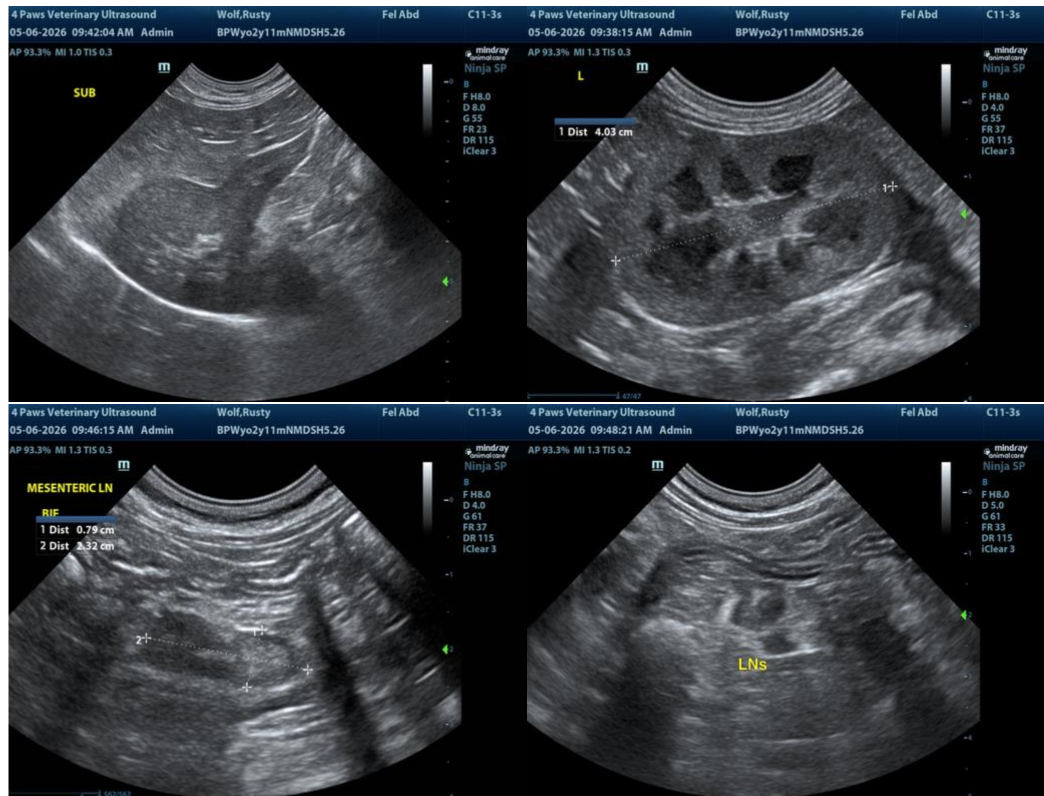

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com