



PATIENT PRESENTING CLINICAL SIGNS

Keeva Kasmyna

History: Weight loss

SPECIES

Feline

WBC 23.2 with neutrophilia, suspected Band Neutrophils, Hematocrit 22%, Reticulocytes 9.3

Chemistry Panel- BUN 21, Creatinine 0.5, Calcium 8.4, Albumin 2.2, Globulin 5.9, Unremarkable liver parameter

BREED

Sphynx

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. Moderate, particulate, nondependent 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.

SEX

Neutered Male

AGE

6 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

7.2 Pounds

Both kidneys were mildly enlarged in size. The kidneys maintained a 1:3 cortex / medullary ratio with uniform increased corticomedullary echogenicity and hyperechoic medullary striations. The left kidney measured 4.5 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was mildly enlarged, measuring 1.2 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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension was present. Minor retained anechoic

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
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HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Coyle

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fluid was present in the stomach. No evidence of retained ingesta, foreign material, or mechanical pyloric outflow obstruction. The gastric body wall width measured 0.28 cm.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Segmental, mild to moderate, jejunal, nonobstructive, metabolic ileus was present. Segmental jejunal corrugation was also noted. The jejunum wall width measured 0.25 cm. The duodenum wall width measured 0.24 cm.

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Sphynx

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

SEX

Neutered Male

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.

AGE

6 years

Free Abdomen

Moderate to severe, subjectively cellular peritoneal effusion was present. Generalized hyperechoic to mildly nonuniform mesentery was noted. No overt lymphadenopathy was noted.

WEIGHT

7.2 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate to severe, subjectively cellular peritoneal effusion
- Generalized hyperechoic to mildly nonuniform mesentery
- Hypoechoic left pancreas - consistent with chronic active to mild active pancreatitis
- Splenomegaly with mild nonhomogeneous parenchyma
- Generalized gastroenteritis pattern with mild gastric hypomotility and segmental metabolic jejunal ileus / corrugation
- Bilateral mild renomegaly with increased corticomedullary echogenicity and minor hyperechoic medullary striations - potential for nonspecific nephritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis, cytospin cytology on the effusion, +/- culture and sensitivity if Inflammatory elements are present. Given that no subnormal albumin levels that would diminish oncotic pressure to the point of causing free fluid, as well as no evidence of hepatic congestion or other structural hepatic pathology which may result in effusion of this nature, an obvious cause of the effusion was not definitively evident. Primary concern for either inflammatory / septic effusion or possible neoplastic effusion owing to lymphatic obstruction i.e., carcinomatosis, lymphomatosis, or similar, is warranted.

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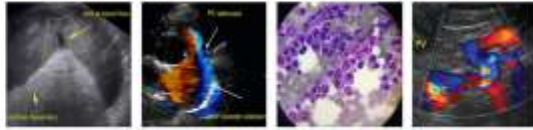
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FIP Is technically an additional potential in this case, therefore FIP titers on the fluid may be considered if clinically indicated. If the effusion is hemorrhagic, coagulation profile +/- abdominal



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exploratory may be indicated. Three view chest radiographs are recommended to assess for or rule out concurrent thoracic pathology and assess cardiopulmonary status. Recheck retroviral status may be considered. A guarded prognosis pending additional diagnostics.

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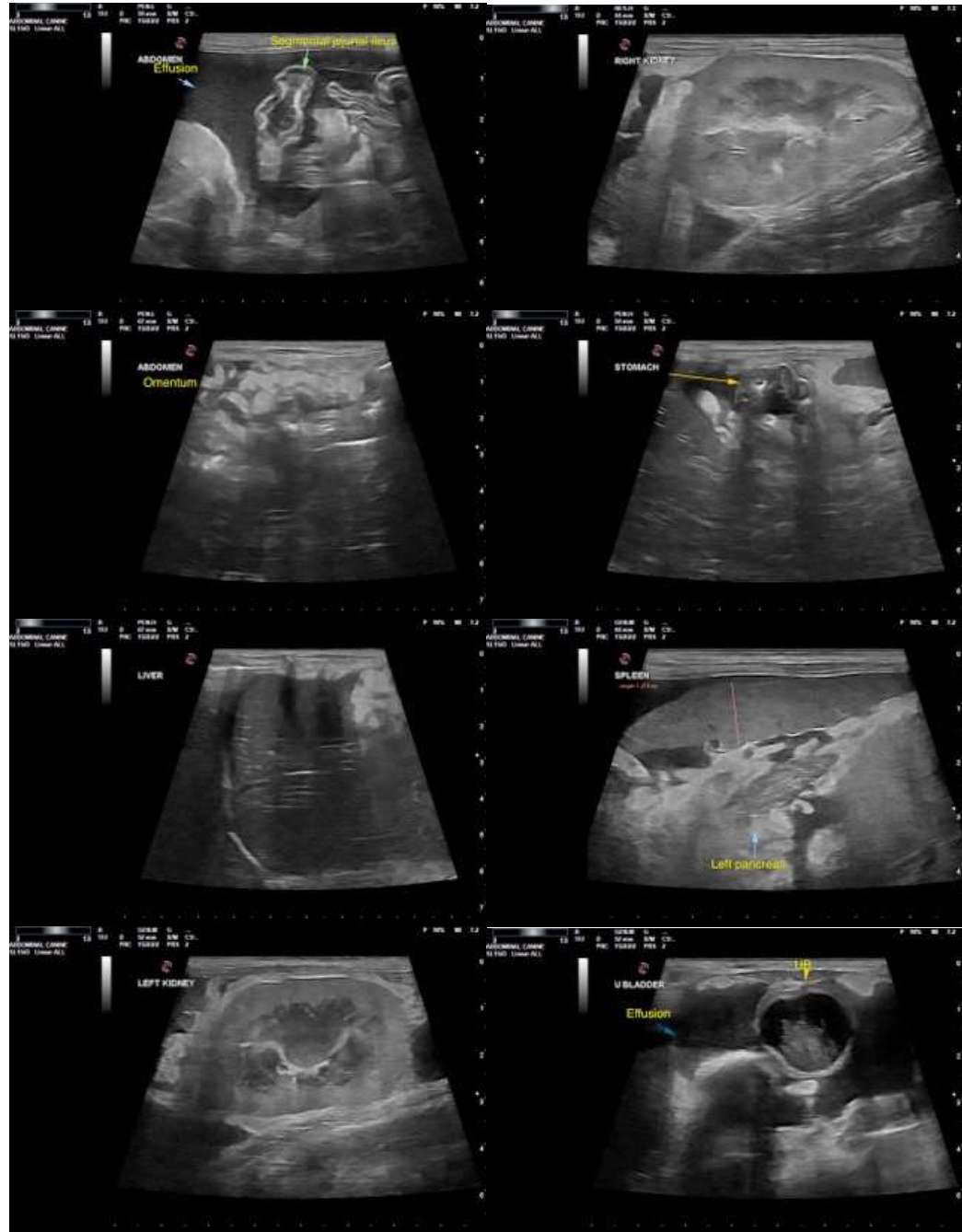
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

Sphynx

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