

PATIENT PRESENTING CLINICAL SIGNS

Fergus Richards

Owner apparently rescued from animal control, where Fergus spent a few days after being rescued from a home where his owner had passed away. Exact timeline is unclear but the owner believes that Fergus would have been without food for at least 3 weeks; he also did not eat well during his stay with animal control. Presented to BNVC on August 12th for the following concerns: no urine production for >30 hours, hyporexia, and hiding. Physical examination revealed the following: pale icteric mucous membranes, 3-5% dehydration, and a small/soft bladder. Current Medications IVFs + KCL, NG tube, Maropitant (1mg/kg IV q24hr), Pantoprazole (1mg/kg IV q12hr), Ampicillin (22mg/kg IV q8hr), Buprenorphine (0.02mg/kg IV q8hr)

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Bloodwork: HCT 23.5%, ALP 409 U/L (ref: 14-111), ALT 173 U/L (ref: 12-130), BUN/CREA 5 mmol/L (ref: 5.7-12.9), K 3.4 mmol/L (ref: 3.5-5.8), TBIL 47 umol/L (ref: 0-15) Urinalysis: USG 1.042, protein 30mg/dL, ketone 15mg/dL, WBC <1/HPF, RBC 1/HPF, suspected cocci, bilirubin 1-5/HPF, unclassified 1-5/HPF (bilirubin crystals?)

SEX

MN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

14yr

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

WEIGHT

7.68kg

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. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.28 cm width. No overt pathology in the area of the right adrenal gland.

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Spleen

The spleen exhibited a finely textured and homogenous parenchyma 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 measured 0.89 cm in width at the level of the hilus.

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Hill

Liver/Gallbladder

The liver was subjectively mildly enlarged with symmetrical mildly rounded capsule contour and generalized uniform increased parenchymal echogenicity. 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 with mild echogenic sediment. The cystic and common bile ducts were normal.

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DATE

08/14/2023

Gastrointestinal



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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.

SPECIES

Feline

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.

Pancreas

BREED

DSH

The pancreas base and left pancreatic limb exhibited mild prominent size with capsule asymmetry and non-homogenous mildly hypoechoic parenchyma. Subjectively minor left limb pancreatic duct dilation was present.

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Free Abdomen

No overt lymphadenopathy was present.

AGE

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Intermittent scant pocket of ventral peritoneal free fluid was present.

WEIGHT

7.68kg

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with parenchyma hyperechogenicity- sonographically consistent with hepatic lipidosis and/or potential primary or concurrent cholangiohepatitis.
- Non-distended gallbladder with mild sediment-no evidence of post hepatic obstruction.
- Suspect mild chronic to chronic active pancreatitis.
- Sonographically unremarkable GI tract.
- Intermittent scant peritoneal free fluid.
- Mild chronic renal changes-sonographically the kidneys did not appear to be end stage.

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assuming normal clotting status, using vitamin K premed and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. A spec fPL or a full GI panel to include PLI/TLI/Cobalamin/Folate could be considered to correlate with the pancreatic presentation and assess for occult intestinal disease as a contributing factor.

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Empirically, continued supportive care for hepatic lipidosis, cholangiohepatitis and pancreatitis with clinical monitoring and possible recheck sonogram if progressive hepatic enzyme elevations and/or clinical signs despite supportive care would be reasonable.

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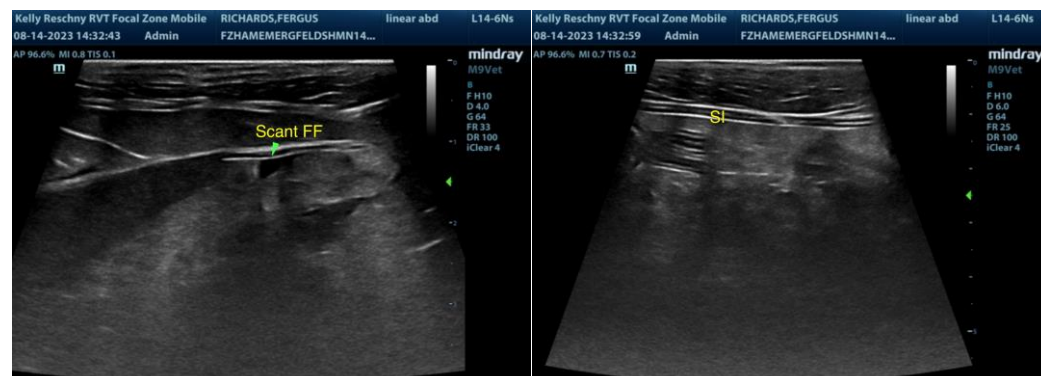
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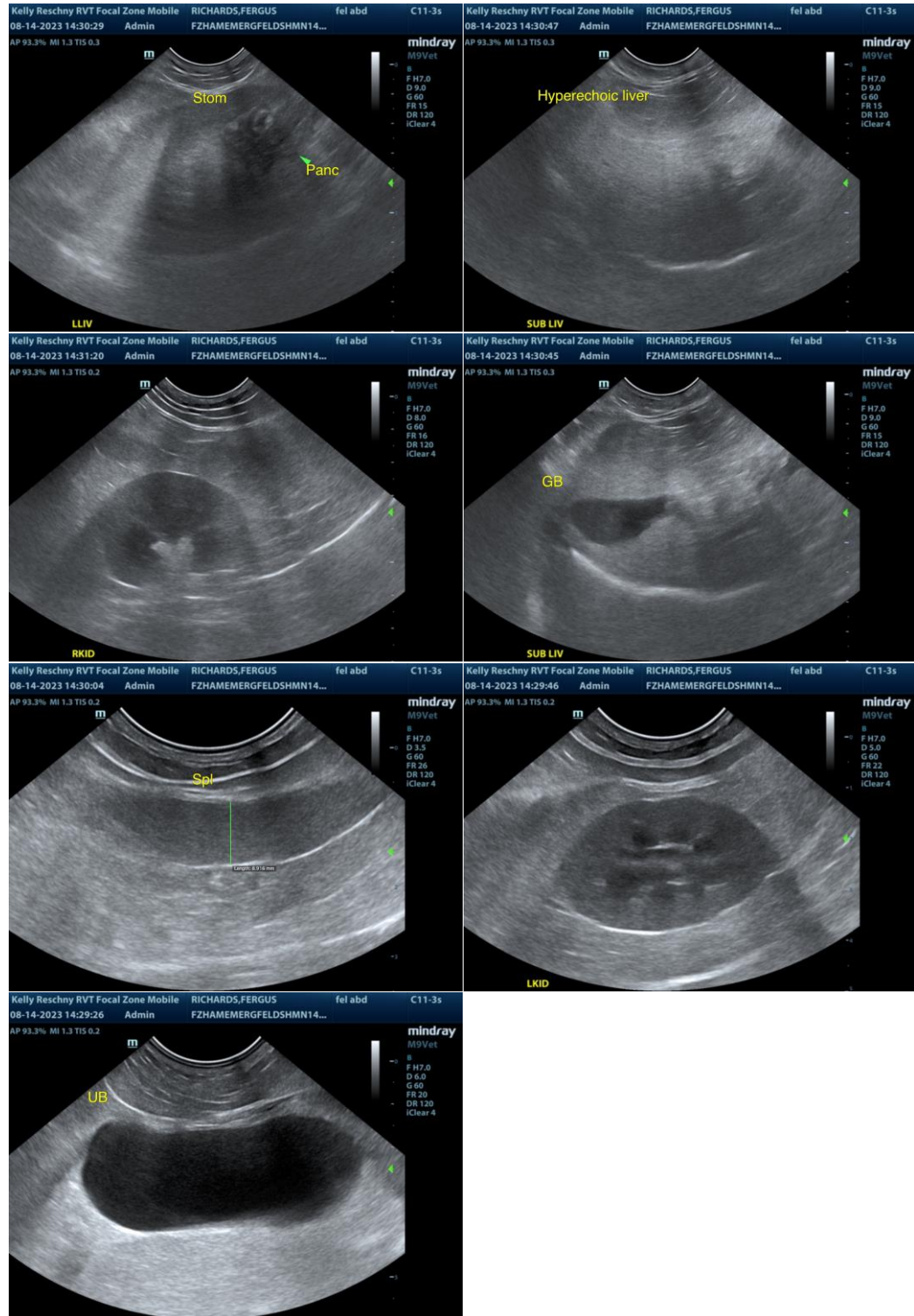
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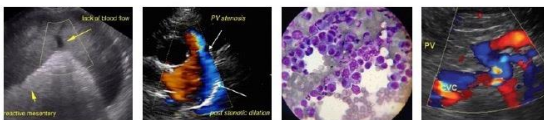
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

Fergus Richards

can be of any further assistance please contact me.

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

info@SonoPath.com

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