



PATIENT PRESENTING CLINICAL SIGNS

Midnight Behr History: Acute dysrexia, lethargy, febrile

Medication: Convenia

SPECIES

Feline

CBC – Mild monocytosis. Chem – Glucose 71, Alb 2.0, TBili 10.6, ALT 24, ALP 3, Chol 64.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Particulate, non-dependent 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

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Normal size and margination were 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 4.2 cm. The right kidney measured 4.38 cm.

AGE

3 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

8.1 lbs

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm in width. The right adrenal gland measured 0.32 cm in width.

INTERPRETED BY

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

Spleen

The spleen was mildly prominent in size, measuring 1.0 cm in width at the level of the hilus. 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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

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 exhibited mild distention with primarily anechoic luminal content and minor non-dependent, echogenic debris. The common bile duct was normal without evidence of post-hepatic stasis or obstruction.

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Borrelli

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild luminal gas was present. No evidence of retained ingesta, fluid or foreign material. Gastric body wall measured 0.25 cm.

INVOICE

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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. Jejunum wall measured 0.20 cm.

DATE

8.24.2021

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



PATIENT *Pancreas*

Midnight Behr The pancreas exhibited normal size and contour with mild uniform hypoechoic parenchyma compared to adjacent non-reactive omentum.

SPECIES *Free Abdomen*

Feline No evidence of intraabdominal masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

BREED

Domestic Shorthair

- Mild urinary bladder sediment
- Mild subjective prominent spleen – non-specific, likely benign with considerations including reactive hyperplasia or hematopoiesis. Potential for early splenic neoplasia, yet considered unlikely.
- Sonographically unremarkable liver
- Mild non-obstructive gallbladder distention with mild luminal debris
- Mildly hypoechoic pancreas

SEX

FS

AGE

3 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

WEIGHT

8.1 lbs

If persistent splenomegaly or clinical signs, and assuming normal clotting status, screening splenic FNA using 25-gauge needle may be considered, primarily to ensure only benign changes are present.

Without evidence of post-hepatic stasis or obstruction, the mildly distended gallbladder with luminal debris may be owing to fasting or potential non-obstructive cholestasis.

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(Canine and Feline)

Potential for mild pancreatic inflammation if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with spec fPL may be considered.

Recheck retroviral status may be considered if not recently done. Empirically, continued gastrointestinal support and therapy for fever of unknown origin would be appropriate.

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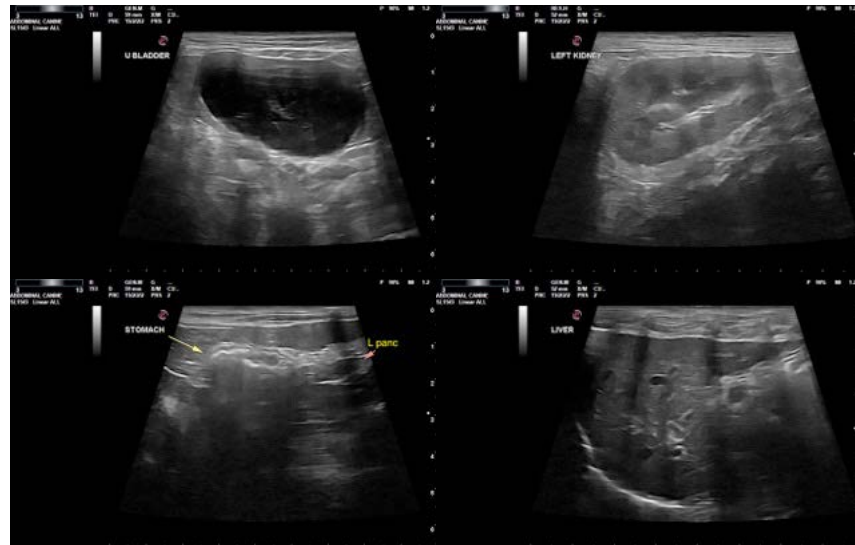
Dr. Borrelli

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PATIENT

Midnight Behr

SPECIES

Feline

BREED

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AGE

3 years

WEIGHT

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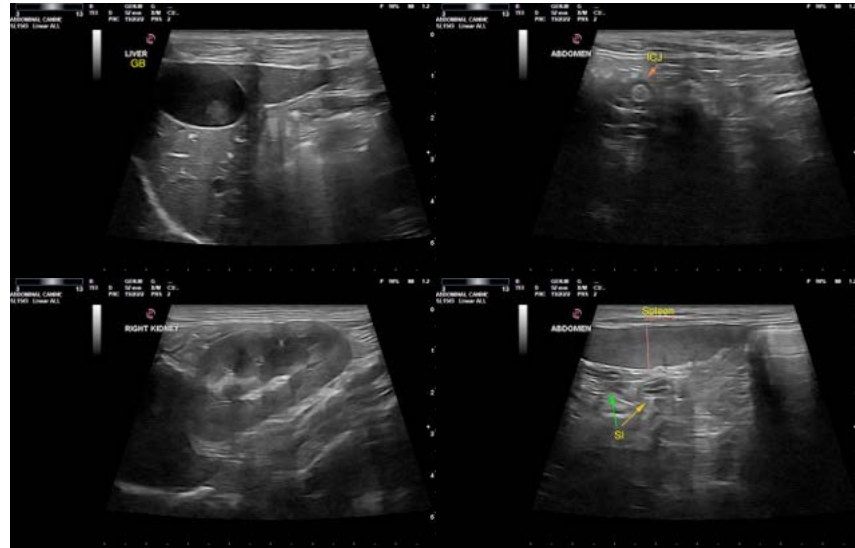
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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