



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Smokey Lensgraf

SPECIES Feline

BREED Domestic Shorthair

SEX Spayed Female

Pt presented to NVH for inappetence noticed between 12/25-12/27 and decreased drinking. Pet was seen at Urgent Vet this evening; lab work transcribed as listed in the diagnostic summary: "USPG 1.037, ammonium biurate crystals noted, Radiographs: NSF, normal cardiac silhouette, clear pulmonary parenchyma, CBC: thrombocytopenia, monocytosis, Chem: Hyperglobulinemia, hyperbilirubinemia, PLT est: 45,000-67,000." On 12/27 when pet was seen at rDVM (Banfield) blood work was done (Chem/Cbc/Elect and F-combo/Hwt testing was done- at that time pet had a scant hypokalemia, scanty elevated Tbili of 1mg/dl, Mild hyperglobulinemia 5.7 and moderately elevated BG 248) Diagnostics: 1. Recheck elect 2. Blood smear to check PLT count (thrombocytopenic with RP); checked plt count on blood sample drawn on arrival, PLT values around 49,000-66,000 (similar to that noted from lab work from Urgent vet today). 3. Serum Mg- normal 4. Recheck elect- all WNL Problems: 1. Inappetence for 5-7 days 2. Elevated temperature for approx 3 days 3. Icteric 4. Pigmenturia 5. Estimated 5% dehydration Dx: Secondary hepatic lipidosis, Fever of unknown origin Treatments: 1. Vitamin K1 0.5mg/kg SQ for 3 doses starting Friday O/N 2. Vitamin b12 250mcg/cat q7days 3. Cerenia 1mg/kg IV q24hr 4. IV fluids, Plasmalyte A at 18mls/hr, re-assess fluid rate in 8-12 hours; if appropriately hydrated the turn rate down.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

A very small amount of mineral attenuating material is seen in the renal pelvis bilaterally. In the lateral aspect of the left kidney, a in the plain study mild hyperattenuating and post contrast non-contrast enhancing roundish lesion is appreciated, measuring 6 mm in diameter and presenting a post contrast mild ill-defined faintly contrast enhancing wall.

The adrenal glands are within normal limits for size, shape and organ architecture.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The spleen is prominent and has mildly undulating margins. The splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement. The pancreatic duct is mildly dilated, measuring 0.9 mm in diameter – considered as an incidental finding.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Neel Veterinary
Hospital

REFERRING VET

Dr. Deepan Kishore

INVOICE

55950

DATE

1-3-23



PATIENT

Smokey Lensgraf

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cavitary lesion lateral aspect left kidney
- Very mild nephrolithiasis without signs of obstruction
- Mild splenomegaly
- Mild dilation of the pancreatic duct

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As the renal cavity lesion of the left kidney is mildly hyperattenuating in the pre-contrast phase and presents a mild ill-defined capsule, the lesion is unusual for a 'normal' renal cyst and the presumptive diagnosis is a renal abscess. Recommend ultrasound guided drainage of the cavitary renal lesion including sampling for cytology and microbial culture. The suspected renal abscess can be a plausible explanation for the pyrexia. Theoretically cystic renal carcinoma is a differential, but the odds are considered low.

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The mild splenomegaly might be accentuated by general anesthesia. Differentials can include splenitis, extramedullary hematopoiesis or less likely diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling is recommended.

AGE

5 Years

The mildly dilated pancreatic duct is very likely an incidental finding but might be a sign for pancreatitis as well.

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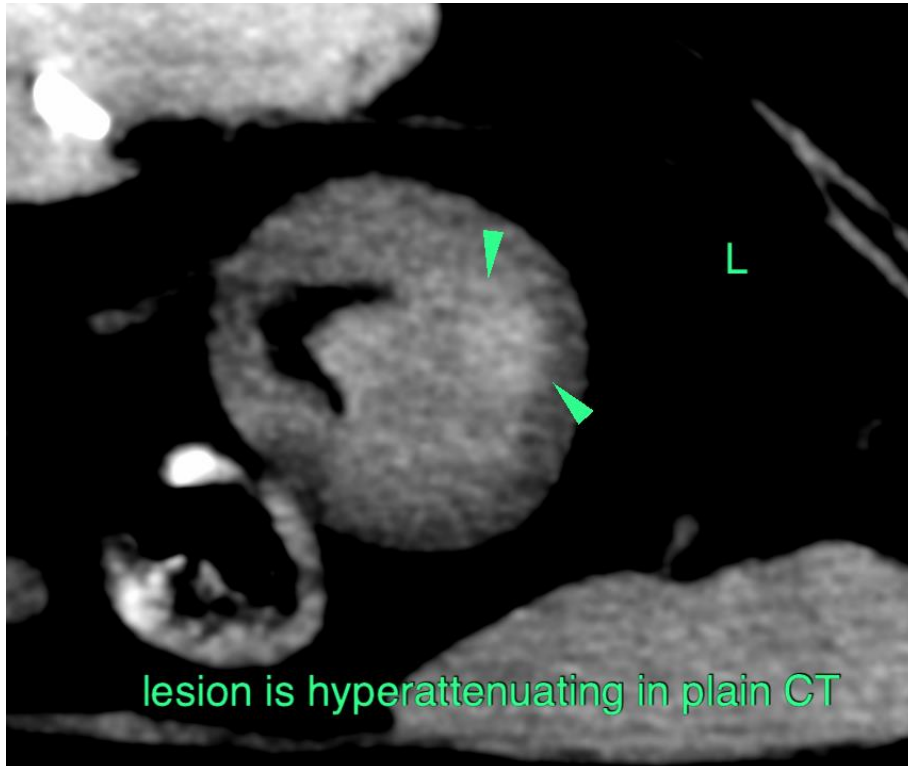
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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