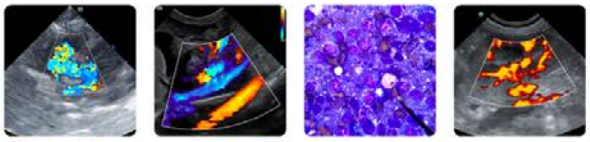

PATIENT

Gussie Pranckun

SPECIES

Feline

BREED

Oriental

SEX

Neutered Male

AGE

7.5 Years

WEIGHT

4 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

72918

DATE

1/2/26

PRESENTING CLINICAL SIGNS

Transferred from rDVM for acute lethargy and decreased appetite. Severe azotemia, low albumin, elevated liver enzymes, anemia, suspected free fluid in abdomen on radiographs. 6-8% dehydrated, pale and tacky mm, CRT 2-3s, generalized cachexia, subjectively small left kidney

Abnormal PE/Chem/CBC/UA Results: Chem: BUN 119.7 H, creat. 7.6 H, P 8.2 H, Ca 8.4 L, Alb. 1.7 L, glob. 2.6 L, glu 249 H. ALT 507 H, AST 293 H CBC: HCT 26.1% L, WBC 17.55K H, neut.14.44K H, plt 41K L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of subnormal size with hyperechoic cortices, exhibiting poor cortico-medullary differentiation and irregular margins. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Both measure 3.3 cm.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 2.6 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

Spleen

The spleen is of appropriate size (8.3 mm) and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal.

Liver

The liver parenchyma is diffusely heterogeneous and subjectively enlarged, with irregular margins. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a large amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction is visualized and normal.

Pancreas

The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic ducts appear dilated.

Free Abdomen

There is a moderate amount of focal free fluid present with the abdomen in the region of liver, with a small amount noted throughout the rest of the abdomen. The omentum and intra-abdominal fat are of hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

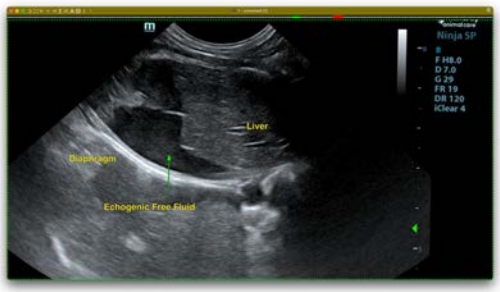
- Bilaterally small, hyperechoic, irregularly marginated kidneys.
- Diffusely heterogeneous liver with irregular margins.
- Moderate amount of echogenic fluid in the region of the liver, as well as steatitis throughout the abdomen.

SECONDARY FINDINGS

- Hypoechoic pancreas, which is suspected to be secondary to other pathology and appears typical of pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's breed and the description of hemorrhagic fluid obtained from the cranial abdomen, the possibility of renal and hepatic amyloidosis would be a consideration, along with other genetic diseases such as storage hepatopathies. Biopsy would be necessary for definitive diagnosis but is not recommended with the current low platelet count. Additional diagnostic recommendations prior to sampling would include testing for retroviral diseases, toxoplasmosis, coagulation testing, and thoracic radiographs. If the patient can be stabilized and is deemed safe for biopsy, then renal and hepatic biopsies would be recommended if not other cause for the patient's clinical signs can be found. Given the severity of the pathology present, the patient's prognosis would be considered guarded.



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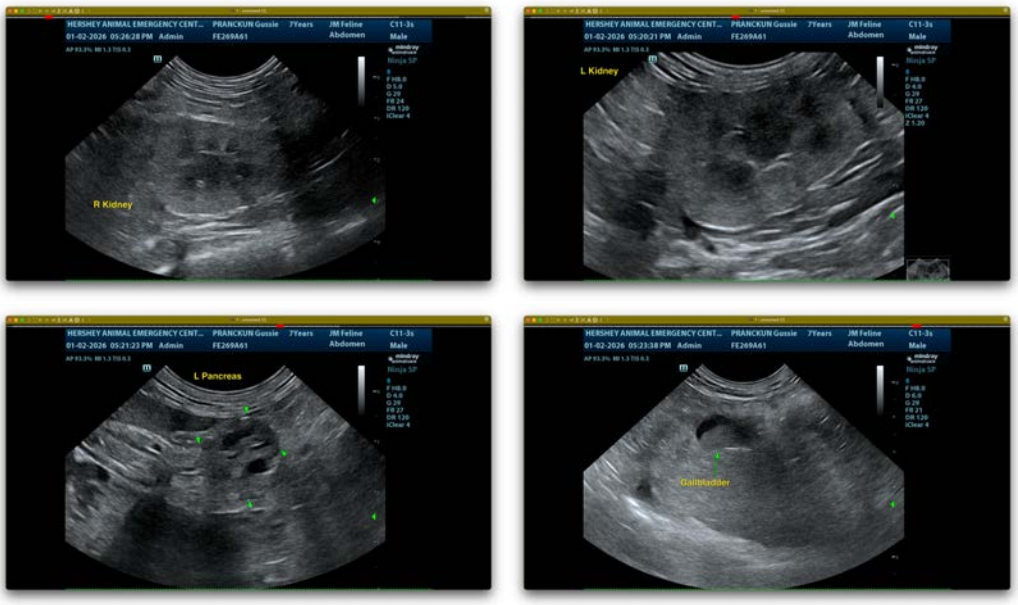

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com