



PATIENT PRESENTING CLINICAL SIGNS

Leo Edwards Stray cat left behind and found by land lord. Anorexia, do not know if urinating or defecating, Unknown history.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

Unknown

WEIGHT

9.3 Pounds

Abnormal PE/Chem/CBC/UA Results: PE: Pot bellied, sunken in eyes, dehydrated, poor hair coat, heart murmur, tachycardia, underweight pale MM SDMA 31 HIGH 0-14 ug/dL CREATININE 2.5 HIGH 0.9-2.3 mg/dL BUN 67 HIGH 16-37 mg/dL PHOSPHORUS 6.5 HIGH 2.9-6.3 mg/dL CALCIUM 8.1 LOW 8.2-11.2 mg/dL SODIUM 132 LOW 147-157 mmol/L CHLORIDE 97 LOW 114-126 mmol/L ALBUMIN 2.4 LOW 2.6-3.9 g/dL ALT 628 HIGH 27-158 U/L AST 185 HIGH 16-67 U/L CREATINE KINASE 5694 HIGH 64-440 U/L WBC 32.9 HIGH 3.9-19.0 K/uL RBC 6.04 LOW 7.12-11.46 M/uL HGB 8.1 LOW 10.3-16.2 g/dL HCT 24.1 LOW 28.2-52.7 % RETIC HGB 12.7 LOW 15.3-22.9 pg PLATELET DECREASED 155-641 K/uL NEUTROPHIL 30367 HIGH 2620-15170 /uL SG 1017 Hematuria Proteinuria FELV/FIV negative Abdominal fluid was a straw color and clear

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 (visualized to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

Kidneys are bilaterally small, irregular and diffusely echogenic with moderately decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measures approximately 3.5 cm and the right kidney measures approximately 3.0 cm.

Adrenal Glands

Neither adrenal is identified due to the large amount of ascites present in the abdomen.

Spleen

The spleen is of appropriate size (approximately 8.0 mm at the hilus) 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 is diffusely subjectively enlarged with rounded margins and dilated vasculature. The parenchyma is of normal appearance, and there is no evidence of thrombosis.

The gallbladder is minimally distended with anechoic contents. 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 normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joan Gramazio

HOSPITAL NAME

Shohola Vet Hospital

REFERRING VET

Dr. Gramazio

INVOICE

44041

DATE

1/6/23



PATIENT

Leo Edwards

The visible portions of the colon are of subjectively normal thickness with intact wall layering. The ileocecal junction is not visualized.

Pancreas

SPECIES

Feline

The left limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

BREED

DSH

Free Abdomen

There is a large amount of anechoic free fluid present throughout the peritoneal cavity. The omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

SEX

Neutered Male

PRIMARY FINDINGS

- Large amount of ascites
- Dilated hepatic vessels with rounded margins, consistent with passive congestion

AGE

Unknown

SECONDARY FINDINGS

- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is suggestive of passive congestion, which may indicate congestive heart failure. This may also explain the presence of ascites. A pro BNP level, and ideally a cardiac ultrasound, would be recommended to further evaluate this possibility. Abdominocentesis is recommended for patient comfort. Additional recommendations include:

- 3-view chest radiographs
- Fluid analysis with cytology of the ascites
- Urinalysis to further assess renal function

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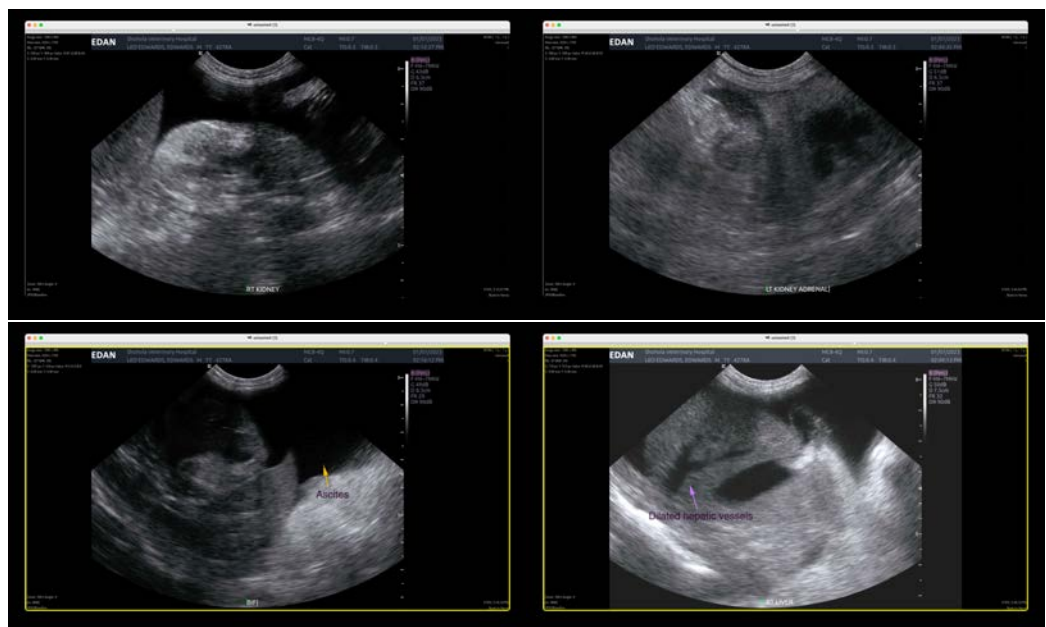
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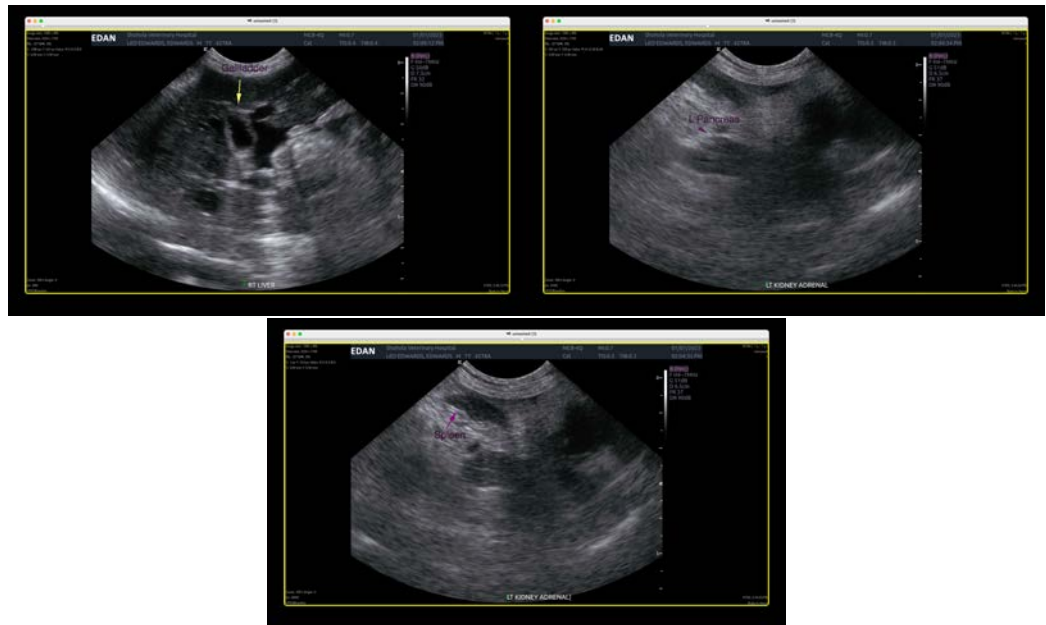
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

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