



PATIENT PRESENTING CLINICAL SIGNS

Pippin Croonen History: loss of appetite, vomiting, lethargy meds: metro, Clavaseptin, gapapentin Sedated with Dexdomitor

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 years

WEIGHT

10.78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Tansley Woods AH

REFERRING VET

Guatto

INVOICE

13896

DATE

7.28.23

Abnormal PE/Chem/CBC/UA Results: RBC 5.01, HCT 0.236, Hemoglobin 75 g/L, Eosinophils 0.04, Platelets 83, Plateletcrit 0.15, Glucose 10.72, Creatinine 215, Phosphorous 2.99, Calcium 3.88, Chloride 109, Total protein >120, ALT too high to read, GGT 13, Cholesterol 0.62, Amylase 2188

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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

Both kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.0 cm in length. The right kidney is 4.3 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.3 mm at the caudal pole. The right adrenal gland height 2.8 mm at the caudal pole.

Spleen

The spleen is diffusely thickened, measuring 1.2 cm at the hilus. The capsular margins are regular and the parenchyma is normal. 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 at 1.2 cm.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. 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 small 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

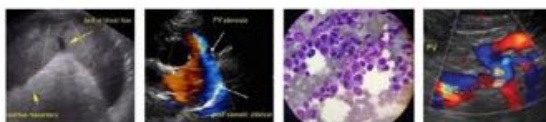
The stomach is empty. The gastric wall is 2.3 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio The duodenum is diffusely corrugated. The duodenal wall measures up to 2.0 mm. The jejunal wall measures up to 2.1 mm. Overall wall layering IS preserved.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.


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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS
Primary Findings

- Thickened spleen
- Changes to the small bowel suggestive of infiltrative bowel disease

Secondary Findings

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive explanation for the elevated liver values on today's ultrasound. The changes in the small intestines, along with the elevation in liver values may suggest feline "triaditis." However, the thickened spleen also raises the possibility of infiltrative neoplasia, such as lymphoma (although this thickening can also be seen with benign splenic inflammation).

Additional recommendations include:

- Fine-needle aspirates of the spleen and liver to rule out the possibility of neoplastic disease
- Three-view thoracic radiographs
- Feline retroviral testing (if not already performed)
- A complete GI panel and bile acids testing may be helpful in determining the severity of intestinal and hepatic disease.
- Supportive care, including fluid therapy, antiemetics, analgesics, appetite stimulants, and cobalamin supplementation (if indicated).





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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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com