



PATIENT PRESENTING CLINICAL SIGNS

Misia Niemiec Fever of unknown origin. Inappetence that started about 1 week ago. Blood/Urine WNL, indoor cat, no vx status. No vomiting or diarrhea or respiratory signs. Was given Mirtazapine Thursday PM. May have eaten a small amount of food this am.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: M1 low Neuts, Chem WNL, Spec fPL normal, FIV/FELV negative. U/A - Sp. grav- 1.046, pH 6.0, otherwise NSF.

BREED

Russian Blue

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

SEX

Spayed Female

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.4 cm. The right kidney measures 3.6 cm.

AGE

5 Years

Adrenal Glands

WEIGHT

4.18 kg

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 measures 4.7 mm cranially and caudally. The right adrenal gland measures 3.8 mm cranially and caudally.

INTERPRETED BY

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

Spleen

The spleen is of appropriate size (6.9 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.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

East Credit VH

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

REFERRING VET

Dr. Webster

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 2.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

INVOICE

41607

The visualized portions of the jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenum is diffusely corrugated, and the wall thickness is mildly enlarged at 2.9 mm. The jejunal wall measures up to 2.4 mm and is of normal thickness. Intestinal motility appears normal.

DATE

9/23/22



PATIENT

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized and normal.

Misia Niemiec

Pancreas

SPECIES

The left limb of the pancreas is mildly swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Feline

Free Abdomen

BREED

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.

Russian Blue

SEX

PRIMARY FINDINGS

Spayed Female

- Mildly swollen, hypoechoic left limb of the pancreas

SECONDARY FINDINGS

- Corrugated duodenum

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

5 Years

The changes to the pancreas and duodenum are mild and may suggest a mild case of pancreatitis. This may or may not be sufficient to explain the presence of a fever. Recommendations include:

WEIGHT

4.18 kg

- Supportive care including fluid therapy, antiemetic, analgesics, appetite stimulants, and cobalamin supplementation.
- A highly digestible intestinal diet is recommended.

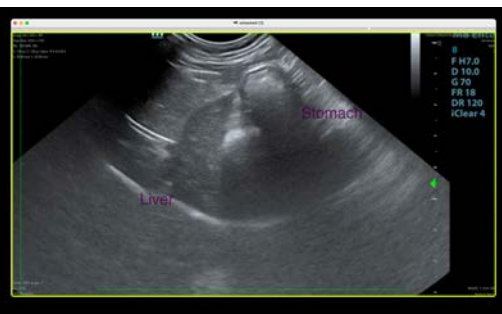
INTERPRETED BY

3-view chest radiographs could be considered to rule out thoracic disease as source of the fever.

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**IMAGING
PERFORMED BY**

Crystal Hill

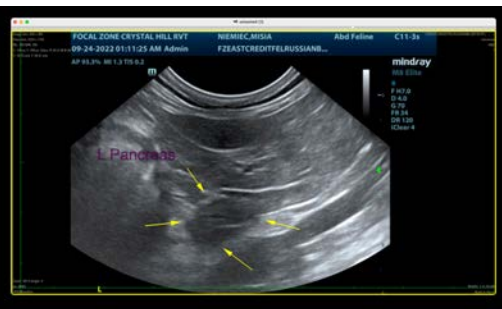


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REFERRING VET

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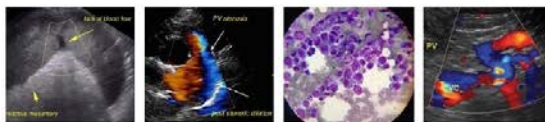


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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