

ANTECH

800-872-1001

Accession No. NYMN06754259
 Received 03/10/2023
 Reported 03/10/2023 02:10 PM

Owner: SASSY Pet Name: SASSY Species: Feline Breed: Domestic Shorthair Sex: SF Pet Age: 20Y Chart#: 2102

Superchem w/SDMA				Complete Blood Count			
Tests	Results	Ref. Range	Units	Tests	Results	Ref. Range	Units
Total Protein	6.0	5.2-8.8	g/dL	WBC	6.6	3.5-16.0	10 ³ /μL
Albumin	3.1	2.5-3.9	g/dL	RBC	6.3	5.92-9.93	10 ⁶ /μL
Globulin	2.9	2.3-5.3	g/dL	Hemoglobin	9.8	9.3-15.9	g/dL
A/G Ratio	1.1	0.35-1.5		HCT	29	29-48	%
AST (SGOT)	22	10-100	IU/L	MCV	45	37-61	fL
ALT (SGPT)	28	10-100	IU/L	MCH	15.6	11-21	pg
Alk Phosphatase	20	6-102	IU/L	MCHC	34	30-38	g/dL
GGTP	1	1-10	IU/L	Platelet Count	418	200-500	10 ³ /μL
Total Bilirubin	0.1	0.1-0.4	mg/dL	Platelet Estimate	Adequate		
Urea Nitrogen	44 (HIGH)	14-36	mg/dL	Differential	Absolute	%	
Creatinine	2.6 (HIGH)	0.6-2.4	mg/dL	Neutrophils	5148	78 2500-8500	/μL
SDMA	25.0 (HIGH)	<15.0	UG/dL	Bands	0		
<p>An increased SDMA (>20.0 ug/dL in cats and >16.0 ug/dL in dogs) should be interpreted in light of the patient's history, clinical presentation and hydration status. Additional diagnostic testing may be warranted to differentiate acute kidney injury versus chronic kidney disease and/or identify the presence of underlying conditions that can cause a significant increase in SDMA. Refer to the Antech SDMA algorithm for guidance regarding further diagnostics, treatment and/or monitoring. It is recommended to recheck SDMA and creatinine in 2-4 weeks to assess for persistence or trends in SDMA, and interpret in light of the creatinine.</p>				<p>Lymphocytes (LOW) 990 15 1200-8000 /μL</p>			
<p>To access the SDMA algorithm, please visit: https://tinyurl.com/4ypuxfuw</p>				<p>Monocytes 132 2 0-600 /μL</p>			
<p>BUN/Creatinine Ratio 17 4-33</p>				<p>Eosinophils 330 5 0-1000 /μL</p>			
<p>Phosphorus 4.7 2.4-8.2 mg/dL</p>				<p>Basophils 0 0 0-150 /μL</p>			
<p>Glucose 129 64-170 mg/dL</p>							
<p>Calcium 9.5 8.2-10.8 mg/dL</p>							
<p>Magnesium 1.5 1.5-2.5 mEq/L</p>							
<p>Sodium 152 145-158 mEq/L</p>							
<p>Potassium 3.5 3.4-5.6 mEq/L</p>							
<p>NA/K RATIO 43 (HIGH) 32-41</p>							
<p>Chloride 118 104-128 mEq/L</p>							
<p>Cholesterol 105 75-220 mg/dL</p>							
<p>Triglycerides 37 25-160 mg/dL</p>							
<p>Amylase 779 100-1200 IU/L</p>							
<p>PrecisionPSL™ 34 (HIGH) 8-26 U/L</p>							
<p>PrecisionPSL™ elevations correlate closely with abnormal PLI concentrations. In cats with appropriate clinical signs, this PrecisionPSL™ is supportive of, but not definitive, for a diagnosis of pancreatitis. In cats without clinical signs of pancreatitis, a mild elevation is an insignificant finding.</p>							
<p>CPK 149 56-529 IU/L</p>							

Test Requested	Results	Reference Range	Units
T4 Add-On			
T4	1.8	0.8-4.0	μg/dL

REPORT NOTES:



IDEXX Telemedicine Consultants

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Radiology Services Report (8889708-15/Radiograph Consult - Routine)

Completed 03/13/23 11:12 AM

Patient Name:

Species: Feline

Age: 20Yr 8Mo

Breed: DSH

Weight: 8.70 Lb

Primary Complaint: Cardiorespiratory

History: Clinical signs (abnormal breathing), Clinical signs (), Coughing duration (ACUTE coughing (1-3 days)), Clinical signs (abnormal cardiac auscultation), Current clinical signs summary (Acute onset of dyspnea. History of hear tmurmur. Xrays show pleraul effusion and pulmonary nodules?)

Physical Exam: Summary of PE findings (Difficulty breathing, lost weight. Acut eonset), Patient attitude/demeanor (patient demeanor- quiet)

Diagnostics: Completed diagnostics (bloods- increase in kidney values and pancreas value xray- pleural effusion/pulmonary nodules.)

Treatment: Tx Plan (), Current treatment plan (thoracocentesis if pet is stable)

Other: Additional information ()

THORAX and ABDOMEN submitted March 13, 2023: Limited study, left and right lateral radiographs are provided, a total of 2 views.

COMPARISON: This study compared to previous study performed May 29, 2022.

FINDINGS:

HEART & PULMONARY VASCULATURE: On the right lateral projection, the heart is subjectively normal in overall size and shape, highlighted by surrounding aerated parenchyma. No abnormalities of the visible lobar pulmonary vasculature identified.

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T:8P:7

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PULMONARY PARENCHYMA & LOWER AIRWAYS: There is suspect increased soft tissue radiodensity silhouetting with the caudal dorsal margin of the heart and causing apparent narrowing of the left caudal lobar bronchus on this projection, the lack of orthogonal imaging limits critical evaluation. The visible remaining aerated lung parenchyma is decreased in overall volume and exhibits a moderate to marked diffuse unstructured interstitial pattern. There is a newly identified rounded soft tissue opaque nodular-like radiodensity superimposed with the lung parenchyma caudal to the heart in the intercostal space on the right lateral projection. There are few additional less well-defined nodular-like radiodensities in the mid to dorsal parenchyma identified on both lateral projections.

TRACHEA AND LOBAR BRONCHI: No abnormalities of the trachea or lobar bronchi are identified.

PLEURAL SPACE: There is no identified moderate to marked increased fluid in the pleural space causing rounding retraction of all lung parenchyma on the body wall as well as thickening of the pleural fissures. A distinct pleural or mediastinal mass effect is not identified.

DIAPHRAGM: No abnormalities of the diaphragm are identified.

MEDIASTINUM & LYMPH NODES: No intrathoracic lymphadenopathy is identified. The remaining mediastinal structures are normal.

PERITONEAL SPACE: There is mild to moderate diffusely decreased serosal detail with no distinct abdominal mass effect. No additional abnormalities of the peritoneal space are identified.

LIVER: The visible margins of the liver are normal.

SPLEEN: The visible margins of the spleen are normal.

KIDNEYS: The kidneys are normal in size, shape and margination.

URINARY BLADDER: The urinary bladder is normal in size and margination with no identifiable intraluminal mineral. No abnormalities in the region of the sublumbar lymph nodes are identified.

GASTROINTESTINAL TRACT: The stomach is normal in size and positioning with no abnormal intraluminal content. The small intestine contains fluid and gas without dilation and no evidence of plication. No abnormalities of the cecum or colon are identified.

SKELETAL & SUPERFICIAL SOFT TISSUES: There is multifocal narrowing/collapse of the mid thoracic, lumbar, and lumbosacral intervertebral disc spaces with associated endplate sclerosis and spondylosis deformans. There is marked bilateral degenerative changes of the stifle joints. There are mild degenerative changes of the elbows bilaterally.

CONCLUSIONS:

1. Bicavitary effusion (moderate) with suspect multifocal soft tissue pulmonary nodules. The top differential is a metastatic/multicentric neoplastic process with associated pleural and peritoneal effusion. Right sided congestive heart failure is considered as a secondary, though less likely differential in this case as a cause for the bicavitary effusion.
2. Suspect tracheobronchial lymphadenopathy (metastatic or reactive) or superimposition of pulmonary nodule/mass at the perihilar lung parenchyma on the right lateral projection.
3. Multifocal chronic intervertebral disc disease. The clinical significance of this finding is uncertain.
4. Marked bilateral stifle osteoarthritis.

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5. Mild bilateral elbow osteoarthritis.

RECOMMENDATIONS:

If further therapy is to be pursued, therapeutic and diagnostic thoracocentesis is recommended with follow-up 3 view thoracic radiograph performed post thoracocentesis. The increased volume of aerated lung coupled with decreased pleural fluid may allow for identification of potential pulmonary or pleural abnormalities as well as allow for better evaluation of the heart. Fluid analysis and cytology of the effusion should also be considered and may help narrow the differential diagnosis list. Additionally/alternatively, computed tomography should be considered for more complete three-dimensional evaluation of the intrathoracic structures.

Additionally, complete blood work, urinalysis, and abdominal ultrasound would be recommended for complete screening/staging prior to more advanced interventional therapies.

Feedback & follow-up on patients is always appreciated! This report was created using dictation software and minor errors can occur that may be confusing or misleading. Please contact us if clarification is needed. For any URGENT issues, please call 1-800-726-1212 to speak to the radiologist on duty if I am not available. For non-urgent questions please us at TelemedicineSupport@idexx.com and we will respond ASAP. This contact information is for veterinarians use only. Thank you.

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