

**DATE PRESENTING CLINICAL SIGNS**

1/14/22

**PATIENT**

Sam Walter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1/12/20

**WEIGHT**

19.4 Lbs.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**

Animal Emergency H

**REFERRING VET**

Dr. Goessling

**INVOICE**

13438

History: Presenting Complaint: Vomiting; Not Eating; Drinking Less. Date: 01-12-2022 Notes: Saturday night, patient started acutely wailing, vomited a large amount and then was panting/ open mouthed breathing. He did this for about 30 minutes, then went into his litter box and stayed there for a long time. Owner found a spot where he pooped on the floor, small hard fecal balls. Saturday night, he was hiding. Since then, he is not eating much, drinking less than usual. No further vomiting or pooping out of the box. He was on Apoquel for allergic dermatitis (off label RX'd by Long Green Animal Dermatology) because he was overgrooming but this was discontinued in Nov 2020 due to some blood work changes RDVM was concerned about. Assessment: Acute vomiting, anorexia, abdominal pain. DDX include dietary indiscretion, pancreatitis, viral/ bacterial infection, IBD, neoplasia, open. Plan: Reviewed history, exam and DDX with owner. Discussed risk of hepatic lipidosis that can lead to fatal liver failure quickly in overweight anorexic cats. Recommend hospitalization, IV fluids, pain management, blood work, xrays, supportive care as indicated based on results.

Current Medications: Unasyn, Buprenex, Cerenia, Vitamin B Complex.

Lab Results: Attached separately.

Radiographs: Lat and V/D abdomen- poor serosal detail, intestine grouped together, concerning for intestinal mass, possible free fluid. Bladder intact, several areas of spondylosis. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.24 cm. The left kidney measured 4.54 cm.

**Adrenal Glands**

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.6 cm.

The region of the **left adrenal gland** revealed no evident pathology.

**Spleen**

The **spleen** in this patient was enlarged and irregular with scalloping contour and enhanced surrounding mesentery. Regional free fluid or hematoma present. Subcapsular hematoma noted. Splenic thickness measured 2.54 cm.

**Liver**

The **liver** was enlarged, mildly irregular and diffusely hypoechoic to surrounding fat. Free fluid was noted between the liver lobes. The gallbladder and common bile duct were unremarkable.

### ***Gastrointestinal***

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### ***Pancreas***

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### ***Free Abdomen***

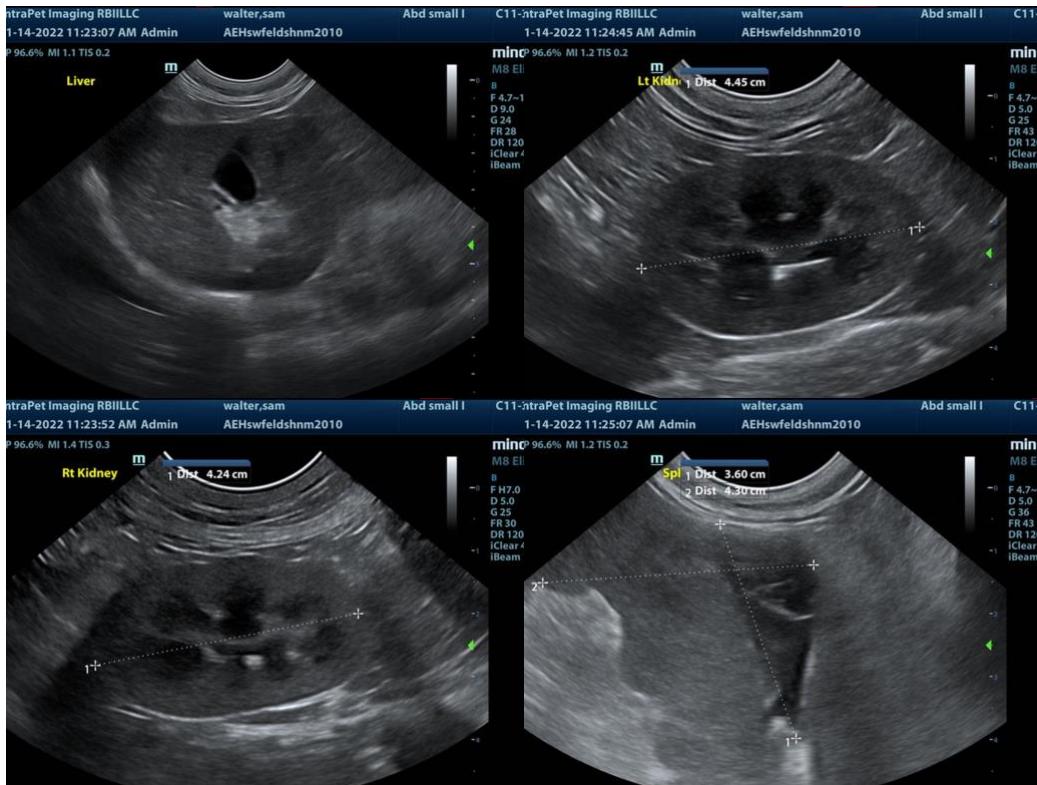
Generalized free fluid was also noted in the **abdomen**. Occasional regional lymphadenopathy present.

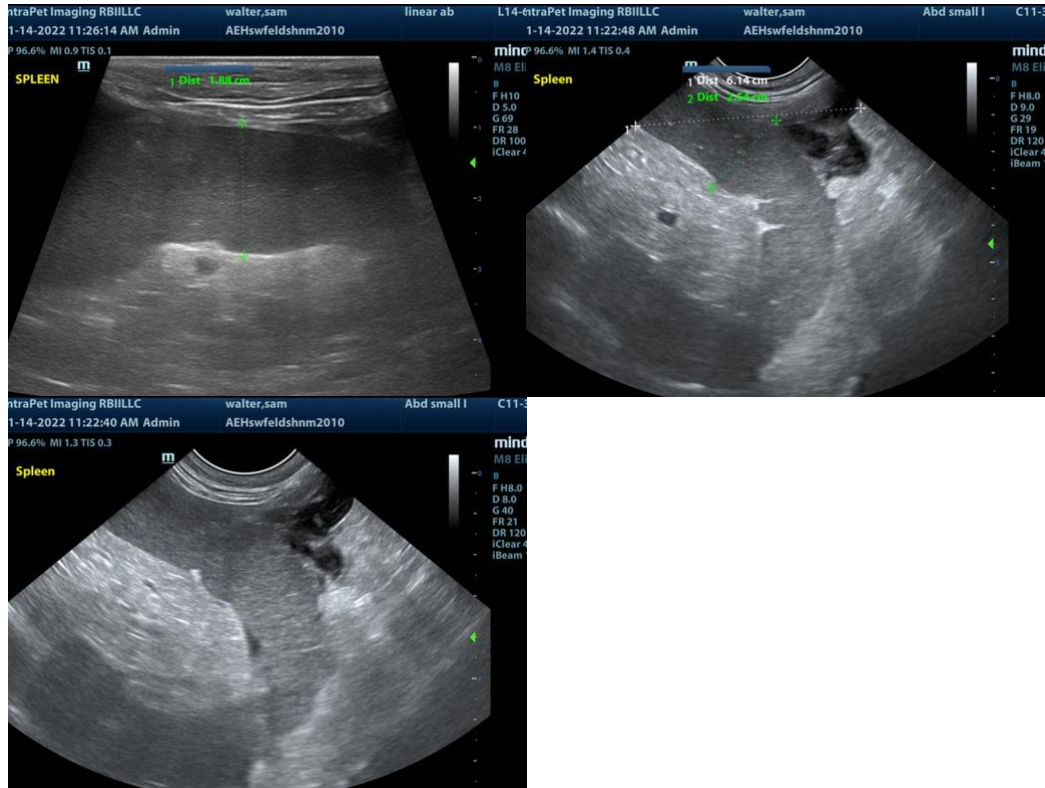
### **ULTRASONOGRAPHIC FINDINGS**

- Splenohepatomegaly. Round cell neoplastic pattern, mast cell disease or lymphoma suspected.
- Occasional regional lymphadenopathy
- Age-related renal changes
- Unremarkable abdomen otherwise

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Coagulation panel and FNA if the spleen and liver indicated. The pathology is extensive. Prognosis is poor long-term, however, may respond to chemotherapy if intervention is rapid.





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.

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