



**PATIENT**

Macchiato Horlander-Cruz

**SPECIES**

Hedgehog

**BREED**

Hedgehog

**SEX**

Male

**AGE**

4 Years

**WEIGHT**

339 grams

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Agnes Rupley

**HOSPITAL NAME**

All Pets Medical Center

**PRESENTING CLINICAL SIGNS**

**PRESENTED FOR:** Two months of anorexia. **HISTORY:** Had behavioral changes consistent with blindness about a month prior to anorexia. Anorexia began when o had dad take care of him for one week-different cage, no interaction, just fed. Was not eating when o got him back. **REPORTED SYMPTOMS:** Anorectic for 2 months. Started with one week of not eating. Has been forced fed daily since then. **FURTHER HISTORY FROM VISITS AT TEXAS AVIAN AND EXOTIC:** 11-17-2021 Went from 390g prior to being away to 306g on emergency visit 11-17-2021 at Texas Avian and Exotics: The following is the emergency visit synopsis. **EXAM:** Firm caudal mid-abdominal mass - significant enlargement from previous exam 22Oct21, dehydrated, **LABS:** Chemistry - elevated BUN (149), normal Crea (0.7), mild hypoglycemia (79), elevated globulins (6.5) **Abdominal Ultrasound at that time there-** Enlarged seminal vesicles; no other clinically significant findings. **CT (non-contrast; in house review) -** Enlarged seminal vesicles (appear to be at the high end of normal in length); suspect bilateral nephroliths (unclear significance). **Cytology (discharge from prepuce) -** large number of sperm; 3+ gram positive diplococci and rods **Aspirate (seminal vesicle) CYTOLOGIC EVALUATION SPECIMEN:** Four slides. Seminal vesicles. **HISTORY:** Mildly enlarged seminal vesicles with mineralization seen on cytology from FNA about 10 days ago. Repeat cytology. Previous accession #1306596. 2 x 3 cm, triangular, firm. **DESCRIPTION:** The sample is comprised of large swaths of necrotic debris with occasional clusters of variably necrotic (but retaining some characteristics) cells and moderate blood. The cellular clusters are variably preserved and composed of round to ovoid nuclei, found in dense two- or three-dimensional arrangements. Cytoplasmic margins are not apparent, however the N:C ratios appear high overall. The population of relatively uniform. Low numbers of nondegenerate neutrophils and occasional foamy macrophages are also seen. No microorganisms are seen. **INTERPRETATION:** Necrosis with low numbers of degenerating epithelial cells **COMMENT:** The predominant finding in the sample is necrosis, which is a nonspecific finding and can occur secondary to neoplasia, infection/abscessation and infarct. In this instance, given the lack of large numbers of inflammatory cells, lesion described, and low numbers of epithelial cells present, underlying neoplasia may be prioritized. However, the overall atypia and pleomorphism amongst this population (degradation/necrosis precludes complete assessment of this) is minimal - as such, I cannot rule out that this finding is reflective of inadvertent aspiration of non-neoplastic epithelial tissue. Ultimately, biopsy with histopathology would be needed for further characterization of this lesion. **Dr. Justin Farris, DVM, DACVP (Clinical Pathology) Bacterial culture (seminal vesicle) no bacteria grew. 17Nov21:** Serial Chemistry Panel - Resolved BUN elevation (13), normoglycemia (100) **LABS:** elevated amylase and globulins, low albumin. 9/20/21 Presented for behavior change. **LABS:** low albumin, elevated amylase **Full body rads report attached. TODAY: VITALS:** 339g; Temp too low to read; Rr 36; Hr 160; Mm light pink, crt<2s **CURRENT MEDICATIONS:** No medications, just forced feeding Hill's a/d. **EXAM FINDINGS:** Firm approx 8x1.2 cm mid dorsal abdominal mass. Has lost an additional 33g and has b/s 2/9. Blind;; bumps into things, no plr. Otitis externa. Mild scaling. Cloudy prepuccial discharge. **LAB RESULTS:** Chemistry: albumin at high end of normal. CBC-mild lymphopenia, moderate to severe anisocytosis with 1% nrbc. Urinalysis results reveal protein 100, possible short rod bacteria, rbc tntc, granular casts tntc, pH 6.0 and specific Gravity: 1.030.

**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 prostate was unremarkable, uniform.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present.

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The capsules were acceptably uniform without significant irregularities. The left kidney measured 1.9 cm. The right kidney measured 1.5 cm.

**Adrenal Glands**

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The adrenal glands were not visualized.

**Spleen**

**BREED**  
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The spleen presented a hyperechoic lipogranulomatous nodule measuring 0.32 cm.

**Liver**

The liver was uniform and slightly coarse in architecture. The gallbladder was thickened (0.2 cm) and echogenic, mild overdistention.

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**Gastrointestinal**

The stomach was overdistended with chyme. The small intestine appeared to have normal transit. The duodenum was empty, yet unremarkable. Soft stool noted in the colon. The colorectum appeared subjectively thickened, yet non-obstructive.

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**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.

**Other**

Seminal vesicles were mildly enlarged, similar to the prior description.

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**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdominal presentation with minor gallbladder thickening, possible cholecystitis.
- Gastric overdistention – likely normal for this species

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of obstruction.

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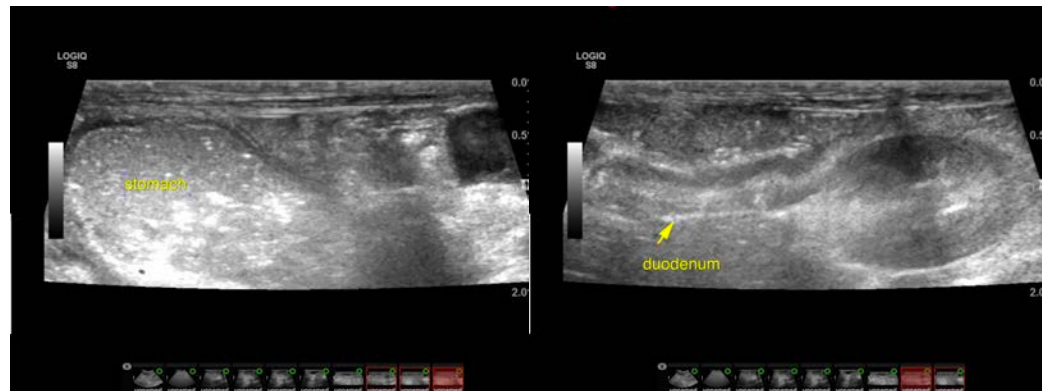
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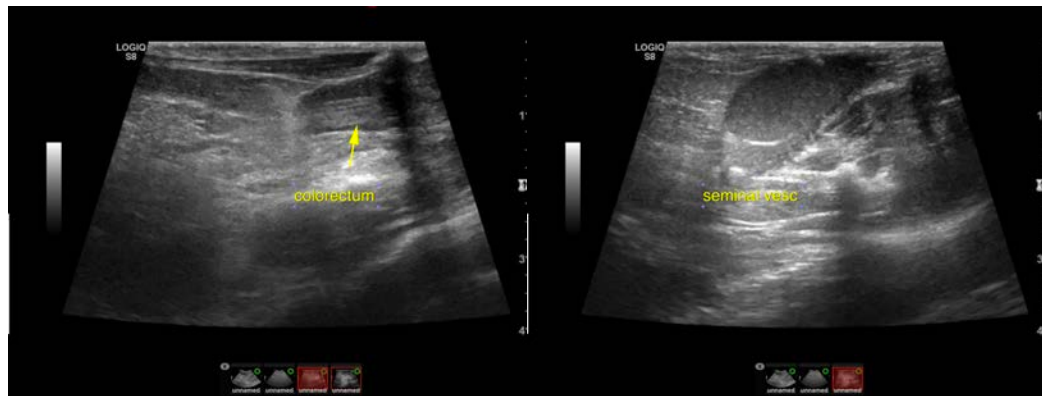
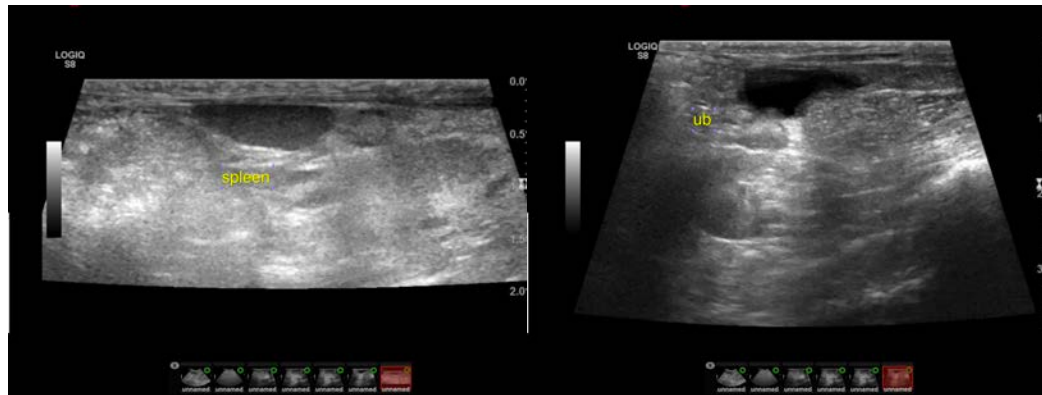
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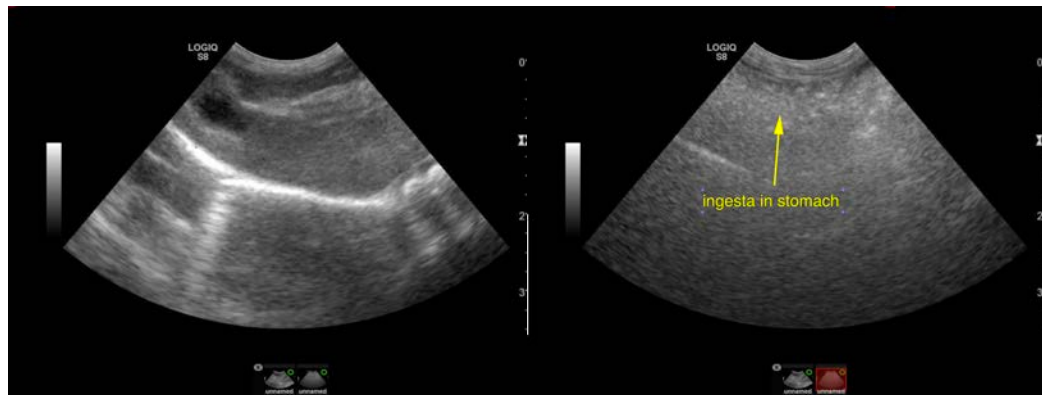
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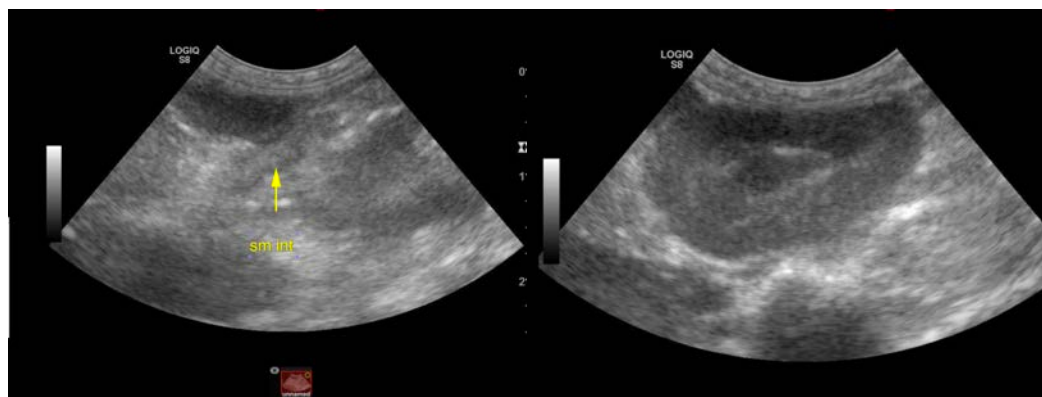
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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