



PATIENT PRESENTING CLINICAL SIGNS

Two Socks McKell

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

2.95 kg

History: Evaluated by rDVM on Sep 7, 2021. Wt: 3.36 kg Owner reports cat is grinding his teeth. Has been losing weight. MM very pale on exam. Bloodwork showed anemia. Blood smear sent out for review. Started doxycycline as rDVM saw inclusion bodies on blood smear. Still eating and drinking. Arrhythmia auscultated. Evaluated again Sep 13, 2021 Wt: 3.4 kg Owner reports that cat seems to have more energy and is doing better at home. Blood results below Evaluated again Sept 23, 2021 Wt: 3.44 kg Owner reports cat is BAR. Blood results below Recheck Oct 12, 2021 Wt: 2.95kg Eating well but still losing weight. Had abscess on R side of face but healing. B12 injection given and ultrasound scheduled. rDVM concerned for lymphoma. Changed to kidney diet due to elevated renal values (see below) Abnormal PE/Chem/CBC/UA Results: Sept 7, 2021 T4 normal, BUN and CREA normal, TP and GLOB elevated (10.4 and 7.5 respectively); WBC normal, RBC decreased 3.68, HCT decreased 18.82, PLT 120,000; send out blood smear was negative for mycoplasma Sep 13, 2021 Recheck HCT 17%, PLT 45,000, BUN elevated 34, CA elevated 12.4, TP elevated 10.3, GLOB elevated 7, decreased WBC 2.95 Sept 23, 2021 HCT 21%, PLT 84,000, WBC 1.69 Slide agglutination negative Oct 12, 2021 WBC 3.89, RBC 4.04, HCT 18.9, PLT 89,000; BUN 44, CREA 2.3, K low at 3.5, TP elevated 0.1, GLOB elevated 6.2

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 was noted. Ureteral papillae were normal.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.64 cm with a 0.5 cm pelvic calculus. The left kidney measured 4.04 cm with a 0.58 cm pelvic dilation. Hyperechoic corticomedullary rim was noted.

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Dr. Jones

Adrenal Glands

Both **adrenal glands** were 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 left adrenal gland measured 0.5 cm.

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Spleen

The **spleen** was mildly enlarged and measured 1.7 cm with enhanced surrounding mesentery.

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Liver

The **liver** was coarse in architecture with increased portal markings and minor, irregular swelling with slightly echogenic gallbladder wall.

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Gastrointestinal

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The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Dilated pancreatic duct was noted. This is likely an age related change.

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ULTRASONOGRAPHIC FINDINGS

Splenic enlargement.

AGE

16 years

Hepatic enlargement.

Renal enlargement.

WEIGHT

2.95 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern for underlying infiltrative disease. Coagulation panel and 25-gauge FNA of the spleen, renal cortex and liver is recommended. Blood transfusion would be ideal given the hematocrit of 18. Bone marrow aspirate is warranted to assess if any infiltrative disease may be present. Guarded prognosis. There is a very remote potential that this is dry form FIP.

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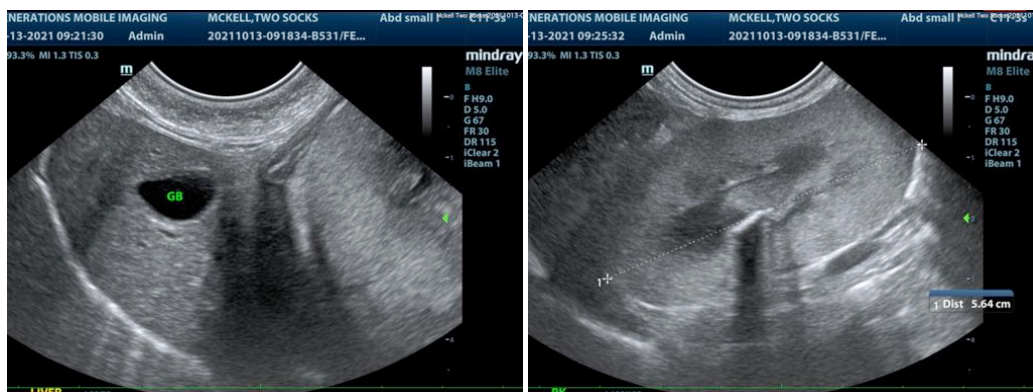
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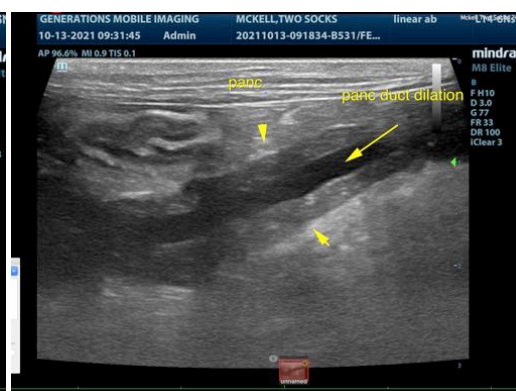
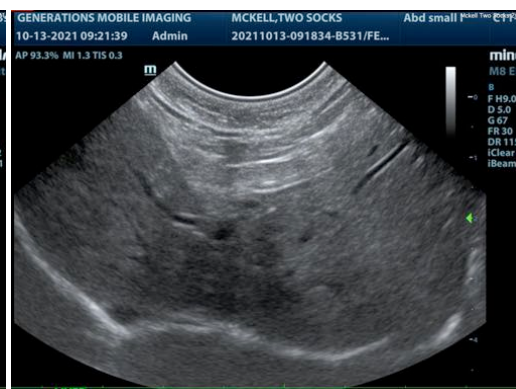
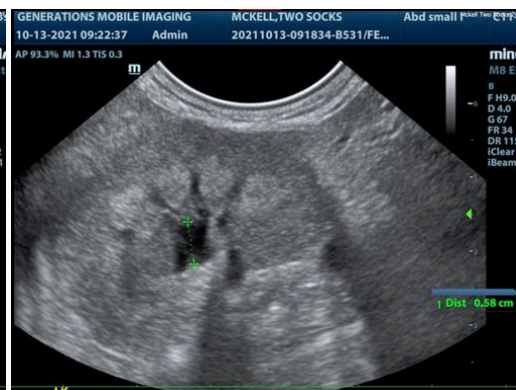
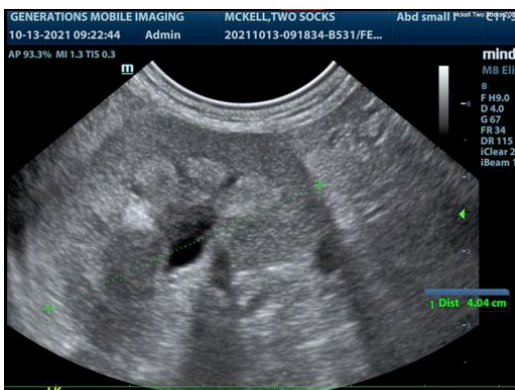
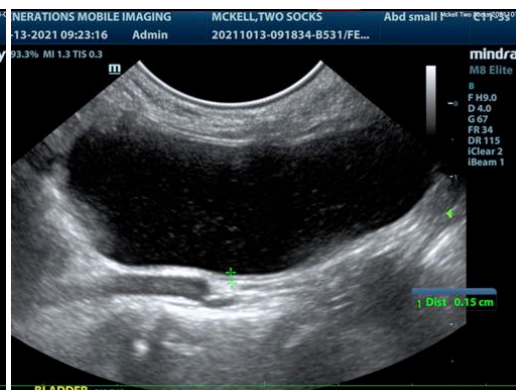
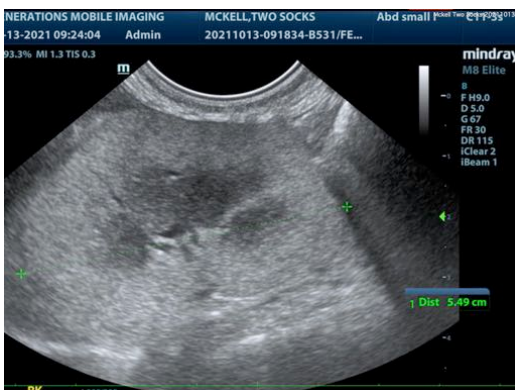
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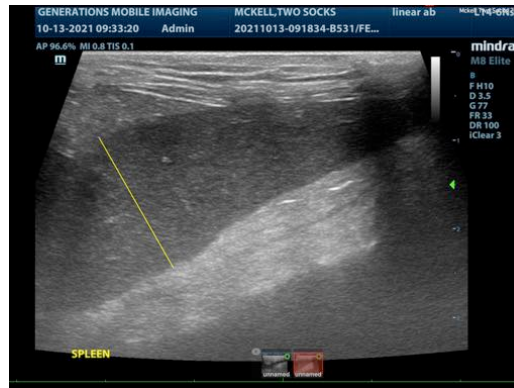
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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