



**PATIENT**

Naima McCubbing

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

3.7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Elyse Hauer

**HOSPITAL NAME**

Mariposa VH

**REFERRING VET**

Alan Poon

**INVOICE**

17706

**DATE**

10/14/22

**PRESENTING CLINICAL SIGNS**

History: Presented to a different veterinarian for decreased energy level and appetite, weight loss, fever and was started marbofloxacin for possible hemoplasma 2 days ago. Came to our clinic for ultrasound.

Abnormal PE/Chem/CBC/UA Results: Anemia - hct 17%, non-regenerative, mild hypoalbuminemia. ALT, AST, ALKP low. FIV FeLV negative. Anemia Infectious disease PCR is negative.

**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 minor 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 left kidney measured 3.6 cm. The right kidney measured 3.19 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**Spleen**

The **spleen** was mildly enlarged (up to 1.2 cm in width) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is a moderate change, consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. Hyperplasia versus round cell neoplasia or splenitis suspected.

**Liver**

The **liver** revealed increased portal markings and swollen irregular contour. Generalized hepatomegaly was noted. Multifocal hyperechoic nodular changes were noted. The gallbladder and common bile duct were unremarkable. Ultrasound guided FNA is indicated.

**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**



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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.

## ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with multifocal liver nodules- FNA indicated
- Splenomegaly- FNA indicated- hyperplasia versus round cell neoplasia
- Age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood transfusion would be ideal prior to any sampling. No evidence of hemorrhage. Strong concern for infiltrative hepatic disease versus inflammatory hepatopathy. Infectious anemia is possible, however, sampling of the spleen and liver are essential in this patient, as well as CBC path review +/- bone marrow aspirate





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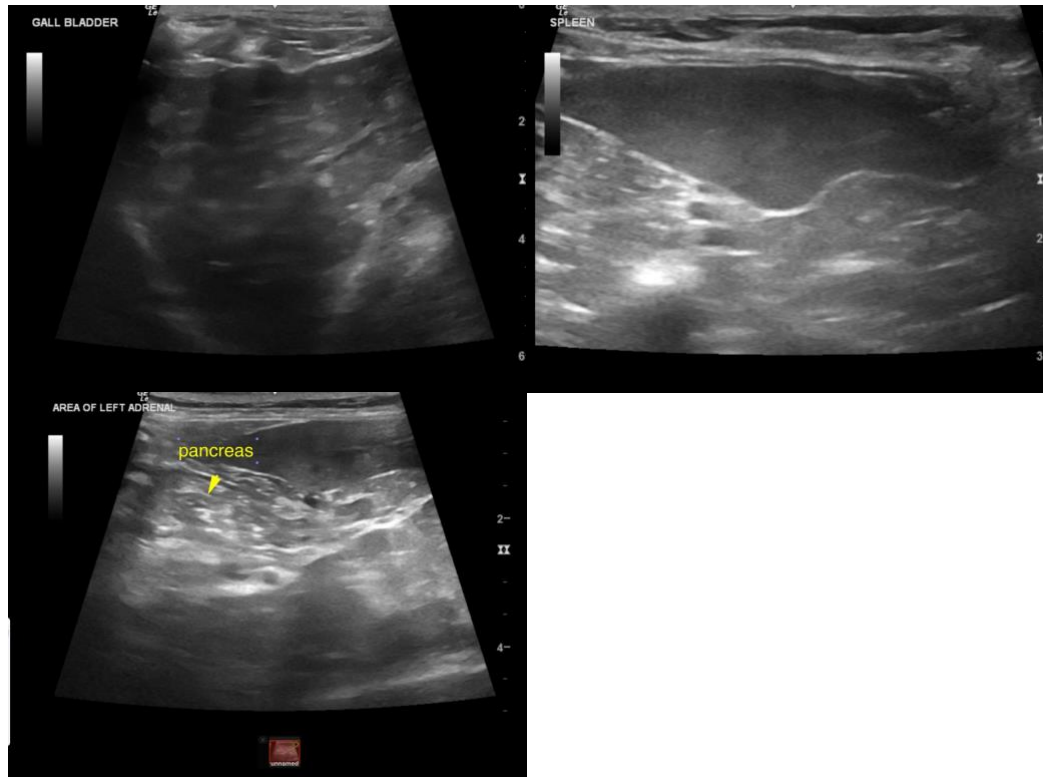
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com