



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mickey Hawkins	History: Presented to emergency clinic for dyspnea/tachypnea last week. Diagnosed with sterile chylothorax. Was therapeutically tapped. Murmur auscultated at ER clinic. Not heard here today. Since visit, gradually worsened respiration again. Therapeutic tap here today: 90cc removed combined both sides. Has echo coming up on Monday. On furosemide by emergency clinic for now. AUS today for screening purposes.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: 19% weight loss in 1.5months. Overall quiet, pallor, slightly dehydrated. Lab work at emergency clinic. Chyle analysis: CLARITY Milky COLOR Yellow PROTEIN 4.9 g/dL RBC 60000 per uL SP GRAVITY 1.026 WBC 5670 per ul 0-3000 BIOCHEMISTRY: AST 103 (0-50), otherwise normal chemistries. CXR: residual pleural effusion, otherwise nsf.
Feline	
<b>BREED</b>	
Domestic Shorthair	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Neutered male	<b>Urinary System</b>
<b>AGE</b>	The <b>urinary bladder</b> , 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.
12 years	
<b>WEIGHT</b>	The <b>kidneys</b> revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney measured 4.0 cm.
9.3 lbs	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The right <b>adrenal gland</b> was slightly enlarged, rounded and focally mineralized. The right adrenal gland measured 0.5 cm. The left adrenal gland was not visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Sorbo	The <b>spleen</b> presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Back Bay VC	The <b>liver</b> images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or
<b>REFERRING VET</b>	
Dr. Sorbo	
<b>INVOICE</b>	
92577	
<b>DATE</b>	
10/22/21	



**PATIENT**

Mickey Hawkins

regenerative pathology was evident. Pleural effusion was noted through the diaphragm with minor visible areas of lung consolidation.

**SPECIES**

Feline

**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.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**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.

**AGE**

12 years

**ULTRASONOGRAPHIC FINDINGS**

Minor age related renal changes.

**WEIGHT**

9.3 lbs

Pleural effusion.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

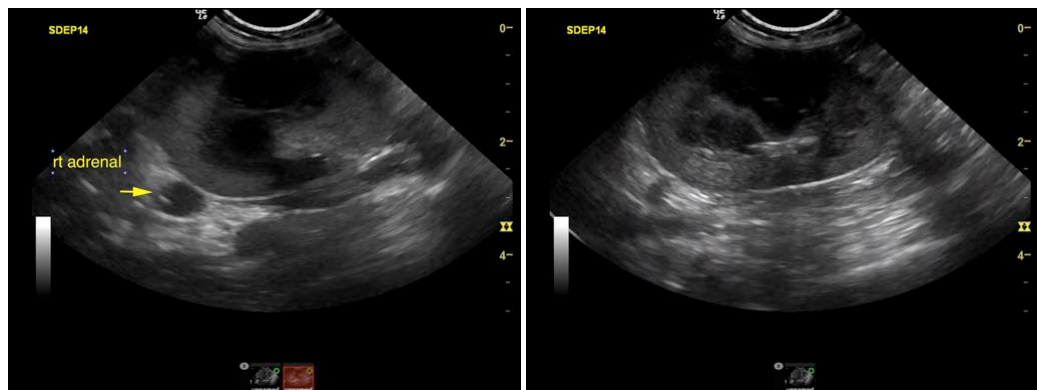
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend full thoracic work-up in this patient as well as pleurocentesis and cytospin to assess for exfoliating neoplasia. Thoracic pathology is likely the cause of the clinical history. Even though chylothorax was diagnosed I recommend repeat fresh pleurocentesis with immediate cytospin to assess for exfoliating neoplasia such as lymphoma. Chest CT would be ideal after thorough pyelocentesis. However, there was no evidence of abdominal disease that would be responsible for the clinical signs.

Dr. Sorbo

**HOSPITAL NAME**

Back Bay VC



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**PATIENT**

Mickey Hawkins

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

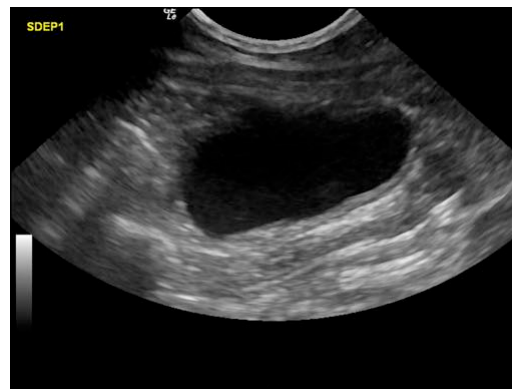
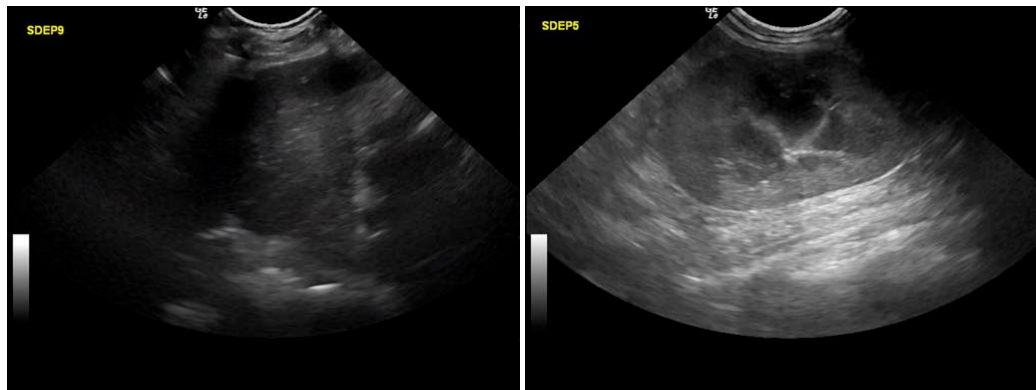
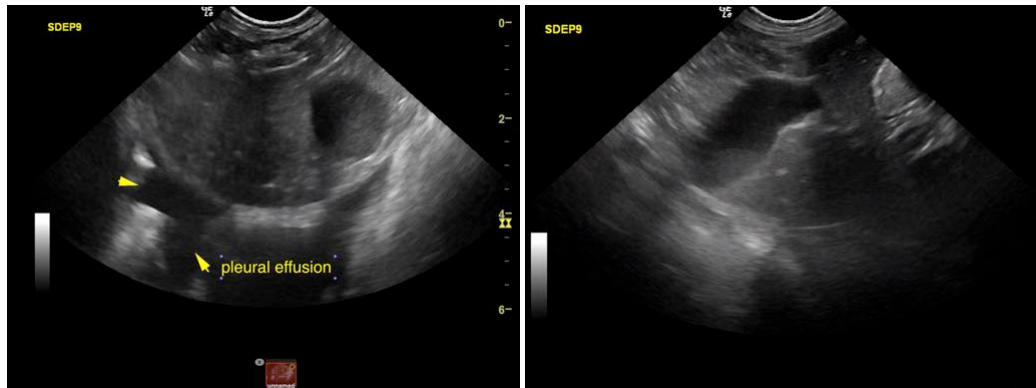
Neutered male

**AGE**

12 years

**WEIGHT**

9.3 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sorbo

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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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