



PATIENT PRESENTING CLINICAL SIGNS

Salem Rosen
SPECIES Feline
BREED Domestic Shorthair

History: Presented to rDVM this morning for lack of BM and inappetence for 2 weeks. Severe icterus noted and transferred to Wilvet for workup and hospitalization. Past history of constipation / obstipation.

Abnormal PE/Chem/CBC/UA Results: On exam icteric, dehydrated, lethargic. Icterus, doughy abdomen, thickened intestines, mild abdominal pain Labs - chem BUN 8 mg/dl, PHOS 2.6 mg/dl, ALT 300 u/l, ALKP 314 U/L, TBILI 8.9 mg/dl - CBC HCT 27.7%, MCH 36.1, RDW 33.7% - PT too high to read. Current treatment plan IV fluids, cerenia ondansetron, vitamin K, Just completed plasma transfusion pending recheck PT will perform Liver FNA and E tube placement.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Neutered male
AGE 5 years

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.

WEIGHT 5.57 kg

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.57 cm. The right kidney measured 4.48 cm.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

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 0.3 cm. The right adrenal gland measured 0.45 cm.

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Wilvet Salem

Spleen

The **spleen** was mildly enlarged and measured 1.2 cm. The spleen was fairly uniform.

REFERRING VET

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Liver

The **liver** was diffusely enlarged and hyperechoic to the falciform fat. The gallbladder was unremarkable with normal teardrop appearance. The common bile duct was normal at 0.2 cm.

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Gastrointestinal

DATE

10/27/21

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



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demonstrated normal luminal chyme and stool consistency respectively. The cecum and colon were fluid filled. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Feline

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.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Non-specific, hyperechoic liver. Suspect lipodosis.

Otherwise, unremarkable abdomen.

AGE

5 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

5.57 kg

Repeat coagulation panel and once normalized or near normalized then a 25- gauge FNA of the liver is indicated. Lipodosis type protocol is warranted in the meantime. There is a mild potential for underlying neoplasia.

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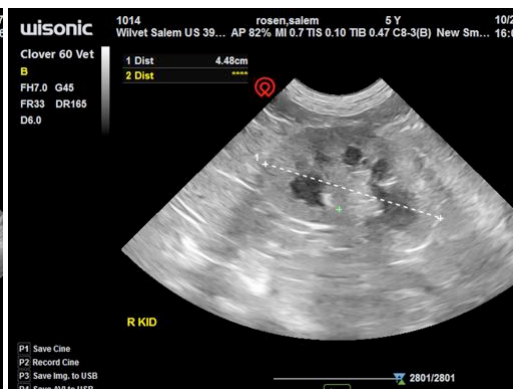
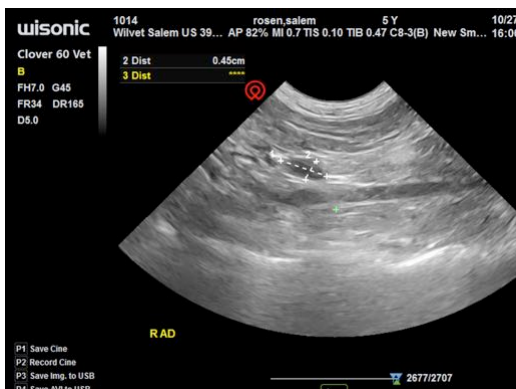
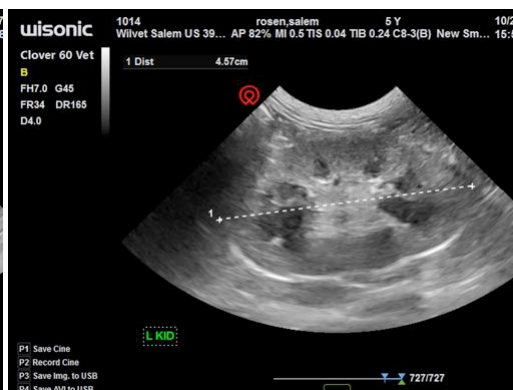
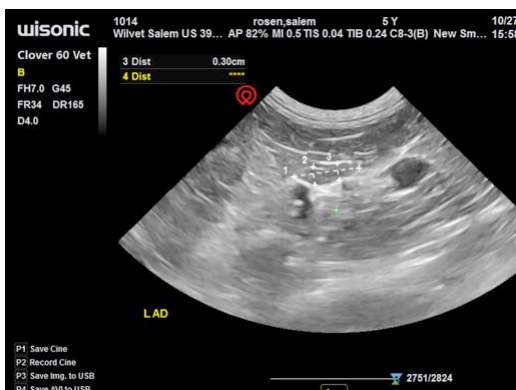
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SPECIES

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BREED

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SEX

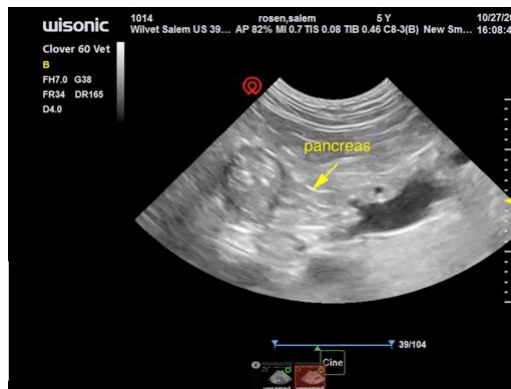
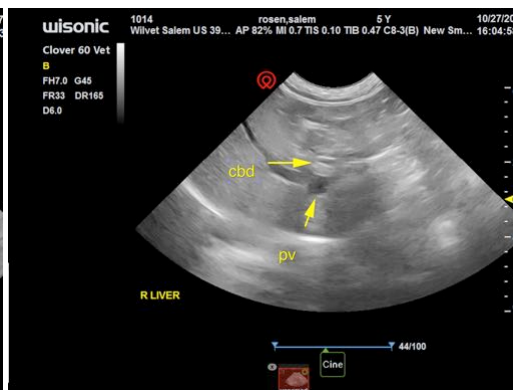
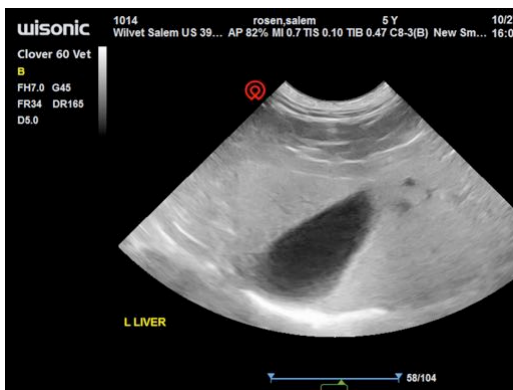
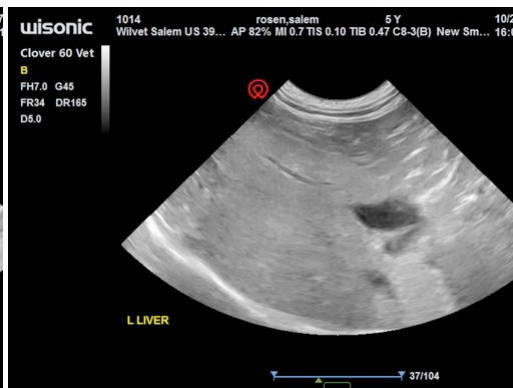
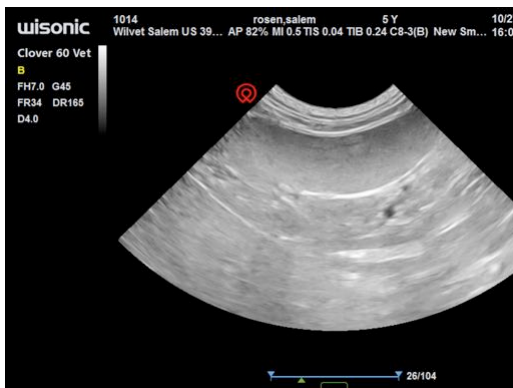
Neutered male

AGE

5 years

WEIGHT

5.57 kg



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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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