



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Katie Graham

SPECIES
Feline

BREED
DSH

SEX
Female

AGE
11 Years

WEIGHT
13.64 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Abbey Jones

HOSPITAL NAME
Schultsville AH

REFERRING VET
Dr. Abbey Jones

INVOICE
26715

DATE
10/28/21

Patient was seen on the weekend at Valley central. She had a history of having been weak and not eating normally for 2 days. She ate well Friday evening and seemed normal. Saturday she ate treats but seemed tired. Vomited some fur balls in the morning and twice Sunday in the afternoon. At valley central she was found to have an elevated temperature, Elevated ALT, Elevated glucose. She was given IV fluids, convenia, and cerenia at ER and was then discharged home with buprenorphine and mirtazapine. Owner reports that she ate a little bit after coming home. No v/d/s/c. The only change in her diet was that Dad had given some canned meow mix. Patient on Tuesday was admitted into hospital for IV fluid therapy and GI supportive medications. We started a second antibiotic, zeniquin to see if we could reduce the temperature. Her Temperature on Wednesday had remained elevated at 104.2. Given continued elevation and drop in PCV concern for Immune mediated process and RBC lysis started IV steroids. Wednesday evening temperature had dropped to 101.4. Patient on Thursday morning seemed brighter but nauseous. She was receiving cerenia daily, ondansetron was added to her treatment plan Thursday morning. Patient remains anorexic

Abnormal PE/Chem/CBC/UA Results: Patient mm- icteric, light pink, mildly sensitive on GI palpation, elevated temperature on Tuesday at 104.4. Liver values and TBil performed Tuesday- ALT 149u/l, Glu 263mg/dl, Tbil 7.8mg/l. Wednesday PCV 25% (on weekend Hemocrit 38%), Tbil had increased to 8.2mg/dl.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **left kidney** was mildly irregular in contour, measuring 3.0 cm. Mild degenerative changes noted. Enhanced pericapsular inflammatory pattern noted.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** 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 were noted.

Liver

The **liver** was diffusely enlarged with irregular contour. The gallbladder was unremarkable. No evidence of post-hepatic obstruction.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via



PATIENT

Katie Graham

open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

SPECIES

Feline

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

DSH

Free Abdomen

Mesenteric lymph nodes were enlarged, hypoechoic and irregular. Slight free fluid noted adjacent to the lymph nodes, consistent with lymphatic congestion. The largest lymph node measured 1.3 cm. Reactive mesentery was noted throughout the mid abdomen.

SEX

Female

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Mesenteric lymphadenopathy
- Hepatic enlargement – cholangitis pattern with lipidosis and strong potential for emerging lymphoma given the patient history
- Intestinal thickening
- Mild irregular left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

13.64 Pounds

Coagulation panel and ultrasound guided FNA of the liver recommended as well as mesenteric lymph node FNA. Abdominocentesis with cytospin warranted. Strong concern for emerging round cell neoplasia/lymphoma. Steroid therapy in this patient may be suppressing a more significant presentation. Prognosis is extremely guarded. If neoplasia is not found on FNA, then infectious agents such as toxoplasmosis or bartonella should be considered if the patient has been exposed to these agents.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Abbey Jones

HOSPITAL NAME

Schultzville AH

REFERRING VET

Dr. Abbey Jones



INVOICE

26715

DATE

10/28/21



PATIENT

Katie Graham

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

11 Years

WEIGHT

13.64 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Abbey Jones

HOSPITAL NAME

Schultsville AH

REFERRING VET

Dr. Abbey Jones

INVOICE

26715

DATE

10/28/21



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