

**DATE PRESENTING CLINICAL SIGNS**

10/4/21

**PATIENT**

Rere Emdlich

**SPECIES**

Feline

**BREED**

Feline

**SEX**

Spayed Female

**AGE**

2016

**WEIGHT**

12 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**

Eastern AH

**REFERRING VET**

Dr. Kauffman

**INVOICE**

13508

History: Inappetence for 1 week One large BM last week, next day small BM, no BM since PE: pale pink MM, drooling, mild dehydration

Lab Results: CBC/Chem: HCT 10.6 %, bands suspect present, lymphocytes 8.33, monocytes 4.87 SDMA 29, BUN 88, creat 1.2, Na 3.4, K 3.4

Abnormal Probnb

UA: SG 1.032, ph 6.5 suspect cocci present, wbc 2/hpf, prot 30

Radiographs: Abdominal rads: soft tissue opacity in left cranial abdomen, stool in colon

Date of Previous IntraPet Ultrasound: no previous

Sedation: not needed

Stat Report: STAT requested

**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 **left kidney** 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 4.17 cm.

The **right kidney** revealed normal size and contour. Structurally unremarkable otherwise. The right kidney measured 3.78 cm. Slight pinpoint mineralization.

**Adrenal Glands**

The **left adrenal gland** was 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 0.39 cm.

The region of the **right adrenal gland** revealed no evident pathology.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is 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. Splenic fold noted. The spleen was hypoechoic to surrounding fat. Splenic lymph nodes were slightly enlarged, measuring 0.64 cm.

**Liver**

The **liver** was mildly swollen with scalloping contour and slightly hypoechoic to falciform fat. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction.

### **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**

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.

### **Other**

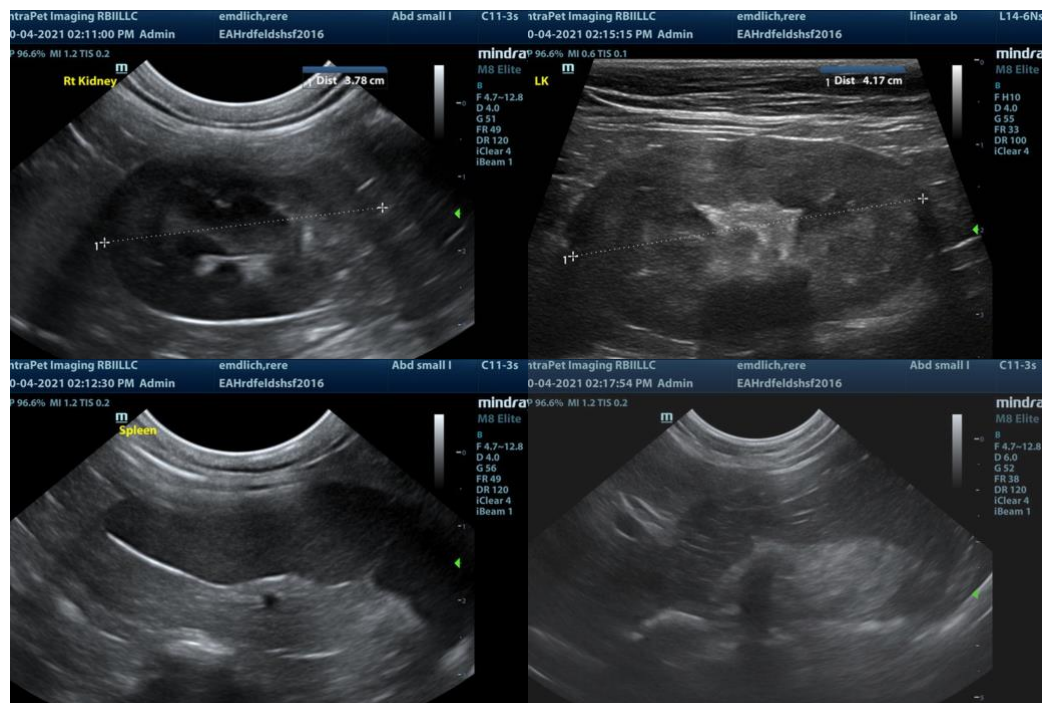
A rapid view of the **heart** revealed no evident pathology.

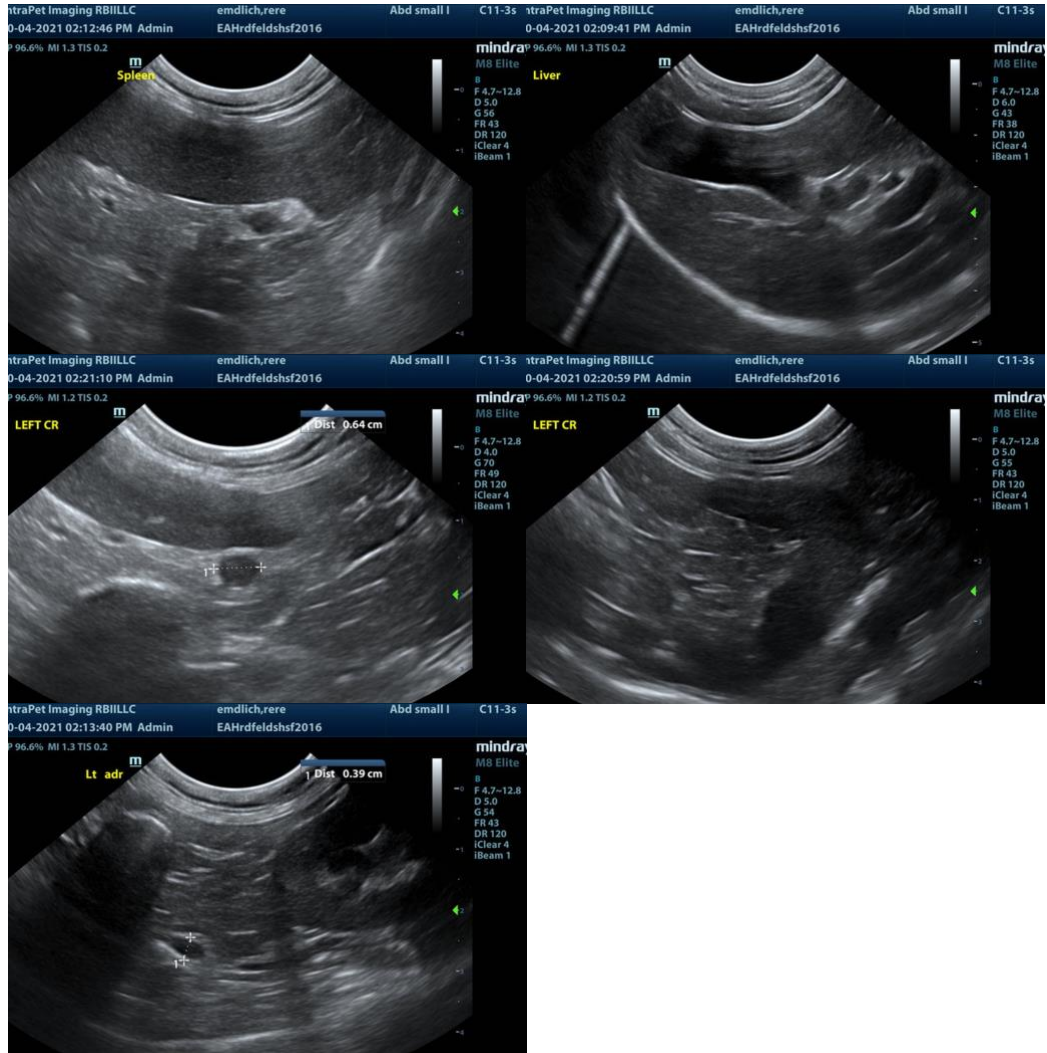
## **ULTRASONOGRAPHIC FINDINGS**

- Splenohepatomegaly

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA warranted upon the spleen and liver +/- bone marrow given the anemia. Blood transfusion would be ideal prior to sampling. Suspect round cell neoplasia. Bone marrow disease with reactive spleen possible yet less likely. Ideally, the hematocrit would be >20 prior to sampling. No evidence of hemorrhage.





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  
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