



PATIENT

Lugosi Hanna

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 ½ years

WEIGHT

16.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Arms

INVOICE

18209

DATE

11/25/22

PRESENTING CLINICAL SIGNS

History: History 25# in December. since December moved x 2 and changed food to grain free diet. now 16.9#. acute ADR presented to ER. treated with convenia and cerenia and sent home with metronidazole, ursodiol, cerenia based on labwork. continues to be lethargic and inappropriate mentally at home, not eating.

Abnormal PE/Chem/CBC/UA Results: afebrile. neck ventroflexion. purrs and seeks attention at times, other times mentally inappropriate. labwork from ER 11/24/22 4AM: TT4 low 0.7, stress leukogram with normal total WBC and normal hct. BG 202 (rechecked here BG=97). K 3.3 (recheck here k 4.1), alt 132, alkp 457, ggt 5, tbili 5.6. admitted to our hospital this AM - IVFL, normal BP, bcomplex (for thiamine), b12, denamarin, lactulose (incase hepatic enceph), syringe feeding (has declined referral for feeding tube placement at this time but considering), low dose metronidazole, IV cerenia.

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 was noted. Ureteral papillae were normal.

Pyelectasia was noted in the **right kidney** with pericapsular inflammatory pattern. Swollen irregular contour was noted.

Adrenal Glands

The **left adrenal gland** was unremarkable. The left adrenal gland measured 0.56 cm.

The **right adrenal gland** was 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 was noted.

Liver

The **liver** was uniformly enlarged. The parenchyma was hypoechoic to surrounding fat. FNA is indicated to assess lipidosis versus underlying hepatic lymphoma (less likely). The gallbladder and common bile duct were unremarkable.

Gastrointestinal

A moderate amount of fluid filled **gastric lumen** was noted. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** was mildly enlarged yet uniform, measuring 1.5 cm in the right limb.



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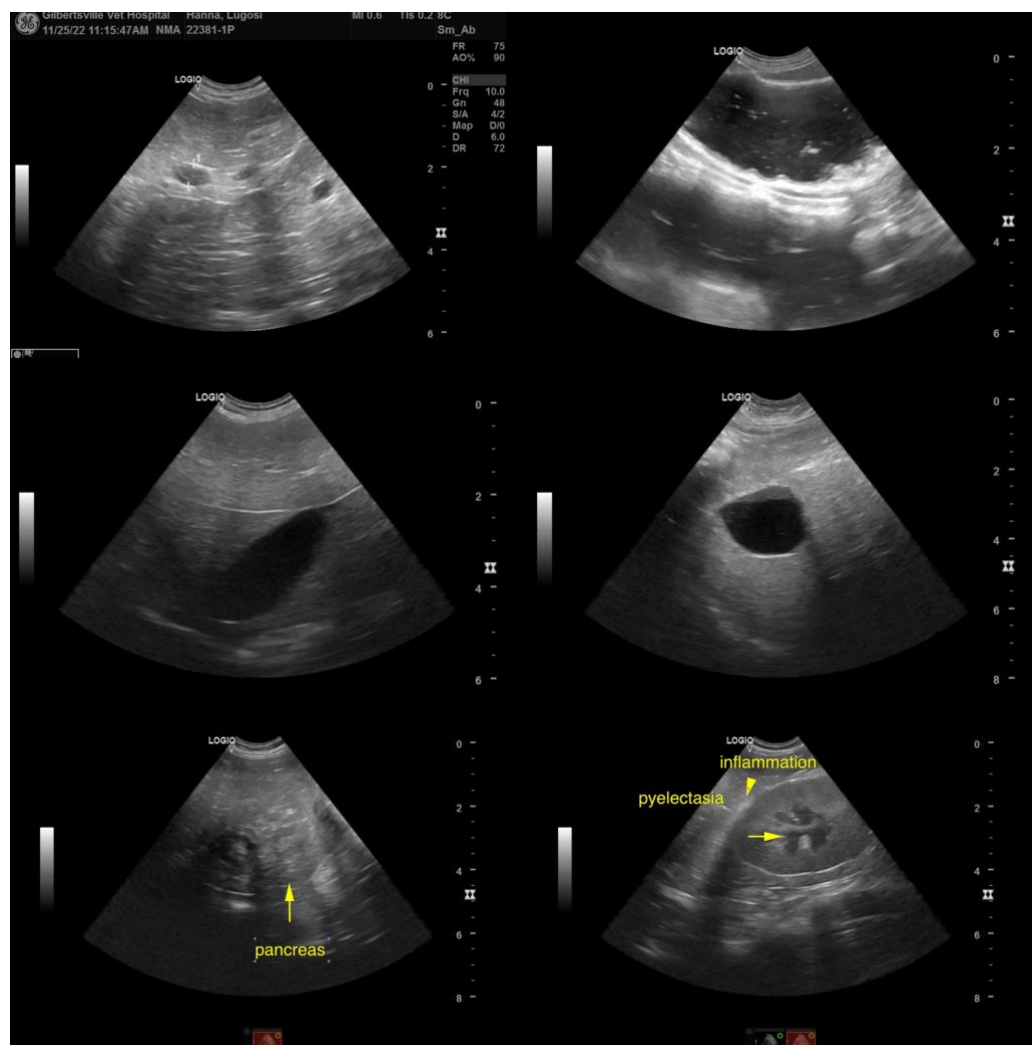
11/25/22

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly
- Swollen irregular right kidney with pyelectasia
- Mildly enlarged pancreas
- Fluid filled gastric lumen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for UTI/pyelonephritis is warranted. FNA of the liver is warranted. If ventroflexion is a continual issue, aldosterone level is indicated, however, no overt adrenal pathology is noted. I recommend coagulation panel and FNA of the liver as the next step, as well as full urinary work up if not already performed.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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



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can be of any further assistance please contact me.

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