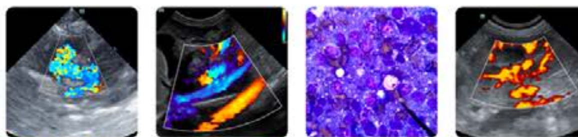


PATIENT
Bob Bass

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered Male

AGE
9 Years

WEIGHT
7.5 kg

INTERPRETED BY
Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY
Dr. Huntington

HOSPITAL NAME
Wilvet South

REFERRING VET
Dr. Huntington

INVOICE
72192

DATE
11/30/25

PRESENTING CLINICAL SIGNS

Pyrexia r/o fever secondary to infectious (bacterial, viral, parasitic), metabolic, neoplastic, or inflammatory processes v. hyperthermia secondary to toxicosis, hyper excitement History: The patient was seen by their regular veterinarian, on Wednesday, November 26th for an elevated fever. The patient received an Onsior injection, a Covenia injection, and subcutaneous fluids at that visit. A total health panel was submitted to IDEXX, with results pending. The patient was sent home with 4 tablets of Cerenia and Hill's A/D food. The owner reported that the patient's condition improved after the fluids on Wednesday, but today, Friday, November 28th, the patient became lethargic again and represented to RDVM. A subcutaneous fluid kit with Lactated Ringer's solution was sent home, and an FeLV/FIV send-out test was started, with results also pending.

Abnormal PE/Chem/CBC/UA Results: Dx: EPOC: O2 sat 98.1% (high), Na+ 146 mmol/L (low), Ca++ 1.05 mmol/L (low), Glucose 145 mg/dL (high), Hematocrit 24% (low), Hemoglobin 8.1 g/dL (low), Creatinine 1.79 mg/dL (high) CBC: Hematocrit 24.8% (low), Hemoglobin 8.5 g/dL (low), Lymphopenia 0.44 K/uL Hydration: Slightly dehydrated Integument: Normal amount of shedding; skin looks normal; hair coat in good condition, warm to touch fever @105 currently

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **left kidney** presented mild nephrosis. The left kidney measured 4.7 cm with slight pyelectasia noted.

The **right kidney** was swollen with minor pyelectasia and inflammatory pattern associated with the right renal capsule. Blood flow appeared to be mildly excessive on power doppler assessment.

Adrenal Glands

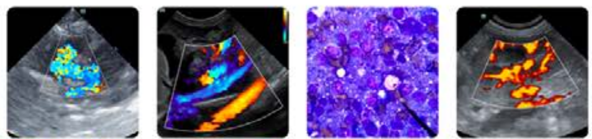
The regions of the **adrenal glands** were unremarkable.

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. Hyperechoic lipid plaques noted, not pathological.

Liver

The **liver** 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



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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 regenerative pathology was evident.

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

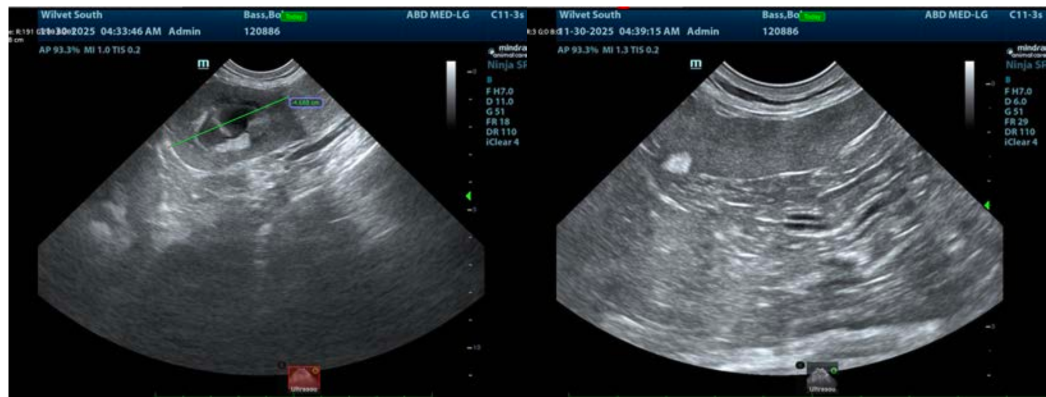
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

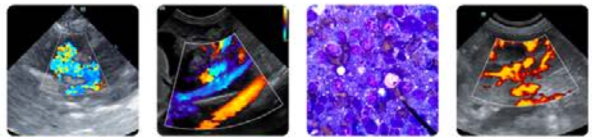
ULTRASONOGRAPHIC FINDINGS

- Nephritis pattern, possible pyelonephritis, primarily in the right kidney, mild in the left kidney.
- Urinary debris.
- Mild splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup with culture and sensitivity indicted. FNA of the spleen indicated with cytology and culture to assess for splenitis, minor potential for round cell neoplasia. The cause of anemia is unclear. No evidence of hemorrhage noted.





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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 can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com