



PATIENT

Kitty Purry Miller

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Brenner

INVOICE

69500

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Diagnosed in 6/2025 with suspect hypereosinophilic syndrome. Has been maintaining on Prednisolone PO q12hrs. Latest recheck CBC showed increasing eosinophils as we began to attempt steroid taper, so dose increased again to 7.5mg PO BID. Patient stopped eating 12/7/2025, but is acting "normally" per owner (hides a lot). Unable to administer Prednisolone orally since 12/7/2025. No diarrhea or vomiting. Not eating after medical management/symptomatic management with SQF and Mirtazapine. This morning, patient noted to be lethargic and hiding, with ocular drainage (history of suspect Herpes URI, supposed to be on Lysine PO). Still unable to administer Prednisolone orally. Abnormal PE/Chem/CBC/UA Results: 11/21/25: Recheck CBC on 5mg Pred BID. Eosinophils 3.56K, Basophils 1.29K. WBC WRI. Prednisolone increased to 7.5mg BID. 12/8/25: CBC Eosinophils WRI. Neutropenia profound 0.8K, Band neutrophils. WBC WRI. Chem: NSF. PE: Obese BCS 9/9. NSF otherwise. 12/10/25: CBC Still severe neutropenia (0.78K) with bands. Lymphocytosis (10.76K)/Monocytosis (1.26K)/Basophilia (0.78K). Manual smear noted ring-like nuclei several neutrophils, with evidence toxic changes. Subjectively increased eosinophils/basophils, but no apparent lymphocytosis. Lymphocytes mixture of small and larger/reactive cells. PE today: Abdomen tense, decreased GI sounds, "full-feeling" abdomen without overt organomegaly/mass palpable. Normothermic.

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.

The **kidneys** revealed thickened cortices. The contour was swollen The right kidney measured 4.02 cm. The left kidney measured 4.12 cm.

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.

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.



PATIENT

Kitty Purry Miller

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Brenner

INVOICE

69500

DATE

12/10/25

Liver

The **liver** revealed uniform parenchyma. The gallbladder revealed mild, bright, echogenic wall. There was no evidence of overt pathology.

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 **pancreas** revealed heterogenous, mixed hypoechoic parenchymal changes noted throughout the base of the pancreas and left limb with hyperechoic surrounding fat. This is consistent with steatitis/inflammation. The right pancreatic base revealed similar changes to the left and enveloped the upper duodenum.

Free Abdomen

Pockets of free fluid were noted.

A large amount of abdominal fat was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

Extensive pancreatic pathology. Pancreatic pathology, pancreatitis and steatitis are likely. However, given the pockets of free fluid I cannot rule out a neoplastic event. This is possibly suppressed by the Prednisone therapy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the hypoechoic portions of the pancreas and/or ultrasound-guided abdominocentesis of the pockets of free fluid with cytospin is indicated to assess inflammatory cell type as well as any exfoliating neoplasia. Prognosis is guarded. Management for pancreatitis and steatitis with IV fluid support, pain management and broad spectrum antibiotics are indicated. The prognosis is guarded. Underlying infectious disease such as Bartonella, Toxoplasmosis should be ruled out if not already performed. Urinalysis is warranted to assess for any inflammatory sediment given the renal swelling.



PATIENT

Kitty Purry Miller

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

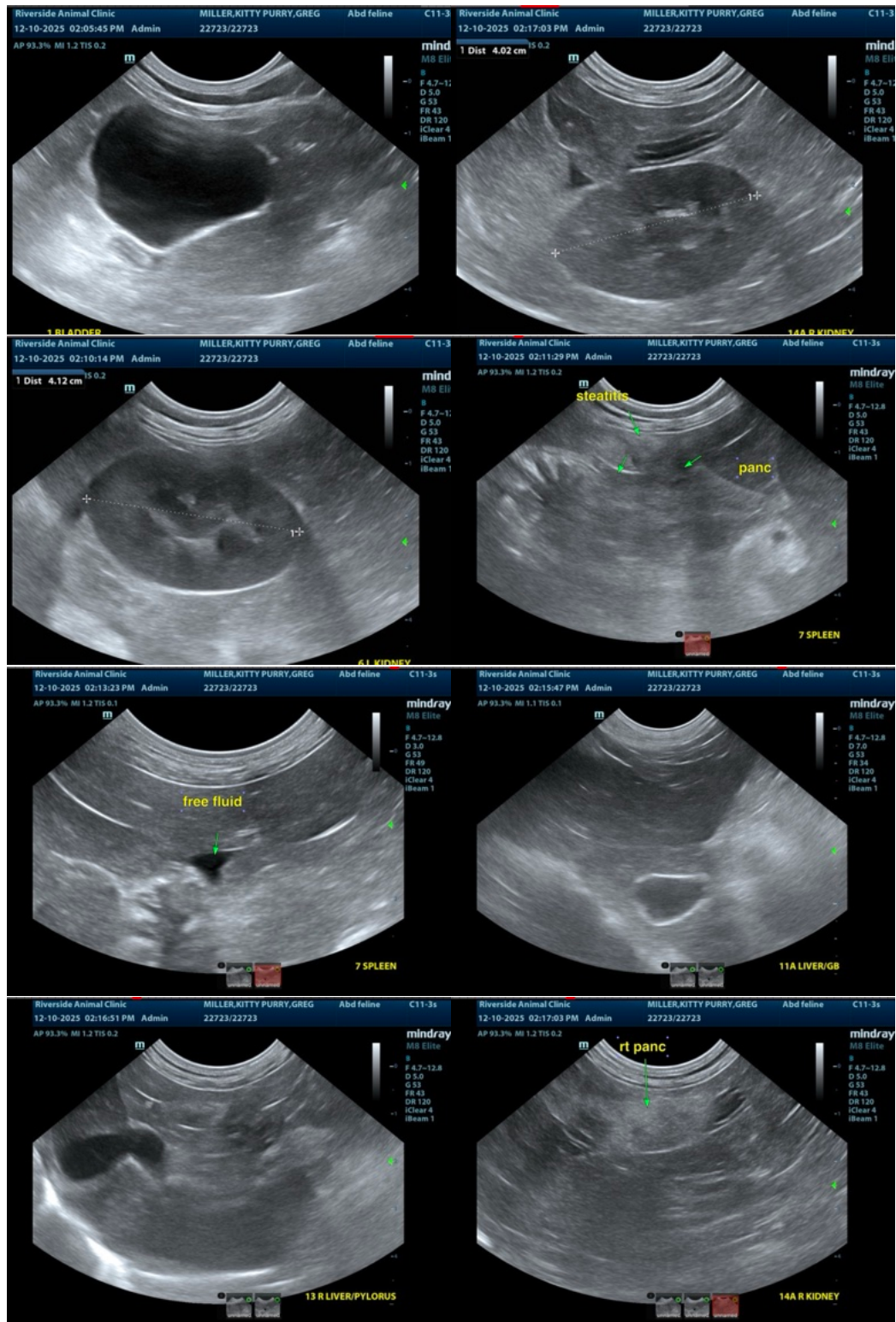
Dr. Brenner

INVOICE

69500

DATE

12/10/25





PATIENT

Kitty Purry Miller

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

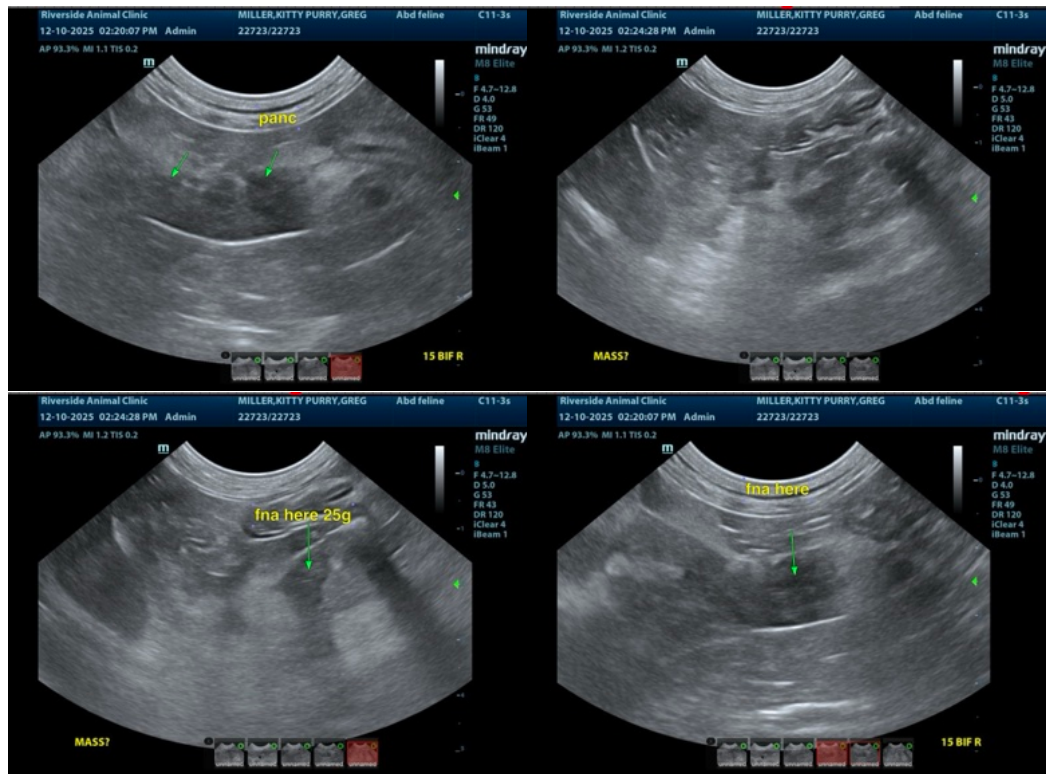
Dr. Brenner

INVOICE

69500

DATE

12/10/25



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 of SonoPath.com

info@SonoPath.com