



PATIENT

Rusty Doing

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Neutered male

AGE

12 years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Summit Dog and Cat

REFERRING VET

Dr. Levitian

INVOICE

94634

DATE

12/15/21

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes / weight loss / anemia.
Abnormal PE/Chem/CBC/UA Results: Alk Phos 570, T Billi 3.1, Hemoglobin 8.4, HCT 26, Neut 85, Abs Neut 12920 UA: Protein 2, Bilirubin 2+ SG: 1.07

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** are slightly irregular in contour with mildly increased cortical echogenicity and thickness. The left kidney measured 4.18 cm. The right kidney measured 4.27 cm. Slight fluid was noted around the kidneys in the retroperitoneal space.

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. The right adrenal gland measured 0.43 cm.

Spleen

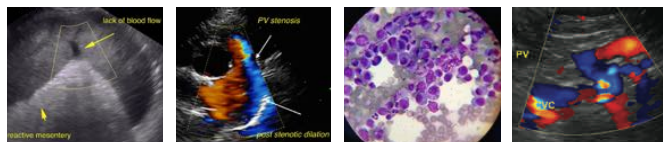
The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** is diffusely hyperechoic to the falciform fat. The gallbladder presented acceptably thin walls with 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.



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Pancreas

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The left limb of the **pancreas** revealed undulating, irregular contour with slight free fluid noted around the pancreas.

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ULTRASONOGRAPHIC FINDINGS

Minor intestinal thickening, regional pancreatitis pattern.

BREED

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Reactive spleen.

Hepatic lipodosis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA of the liver is warranted to ensure that an underlying round cell neoplasia is not present. However, the pattern would suggest pancreatitis with secondary lipodosis. The anemia is unclear. However, CBC path review is warranted. The anemia and weight loss may be related to an underlying neoplastic event hence the necessity for FNA of the spleen and liver after coagulation panel.

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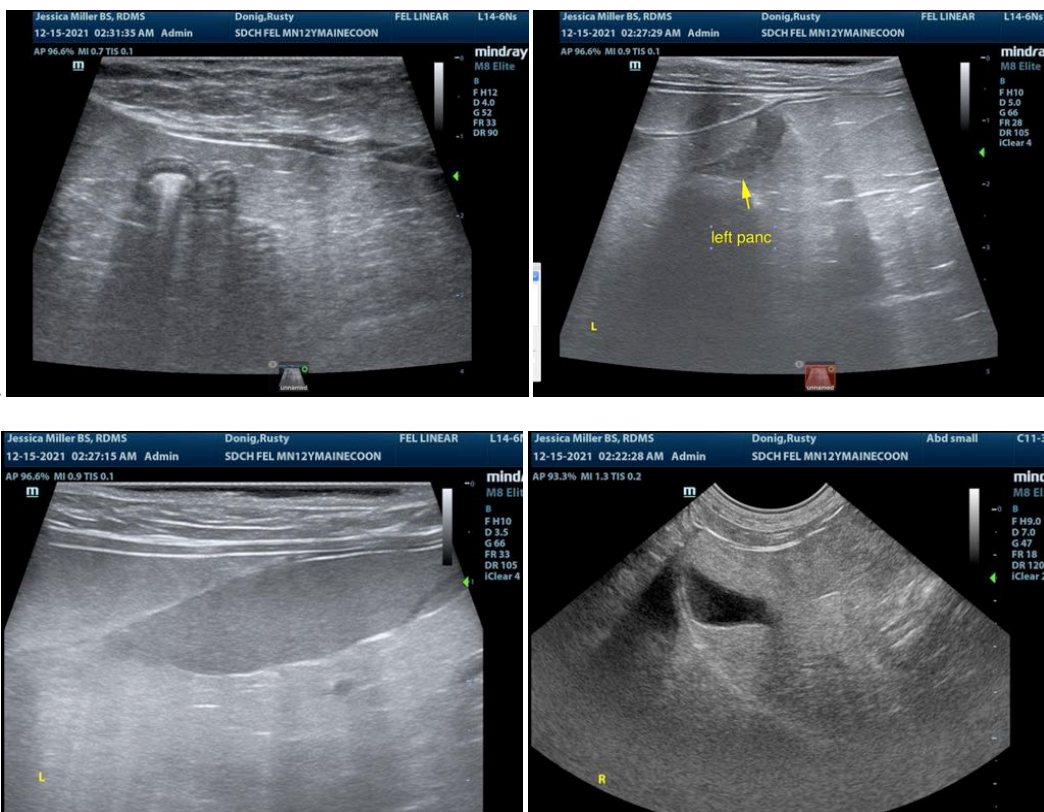
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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