



PATIENT

Millie Allen

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

7 Months

WEIGHT

6 lb 4 oz

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

INVOICE

33642

DATE

12/22/21

PRESENTING CLINICAL SIGNS

Presented yesterday for lethargic, decreased appetite, vomiting. Owner feels toxin and foreign body unlikely. Elevated LE and Bilirubin. DDx FIP. Sedated with Gabapentin for US, hub of DexDomitor for FNA.

Abnormal PE/Chem/CBC/UA Results: PE: In heat, swollen mammary glands, mild jaundice, T-102.5 T. Bili 8.0, ALT 275, ALP high. FIP PCR (whole blood) Neg

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** 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 3.64 cm. The right kidney measured 3.57 cm.

Adrenal Glands

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

Spleen

The **spleen** was mildly enlarged, uniform, measuring 1.02 cm.

Liver

The **liver** was non-specific with mild uniform swelling. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction. The common bile duct measured 2.0 mm.

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.

Free Abdomen

Trace free fluid was present post-sampling. However, resolved in 10 minutes with complete resorption.



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ULTRASONOGRAPHIC FINDINGS

- Mild splenic enlargement
- Non-specific hepatic enlargement – acute hepatitis suspected, very mild potential for underlying neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Salmonella, toxoplasmosis or similar should be considered in this patient. Broad-spectrum antibiotics, nutraceuticals, Vitamin K all indicated. Treatment should be based on cytology results. Likely reactive spleen and acute hepatitis, mild potential for occult neoplasia such as mast cell disease or lymphoma. Infectious agents such as toxoplasmosis or bartonella possible. Appropriate titers would be indicated depending on patient history and exposure.

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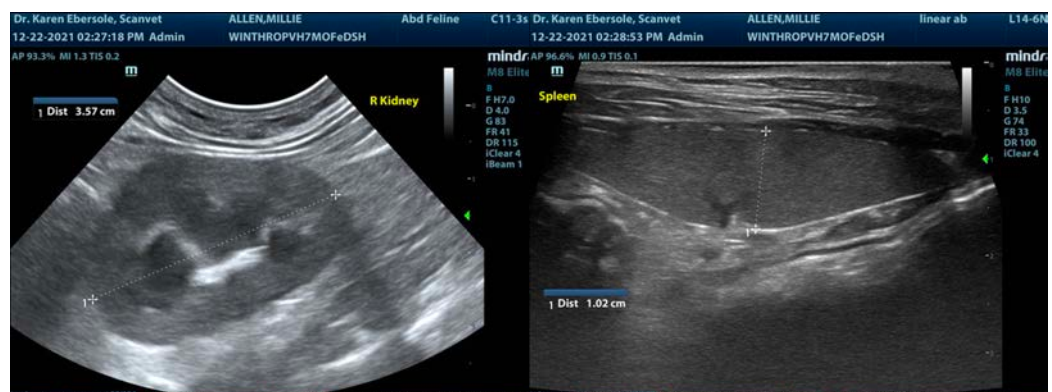
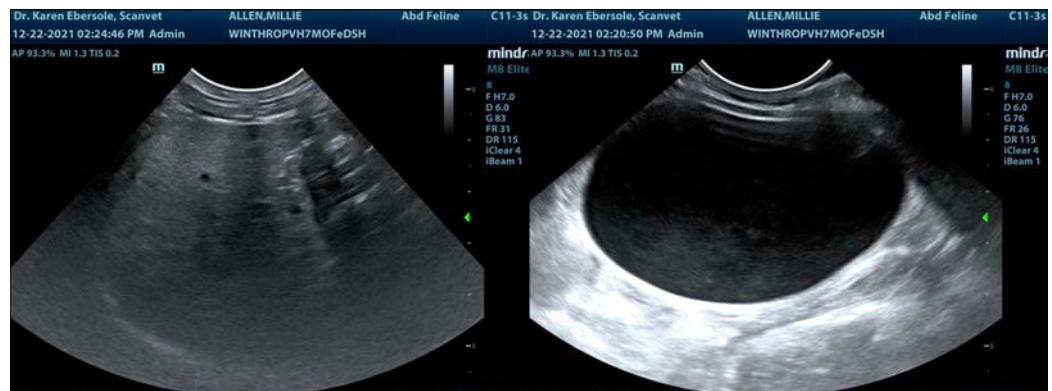
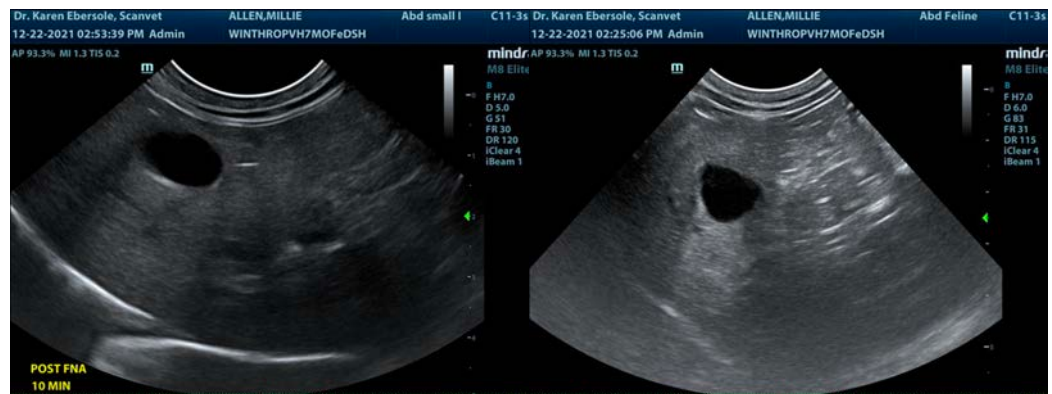
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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