



PATIENT

Azrail Mermer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

8.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nicole Rando

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Rando

INVOICE

69585

DATE

12/25/25

PRESENTING CLINICAL SIGNS

History: Patient has a history of anemia and thrombocytopenia that was initially diagnosed by the rDVM on 11/20/25. There was suspicion for a possible mycoplasma infection or IMHA as the underlying cause of the anemia. He was started on oral doxycycline and prednisone at that time. He has had multiple recheck with the rDVM since then that have showed improvement of the anemia but ongoing thrombocytopenia. The owner reports that he was passing stool that appears black and tar-like at one point. He has been having diarrhea recently but his recent stools have not been black. Over the last 2-3 days, the owner reports that his condition has dramatically declined. His appetite was good up until 2 days ago. He has refused to eat anything since then but he is still drinking water. His breathing has appeared labored for the last 2 days. He was open-mouth breathing this evening. He vomited once yesterday and twice today. He vomited up a large amount of blood and blood clots with his last episode of vomiting. He is known FIV positive.

Abnormal PE/Chem/CBC/UA Results: 12/23/25 12pm: CBC: HCT 9.5%(L), Retic. 221.6(H), WBC 5.97(N), PLT 0 Chem10: WNL EPOC: K+ 3.5, iCa+ 1.18(L), Lact 7.3(H), BUN 33(H), Cre 1.79 (N), Glu 146 (H), HCT <10(L) PCV 8%, TS 6g/dL Blood type A Wilvet Salem 12/24/2025: Blood transfusion-completed PCV 12% AFAST- no free fluid, bladder intact Radiographs 3 view- heart appears enlarged on V/D Saline agglutination- negative Blood smear in house- no platelets or platelet clumps found, spherocytes and anisocytosis of red blood cells noted. PCV/TS 4pm: 9%, 5.8g/dL AFAST/TFAST: No obvious pleural or peritoneal effusion

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** in this patient were bilaterally swollen, enlarged and irregular with heterogenous cortical changes with retroperitoneal fluid and enhanced mesentery. Both kidneys measured 5.2 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** revealed subtle heterogenous changes and slight scalloping contour.



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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 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. Pleural effusion was noted through the diaphragm.

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

Free fluid was noted between the liver lobes. There was no evidence of passive congestion.

ULTRASONOGRAPHIC FINDINGS

Strong concern for bilateral cavitary neoplasia type lymphomatosis or similar, partially suppressed by Prednisone therapy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood transfusion is recommended to reach a hematocrit of 20. Coagulation panel and 25-gauge FNA of the kidneys and abdominocentesis of the free fluid with cytopsin is indicated for further definition. The prognosis is very guarded. CBC path review and bone marrow aspirate is indicated if not already performed.



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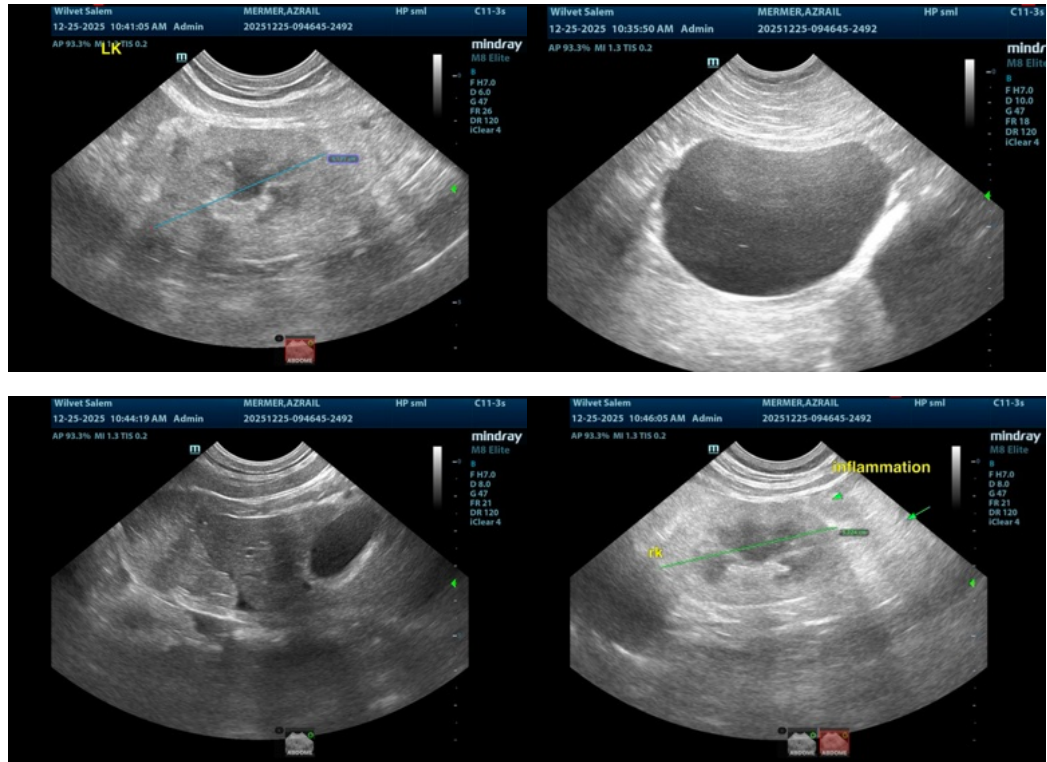
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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