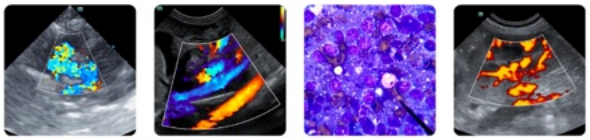

PATIENT

Howard Perry

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

3.95 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Frownfelter

INVOICE

69603

DATE

12/25/25

PRESENTING CLINICAL SIGNS

History: 5 day history of decreased appetite, growling (unlike him), lethargy, persistent fever. Abnormal PE/Chem/CBC/UA Results: Febrile Otherwise WNL PE rDVM records: CBC: Neut 12.9K, Lymph 882, HCT 30% USG: 1.069 Chem: Alb 2.5 HAEC records: CBC: 24.1%, Mono 0.74, Eos 0.06, Platelets 72 Chem: GGT 8 EPOC: Na 146, HCT 24% Radiographs: pleural 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** 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 and the right kidney measured 4.1 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. The left and right adrenal gland measured 0.4 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. The spleen measured 1.2 cm.

Liver

The **liver** was structurally normal. Passive congestion liver pattern was noted with a dilated vena cava and pleural effusion noted through the diaphragm. The gallbladder and common bile duct were unremarkable.

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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

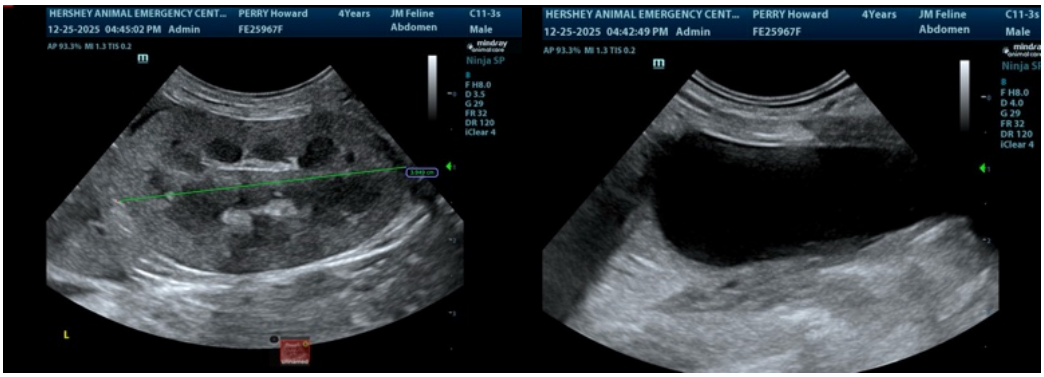
A mild amount of ascites was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

Minor splenomegaly and passive congestion pattern. Secondary ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend focusing on thoracic pathology causing pleural effusion and passive congestion. 25-gauge FNA of the spleen is indicated. Pleurocentesis and cytospin is recommended to assess for exfoliating neoplasia or possible inflammatory disease. An echocardiogram is indicated to assess for causes of possible left and right sided heart failure. Prognosis is guarded.



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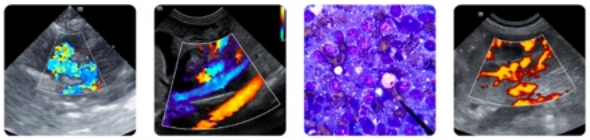

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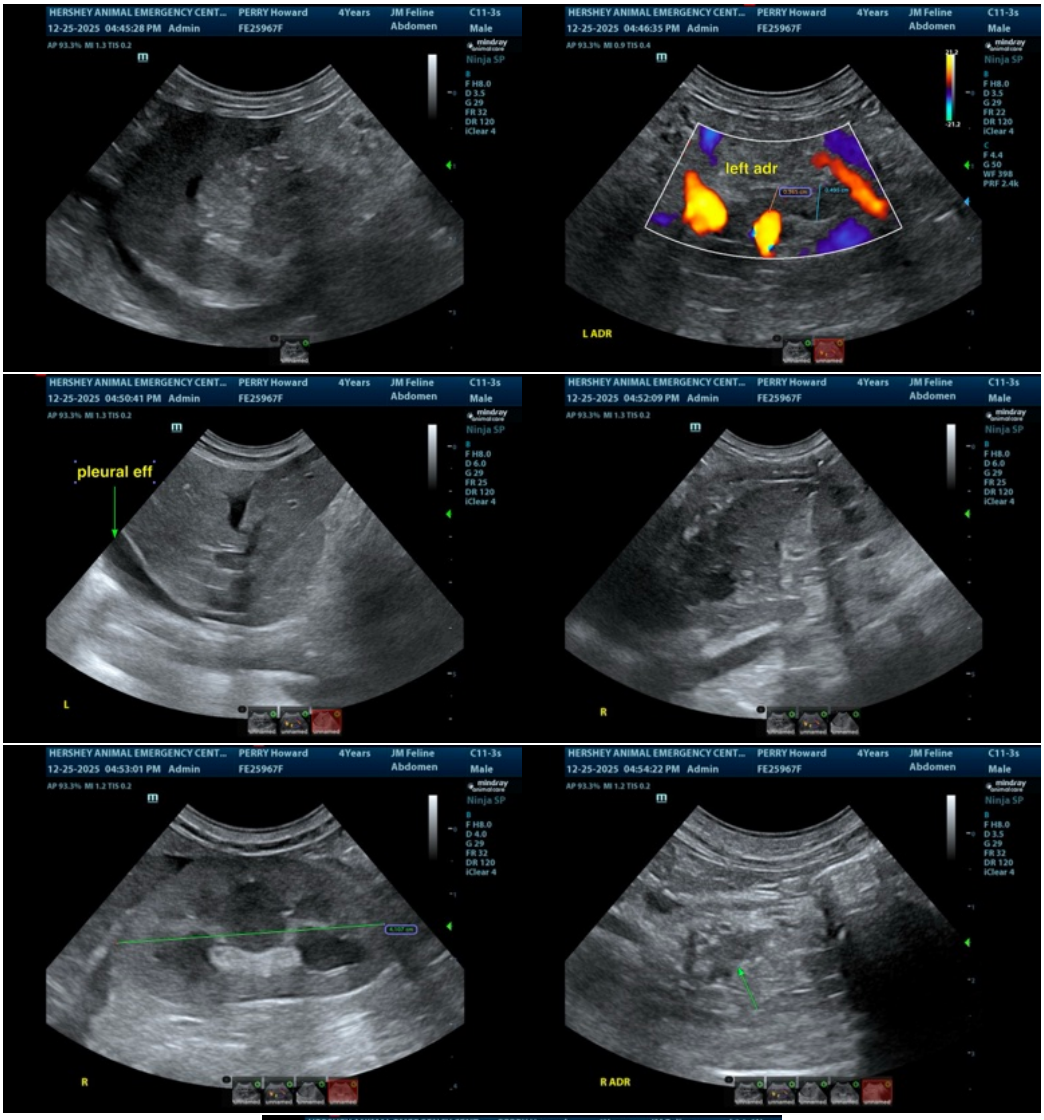

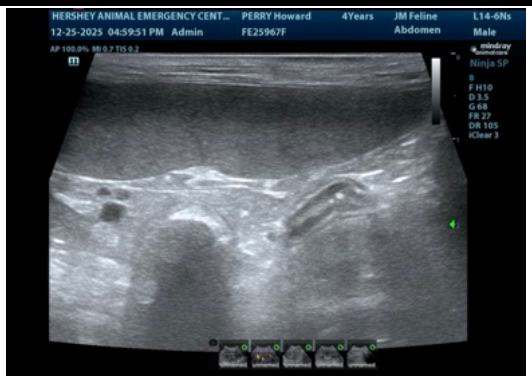

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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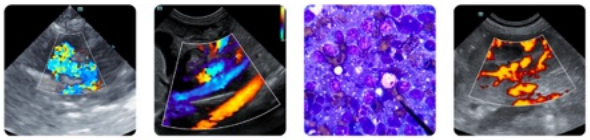

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com