

**DATE PRESENTING CLINICAL SIGNS**

12/26/21

PATIENT

Lulu Radowich

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6/12/12

WEIGHT

10.3 Lbs.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Nacke-Horney

INVOICE

13152

History: 2 weeks ago: noted to have decreased appetite (known picky eater) - last Tuesday-thus was not eating 12/16-12/20 - Fall road - IV fluids, cerenia, added on onsiar, unasyn, and baytril due to fever that improved after IVC was replaced. Radiographs taken see below. Chem and CBC WNL - 12/18 CBC: Mono 1.05, PLT 91 but normal on smear - 12/19 CBC: Mono 1.15, PLT 107 - was sent home with mirtazapine, baytril and clavamox - stopped giving clavamox per rdvm cause patient would hypersalivated. 12/21: Urgent Vet care - ddx: underlying tick borne vs infectious vs UTI vs neoplasia - Tick borne PCR - pending - Urine culture - pending - T4/SDMA: SDMA 25, kidney values normal - CBC with path review: RBC 5.17, HCT 25%, PLT 118 (adequate with review), Mono 876 (48-530) - Urinalysis: USG 1.027, WBC 2-5/HPF, rare cocci <9HPF - cerenia injection 12/23: Cat hospital at towson (rdvm) - SQ fluids - TAMU pancreatic/GI profile - pending - Urinalysis with reflex UPC - pending - FUO real PCR - pending - CBC: unknown results Owner noted that she has lost around 2# in this time frame Typically eat dry - not really interested in wet food

Current Medications: Oral Buprenorphine, Gabapentin, Vitamin B12, Pantoprazole, Maropitant, Baytril.

Lab Results: Elevated SDMA, anemic.

Radiographs: 12-16-21 gastric irritation, small amount of gas in the intestines, stool in the colon - repeats: small amount of gas in the colon.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.42 cm. The left kidney measured 4.03 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** revealed generalized enlargement (1.02 cm) and scalloping contour.

Liver

The **liver** was swollen and hypoechoic. Free fluid was noted between the liver lobes. The gallbladder was deviated.

Gastrointestinal

Variable **gastrointestinal** thickening noted without obstruction. Luminal fluid accumulation noted in variable portions of the small intestine with dependent debris. Stasis noted throughout the GI tract with reactive surrounding mesentery.

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

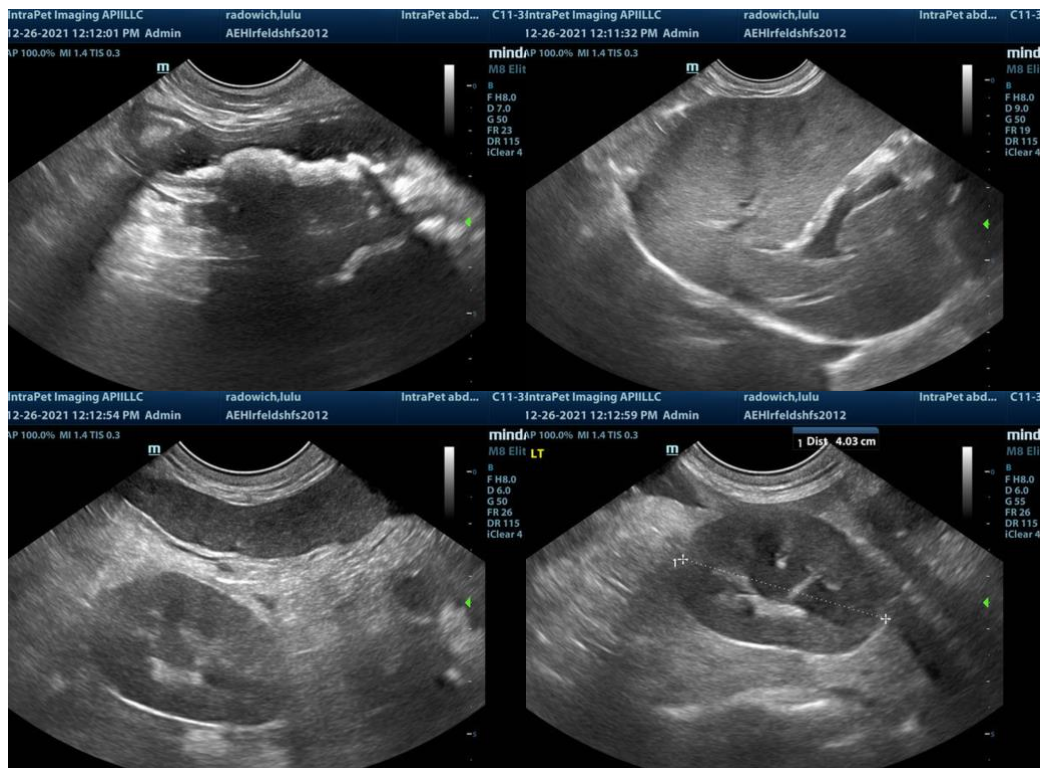
A mesenteric **lymph node** (3.56 cm x 1.02 cm) was hypoechoic and irregular with loss of structural detail.

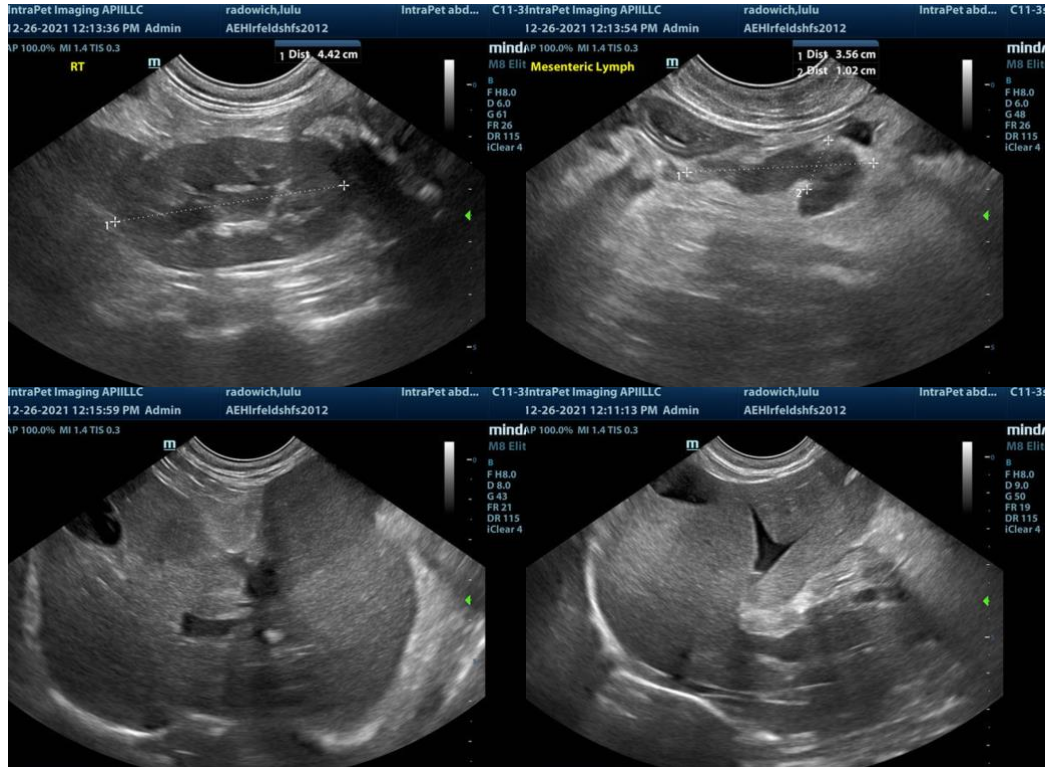
ULTRASONOGRAPHIC FINDINGS

- Hepatosplenic infiltrative pattern with mesenteric lymphadenopathy
- Variable gastrointestinal thickening
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Heptosplenic lymphoma, mast cell disease or similar suspected. Prognosis is poor, depending upon eventual cytology results.





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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