



PATIENT

Chief Maggs

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

13 years

WEIGHT

6.33 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins Pet
Hospital

REFERRING VET

Dr. Brown

INVOICE

42359

DATE

12/27/22

PRESENTING CLINICAL SIGNS

History: Lethargic/weak, decreased appetite, fluid distension in abdomen Owner approved recheck bloodwork/rads: Rads: Significant peritoneal effusion with mass effect shifting abdominal contents Bloodwork: Severe neutropenia, monocytosis, eosinopenia, elevated SDMA, elevated BUN, minor hyponatremia, hypochloremia, hyperphosphatemia Diagnostic abdominocentesis - straw colored fluid DDx. lymphoma, sepsis, inflammatory bowel, peritonitis Hepatic/splenic disease, pancreatitis Discussed option: 1. Given lethargy/inappetence hospitalization and supportive care is recommended particularly following abdominocentesis to monitor electrolytes. Further workup - ultrasound/cytology of fluid aspirate 2. Cytology of fluid aspirate/book ultrasound, broad spectrum antibiotics at home, supportive care 3. Given degree of lethargy and concern for neoplasia, if no further workup is being considered, humane euth is unfortunately an option Owner elected hospitalization, understands prognosis is guarded Called KH got estimate for transfer

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 **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.38 cm. The left kidney measured 4.07 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** was enlarged, granular and irregular. The spleen measured 1.7 cm in width.

Liver

The **liver** revealed heterogenous, hypoechoic nodular changes with irregular contour. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A large amount of gas accumulation was noted and was enveloped by the nodular omentum and appeared to be somewhat tethered by the omental changes. 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

Undifferentiated tissue was noted around the **pancreas** with nodular changes.

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Free Abdomen

A large amount of free fluid was noted with echogenic debris.

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ULTRASONOGRAPHIC FINDINGS

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Lymphomatosis, carcinomatosis type presentation with secondary ascites owing to lymphatic obstruction.

Moderate, chronic interstitial nephrosis renal pattern.

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

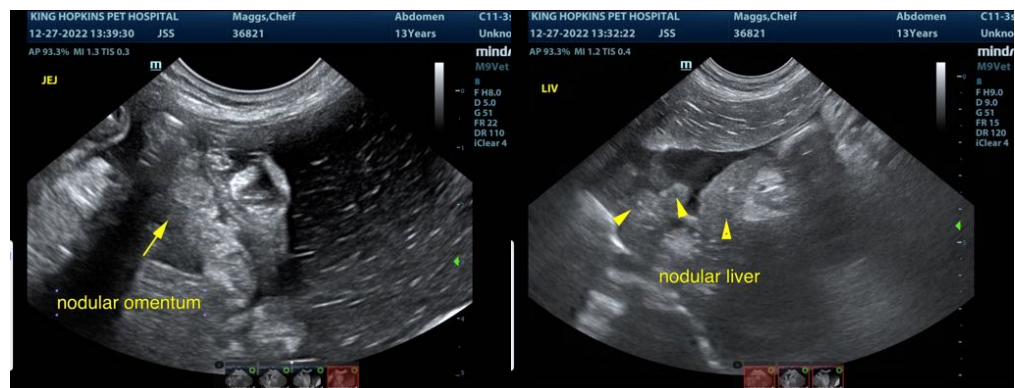
An abdominocentesis with cytospin is recommended if not already performed. Immediate slide preparation is recommended as opposed to simple fluid and cytology evaluation. FNA of the spleen +/- liver can also be considered. The prognosis is poor.

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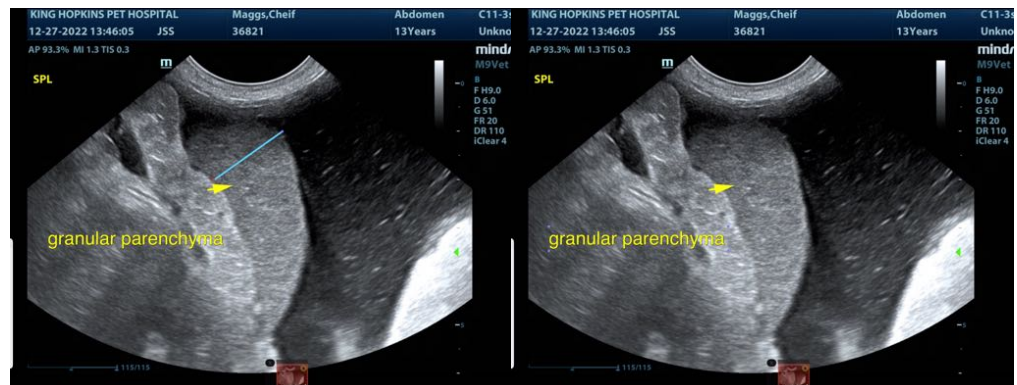
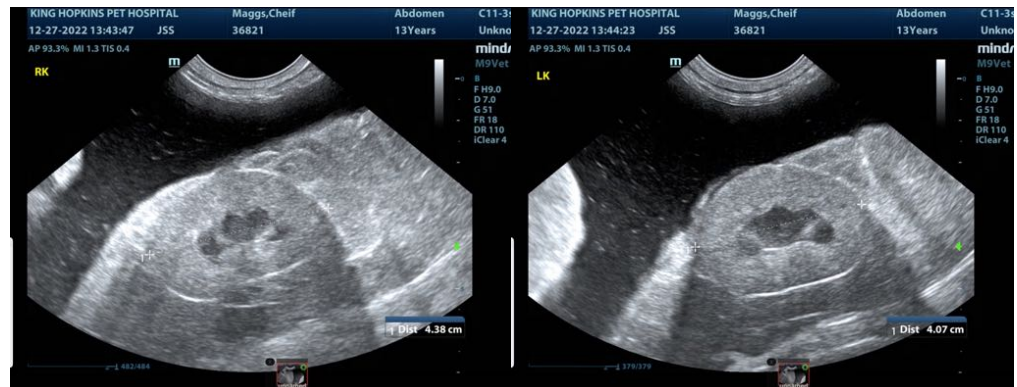
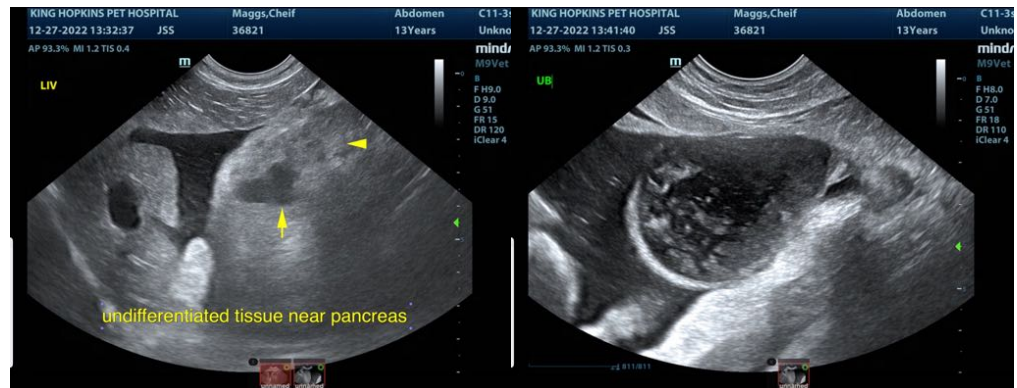
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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