



PATIENT

Squish Lee

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Months

WEIGHT

8.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lesley Cohen

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Lesley Cohen

INVOICE

43816

DATE

12/29/22

PRESENTING CLINICAL SIGNS

7mo old NM tabby presented for several day hx lethargy, hiding, hyporexia. O noticed pt skin yellowing over last 24hr. Pt is indoor only, not current on vaccines. Febrile on presentation (103.3), icteric mm and sclera, inner ear pinna.

Abnormal PE/Chem/CBC/UA Results: CBC- HCT (15.2), HGB (5.4) L, lymphocytosis (17.71), MCH (20.8) H, MCV (58.5) H, monocytosis (1.91), WBC (37.63) H, neutrophilia (17.58) H, thrombocytopenia (24) L, retics (314.9) H- regenerative anemia manual platelet count- 50,000-75,000 Chem 17- BUN (14) L, CREA (0.5) L, hypocalcemia (7.3), TBIL (9.9), ALT (4800) H EPOC- hypocalcemia (1.13) FeLV/FIV test- FIV positive PT/PTT- normal CBC path review to OSU pending

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 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 4.16 cm. The right kidney measured 3.82 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 adrenal gland measured 0.40 cm.

Spleen

The **spleen** was slightly enlarged yet uniform. Likely hyperplastic owing to the anemia. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis.

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.

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.



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Pancreas

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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.

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Free Abdomen

Pleural effusion noted through the diaphragm.

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ULTRASONOGRAPHIC FINDINGS

- Minor splenic enlargement, likely reactive, unremarkable abdomen otherwise
- Undefined pleural effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of hemorrhage or primary hepatic disease. Acute hepatitis likely, given the bilirubin and ALT elevations. Infectious agents such as bartonella and toxoplasmosis should be considered. Blood transfusion, CBC path review +/- bone marrow aspirate and hepatic FNA warranted after hematocrit is >20 and platelet count >70,000. Thoracic workup indicated with pleurocentesis and cytospin, echocardiogram, and thoracic radiographs.

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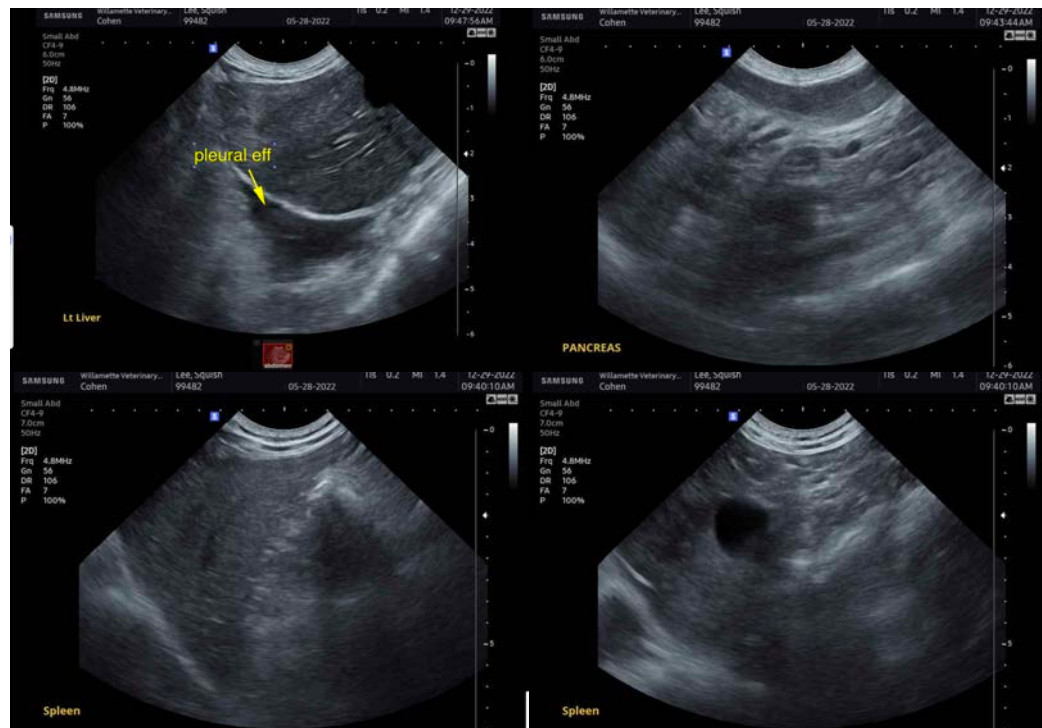
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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