



PATIENT

Sky Chambers

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4.5 Years

WEIGHT

4.18 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alejandro Vargas
Lumbreras

HOSPITAL NAME

Central Island Vet
Emergency Hospital

REFERRING VET

Dr. Nikolas Bell

INVOICE

33886

DATE

12/31/21

PRESENTING CLINICAL SIGNS

Sky presented today for anorexia since December 27th, very lethargic and losing weight. Has been having issues vomiting since September but was always still eating. Normal bowel movements. Owners went away and came back to her not eating and a significant change in her weight
Abnormal PE/Chem/CBC/UA Results: Painful cranial abdomen, looks unthrifty, otherwise NSF. CBC shows severe neutropenia, mild lymphocytosis and monocytosis. Biochemistry shows mild hyperglycemia (likely stress) and abnormal fPL.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 4.0 cm. The right kidney measured 3.5 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 0.5 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** was mildly enlarged (1.1 cm in width) 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.

Liver

Hepatic images were dark, yet irregular contour was noted with enhanced surrounding mesentery.

Gastrointestinal

Some retention of ingesta or hair accumulation noted in the **stomach**. Some stasis noted in portions of small intestine with variable intestinal thickening. Some reactive mesentery was noted around the small intestine.

Pancreas

The **pancreas** was hypoechoic and mildly irregular.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis presentation
- No overt masses, yet mild splenohepatic enlargement and irregularity noted



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen and liver recommended. Treatment for acute on chronic inflammatory bowel warranted. No overt foreign body visualized, yet could not be completely ruled out. The variable intestinal stasis is likely owing to tethering reactive mesentery. Recheck sonogram in 48 hours after treatment. CBC path review regarding the lymphocytosis recommended to assess potential for lymphocytic leukemia.



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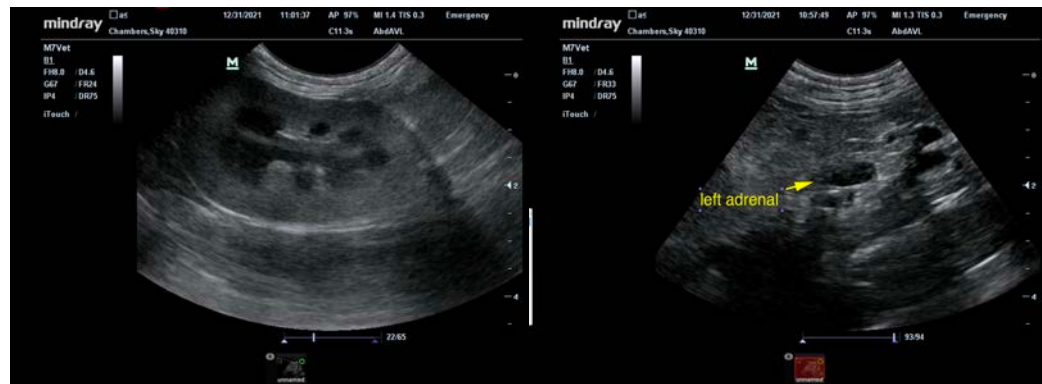
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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