



PATIENT PRESENTING CLINICAL SIGNS

Bebe Ng History: Liver disease (inflammation vs infection vs other)
Vomiting, abnormal appetite

SPECIES Current Meds: Mirataz 1 ½ strip to ear pinna, cerenia 0.5ml

Feline Echo pending

BREED Labs + Radiographs attached

DMH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Spayed Female 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.

AGE

11 Years 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. A cortical infarct was noted in the cranial pole of the right kidney. The right kidney measured 3.76 cm. The left kidney measured 3.62 cm.

WEIGHT

10.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

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.

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

Spleen

The **spleen** was folded upon itself caudally with slight free fluid. Heterogenous splenic parenchyma was present along with minor enlargement measuring 0.93 cm.

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Liver

Dr. Mansour The **liver** revealed a thickened gallbladder without over distension. Diffuse hyperechogenicity was noted throughout the liver. The gallbladder wall was edematous. The common bile duct was normal and measured 0.25 cm and was followed to the duodenal papilla.

INVOICE

94367

Gastrointestinal

DATE

12/07/21

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted with areas of loss of mural detail. Wall thickness measured up to 0.81 cm in the mid jejunum.



PATIENT

Pancreas

Bebe Ng

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SPECIES

Feline

BREED

Free Abdomen

DMH

Reactive mesentery was noted around the intestine and right kidney.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

Mild splenic enlargement.

Moderate hepatic enlargement with hyperechogenicity.

WEIGHT

10.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal biopsies with ultrasound-guidance would be necessary to sample the exact areas in question. Full coagulation panel, FNA of the spleen and liver is recommended or surgical biopsies if appropriate. Given the global presentation I am strongly concerned for emerging round cell neoplasia/lymphoma. There is a potential for lipidosis, reactive spleen and complicated inflammatory bowel or even dry form FIP is a minor potential. Sampling is essential.

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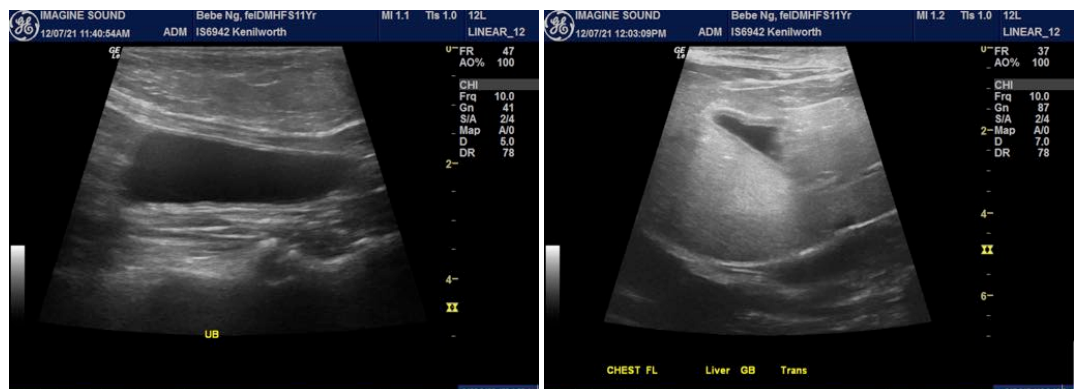
Dr. Mansour

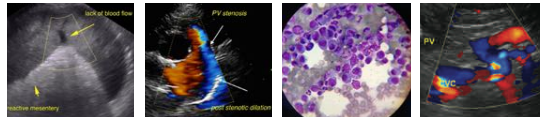
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PATIENT

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SPECIES

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Spayed Female

AGE

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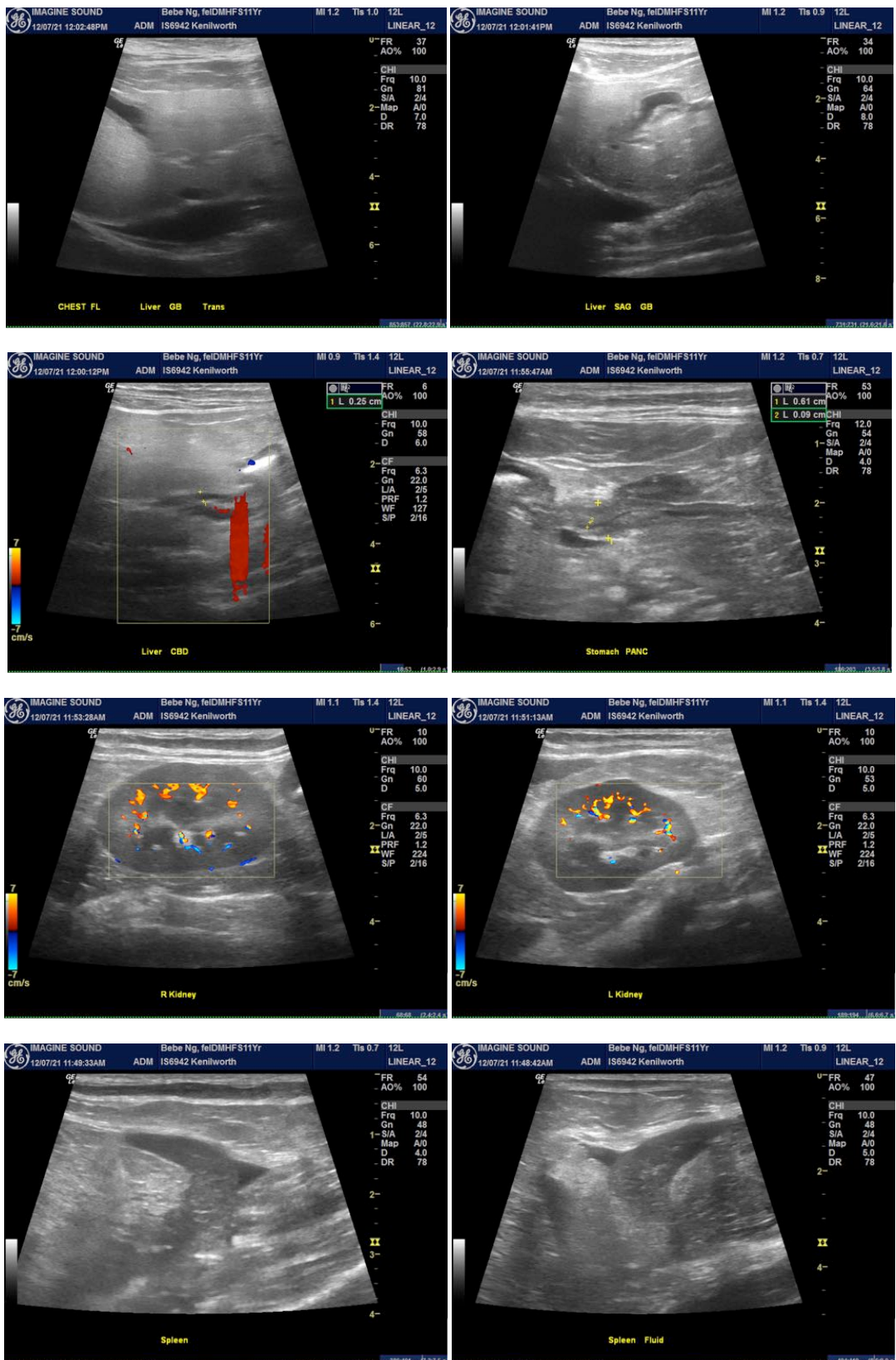
Dr. Mansour

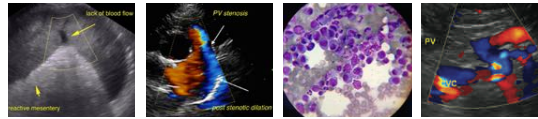
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PATIENT

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SPECIES

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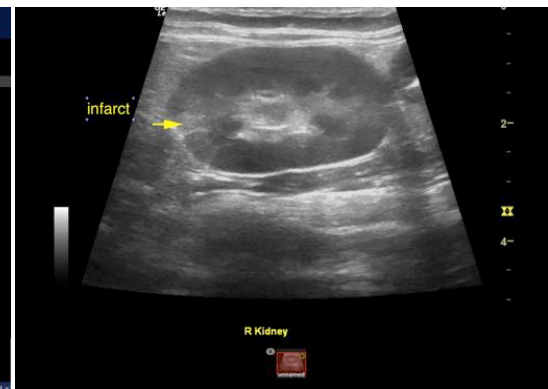
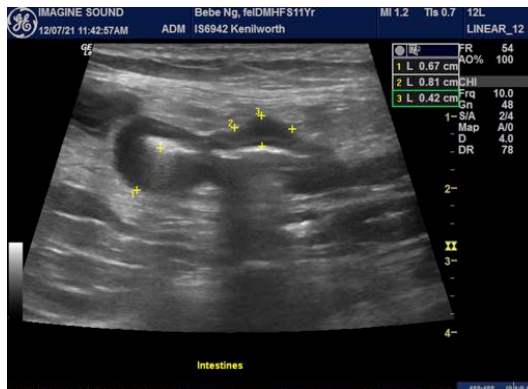
Spayed Female

AGE

11 Years

WEIGHT

10.2 lbs



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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