



PATIENT

Beau Holder

SPECIES

Feline

BREED

Rag Doll

SEX

Intact Male

AGE

11 Months

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Drummond

INVOICE

45083

DATE

2/12/23

PRESENTING CLINICAL SIGNS

Presented 2/10/23 PM for lethargy. Is a show cat, traveling for local cat show. Febrile on presentation @ 106.8, abdominal discomfort noted. Negative for effusion T/AFAST. Mild hepatomegaly, otherwise unremarkable rads. Labs showed mild neutrophilia (14k), mild non-regenerative anemia (HCT: 28.7%); Chem/Lytes WNL. Treated with SQF, onsiar injection, and pradofloxacin. Re-presented 2/11/23 afternoon for resumed lethargy and hissing at cat show. 106.4 on re-presentation, tender abdomen. Treated with IVF, unasyn, cerenia, methadone. Fever resolving but remains mildly elevated.

Abnormal PE/Chem/CBC/UA Results: fever: 106.4-106.8 mild neutrophilia: 14k FeLV/FIV SNAP: negative/negative, PCV/TP: 32%/7.6

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** were slightly enlarged but uniform. No evidence of pathology. The left kidney measured 4.8 cm. The right kidney measured 4.78 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 right adrenal gland measured 0.40 cm.

Spleen

The **spleen** was enlarged with scalloping contour. The spleen measured 1.18 cm and was folded upon itself cranially.

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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Other

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The testicles were imaged and found to be uniform, no evidence pathology.

Minor comet tail lung pattern noted.

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Intact Male

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly – reactive spleen, splenitis, round cell neoplasia possible
- Bladder debris
- Large kidneys, yet likely normal for this breed
- Minor comet tail lung pattern

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

5 kg

Urinary workup warranted. Given the significantly high fever, viral infection suspected. FIP is a potential. 25-gauge FNA with cytology and culture of the spleen would be indicated. Otherwise, unremarkable abdomen.

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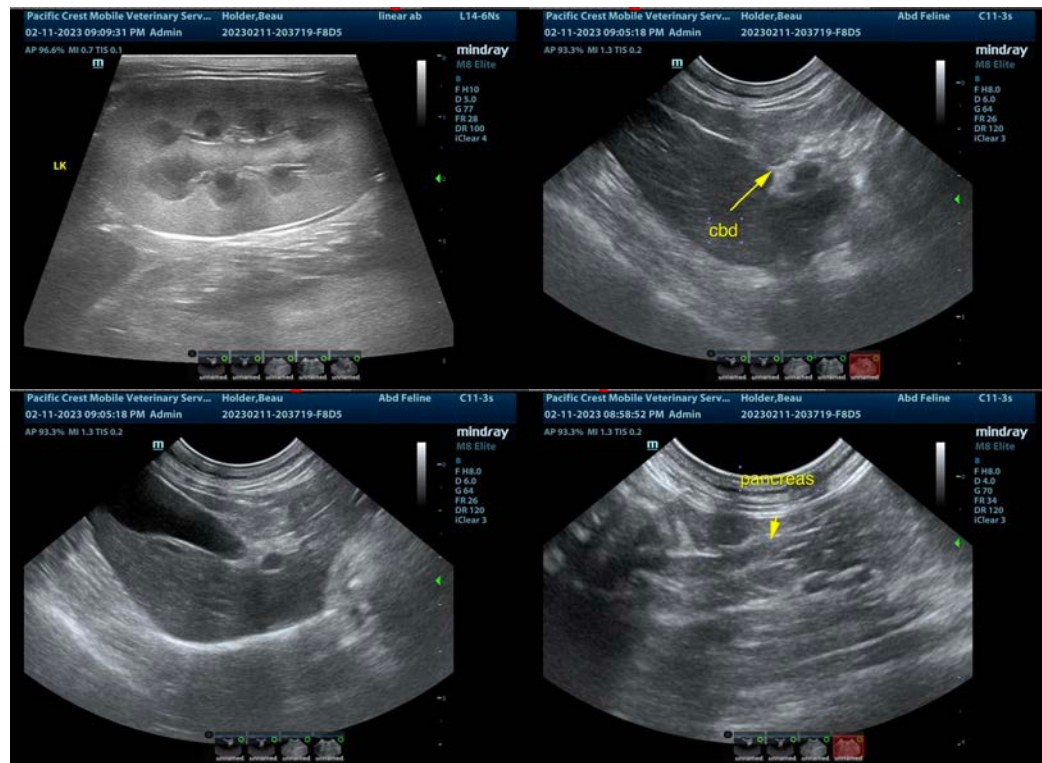
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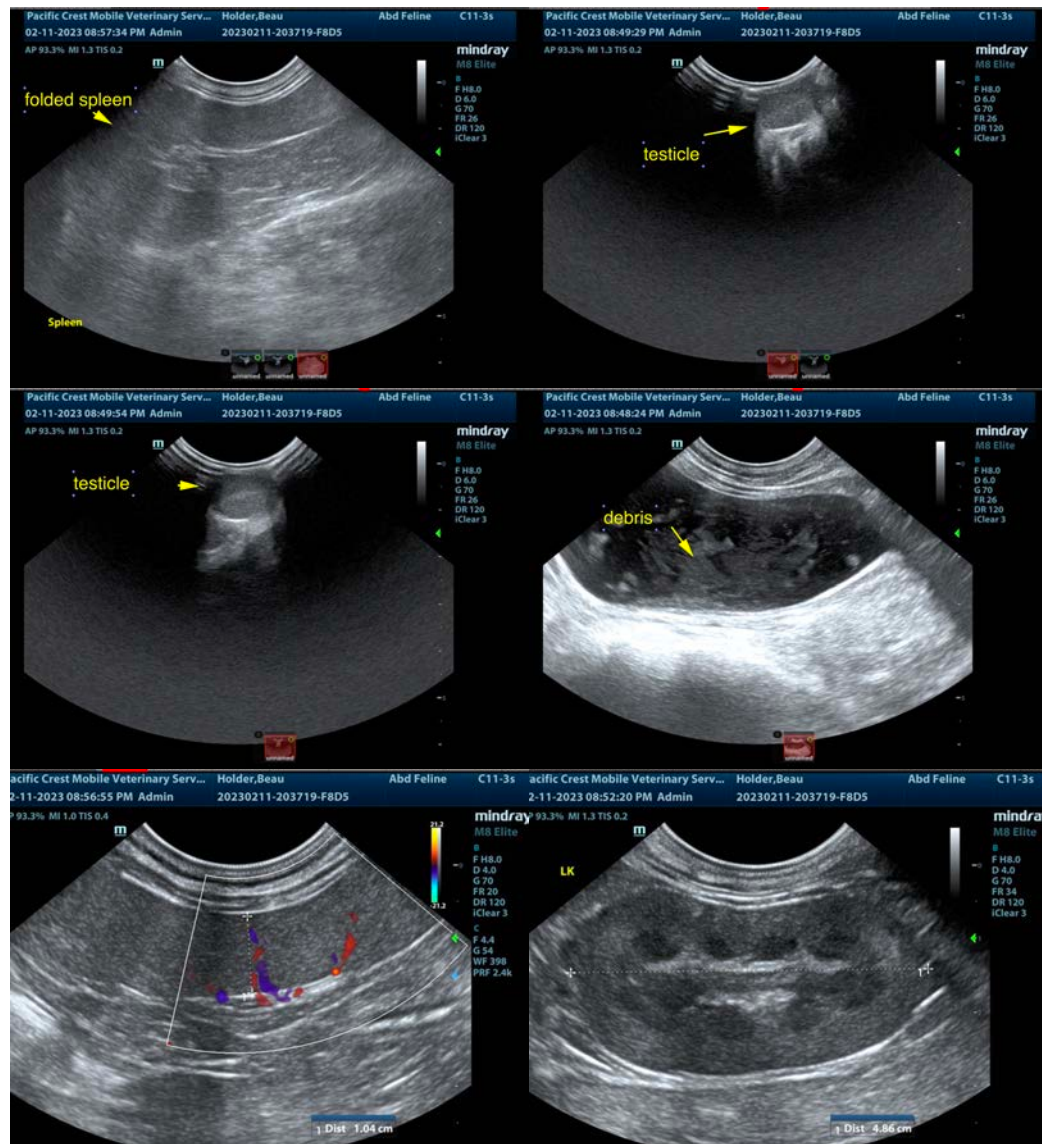
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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