



PATIENT

Leo Roesch

PRESENTING CLINICAL SIGNS

History: Presented for chronic weight loss despite good appetite now progressed to PU/PD, polyphagia, distended abdomen.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Poor body condition with distended abdomen. Approx 1L of clear hazy ascites removed from patient's abdomen. Mild amount of pleural effusion noted on chest x-ray. Mild non-regenerative anemia and low platelets. Pending diagnostics include: FIV/FelV testing, CBC slide review, Total T4, fluid analysis and cytology of ascites

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

18

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 3.9 cm. A cortical infarct was noted at the cranial pole of the right kidney. The left kidney measured 3.9 cm.

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** was not visible, likely volume contracted and displaced dorsally.

Liver

The **liver** revealed multifocal nodular changes with a fairly uniform parenchyma. No evidence of passive congestion as a cause of ascites. The gallbladder and common bile duct were unremarkable.

IMAGING PERFORMED BY

Mathew Olcha

HOSPITAL NAME

East Meadow VC

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. The GI was floating in the ascites.

REFERRING VET

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Pancreas

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.

DATE

2/18/23



PATIENT

Free Abdomen

Leo Roesch

A large amount of echogenic **ascites** was noted throughout the abdomen.

SPECIES

Other

Feline

Pleural effusion was noted through the diaphragm.

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

- Ascites and pleural effusion- no evidence of passive congestion
- Moderate chronic degenerative renal changes/interstitial nephrosis pattern
- Nodular hepatic changes
- Spleen not visible, likely volume contracted

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Cytospin of the free fluid with immediate slide preparation is recommended to optimize cytological evaluation. Strong concern for lymphomatosis, carcinomatosis, mastocytosis or similar. FNA of the liver would be ideal for further definition.

AGE

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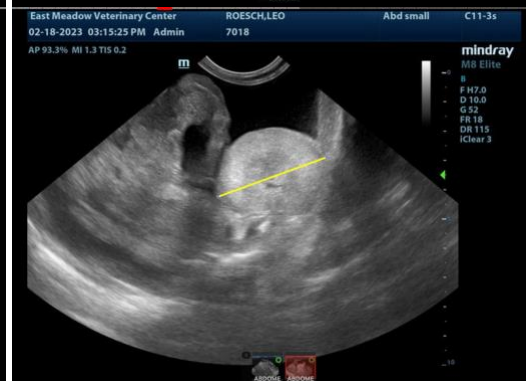
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Neutered Male

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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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