



DATE PRESENTING CLINICAL SIGNS

2/2/26

Patient History: Killed bat in basement ~1 week ago; bat tested negative for rabies. Rabies booster vaccine administered 1/28. - Post-vaccination: anorexia, adipsia. - Presented to vet 1/31/26 - dx with UTI; given Convenia injection and SQ fluids; prescribed Mirtazipine and renal K TGH with. - Vomiting began last night, ~2 hours duration. - Increased lethargy noted. - Client syringe feeding due to dehydration. - Insulin therapy lapsed for ~1 week due to supply issues; resumed yesterday. - Blood glucose yesterday: 300 mg/dL. - Jaundice noticed by owner today.

PATIENT

Lily Quintero

SPECIES

Feline

Current Medications: Potassium Chloride, Unasyn, Cerenia, Ondansetron, Buprenorphine.
Labwork Results: Labwork attached.

BREED

Nebelung

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was severely overdistended.

AGE

11/1/2017

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. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the right kidney. The left kidney measured 4.5 cm. The right kidney measured 5.16 cm.

WEIGHT

8.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.49 cm. The left adrenal gland measured 0.49 cm.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen measured 7.0 mm.

REFERRING VET

Dr. Heresniak

Liver

INVOICE

35664

The **liver** was mildly enlarged with uniform isoechoic parenchyma compared to falciform fat. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change. Intestinal wall thickness measured up to 0.22 cm.

Pancreas

The **pancreas** was enlarged (1.15 cm in width) and hypoechoic with undulating contour and slight duct dilation. No evidence of active inflammation, however, hyperplasia and generalized enlargement were present. Age-related changes are likely. A slight cyst was noted in the left limb of the pancreas.

Free Abdomen

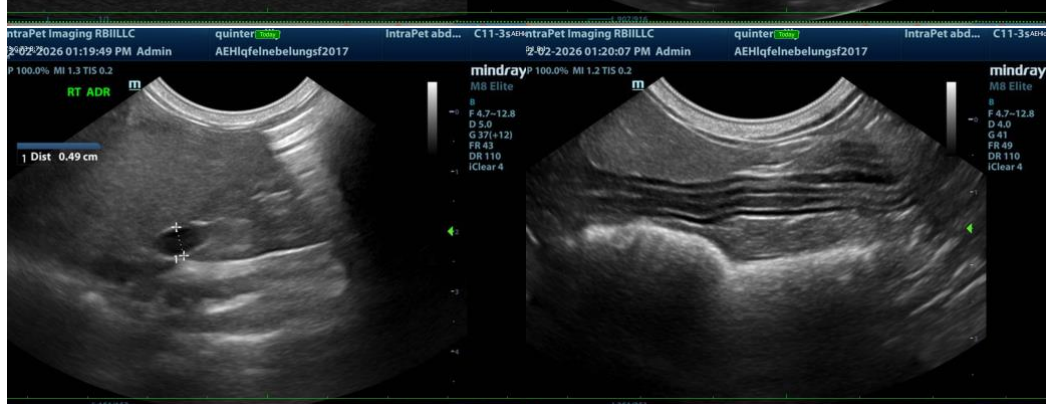
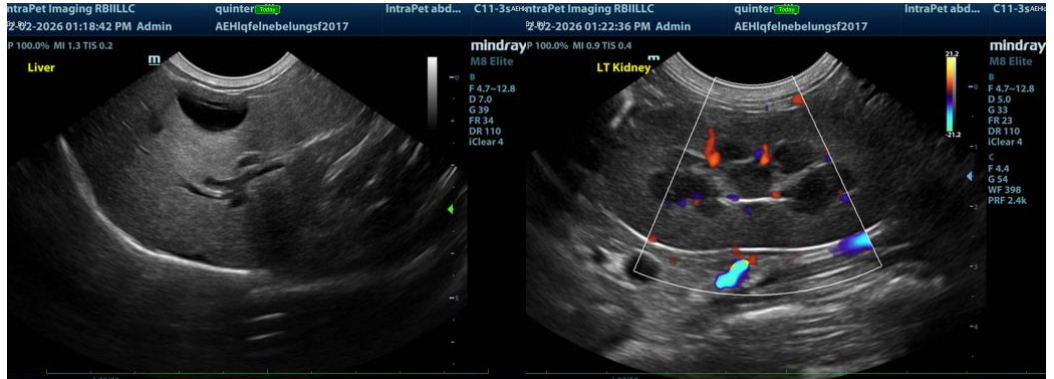
A grouping of enlarged mesenteric **lymph nodes** was noted, measuring 2.04 cm x 0.86 cm.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatomegaly- may be secondary to a diabetic state, however, occult infiltrative disease cannot be ruled out
- Prominent pancreas with slight cyst in the left limb- potential low-grade pancreatitis or history of pancreatitis
- Minor mesenteric lymphadenopathy, reactive
- IBD GI pattern
- Severely overdistended urinary bladder
- Right kidney slight pyelectasia
- Stressed adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the mesenteric lymph nodes and liver is warranted to ensure these are benign or low grade inflammatory or reactive states, as opposed to an occult neoplasia. However, the elevated bilirubin is likely owing to hemolytic disease, which should be evaluated based on CBC path review +/- bone marrow aspirates. Supportive care for DKA is indicated in the meantime. No obvious evidence of neoplasia, however, given the hepatic and mesenteric lymph node presentations, I cannot rule out this potential, though not overtly suspected.





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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com