

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Princess DenHeyer  
**SPECIES** Feline  
**BREED** Domestic Longhair

To evaluate for any abnormalities contributing to the severe erythrocytosis and vomiting. BARH, Thin BCS, coat slightly unkempt. 1/2cm wide by 7cm long strip of alopecia along the caudal spine. No erythema or lesions noted. Abdomen soft, nonpainful. No masses noted in abdomen- small SQ mass. O presented p on 2/1/22 for hair loss on the spine and vomiting. Owner is hearing impaired so it is difficult to gain a lot of information on history. temp 101  
 Abnormal PE/Chem/CBC/UA Results: No heart murmur- UA: USG 1054. 2+ protein. 20-30 RBC. Cocci - cultured to be Staph felis-all values WNL. CHEM- Protein and renal levels are not supportive of dehydration. CBC Significant erythrocytosis: RBC 16.58, HCT 67.3%, HGB 23.6. Mild neutrophilia 15.634

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**SEX** Intact female  
**AGE** 6 years

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.

**WEIGHT**

6 Pounds

The uterine horns were dilated with mucosal polypoid changes. The left ovary was cystic and measured 1.5 x 0.73 cm. The left uterine horn was dilated with fluid and measured 1.03 cm. The uterine body was also dilated.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 right kidney measured 3.88 cm. The left kidney measured 3.22 cm.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**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.

**HOSPITAL NAME**

Alpine AH

**Spleen**

**REFERRING VET**

Dr. Sjolín

The caudal pole of the **spleen** revealed a parenchymal mass that measured 2.0 cm.

**Liver**

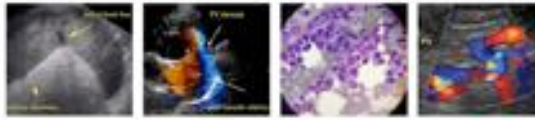
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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The hepatic veins were dilated, yet there was no evidence of intrahepatic or extrahepatic shunting. The vena cava was dilated and measured 0.76 cm. The portal vein appeared to have a connection to the vena cava in the extrahepatic space. This is suggestive of a splenocaval shunt. However, I recommend confirmation. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were

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normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**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.

**BREED**

Domestic Longhair

**SEX**

Intact female

**Pancreas**

The **pancreas** revealed coarse architecture with undulating contour. Minor pancreatic duct dilation was noted and measured 0.1 cm. The left pancreatic limb measured 0.6 cm.

**AGE**

6 years

**ULTRASONOGRAPHIC FINDINGS**

Pyometra/mucometra pattern.

**WEIGHT**

6 Pounds

Vascular anomaly pattern, suggestive for portal caval shunt/splenocaval shunt.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**INTERPRETED BY**

 Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The possible shunt should be confirmed with bile acid profile and CT with contrast. I believe that the splenic mass and uterine pathology are surgical urgencies. Therefore, sedation with Propofol and Isoflurane with splenectomy, ovariohysterectomy and liver inspection and biopsy +/- correction of the potential shunt could all be performed at the same time assuming that the bile acids are elevated. I do not recommend reproduction in this patient given the potential vascular anomaly.

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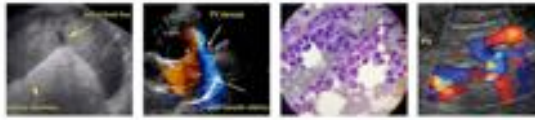
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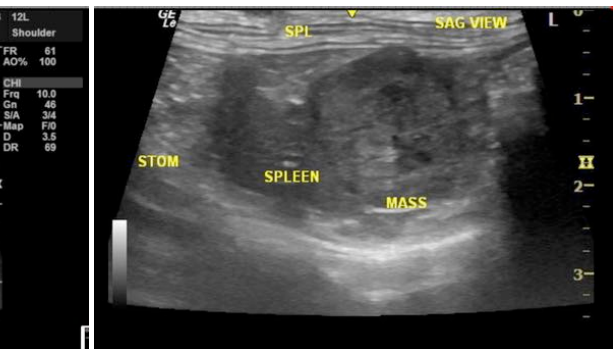
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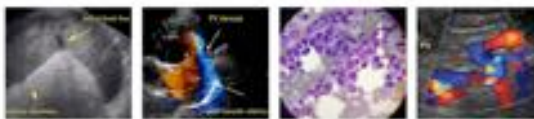
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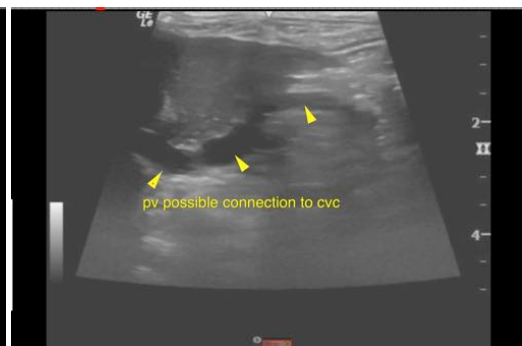
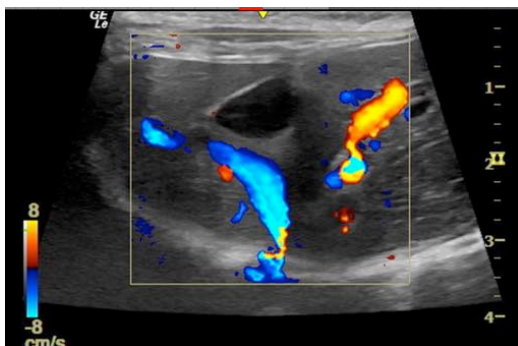
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@SonoPath.com