



PATIENT PRESENTING CLINICAL SIGNS

Richard Parker

The patient was exposed to foster kittens with ringworm in November. Owner initially treated with Terbeinafine 2 tabs PO SID X 2 weeks. On 12/16 was prescribed itrafungol 4.5 ml PO SID 7 days on 7 days off in repeating course. The pt started V+ and not eating so owner brought the pt to rDVM on 1/17. after the pet had dropped from 20 lb to 13 lb. Labs were run, liver values high, sent home wirh sub q. At recheck by rDVM pet still wasnt eating and had dropped to 11 lb. He was then prescribed mirtaz, sub q, and cereina. O has been giving 150ml every 24hrs and has been syringe feeding wet food 23ml 8 times a day. Despite this the pt is is very weak, leth, and ataxic
rDVM Labs 1/17 = TP 9.3, Alb 4.4, ALT 203, AST 101, ALP 346. Normal CBC and tT4. Labs today: - CBC RBC 6.01 M/u/l, HCT 31.7%, WBC 39.85 k/u/l, NEU 32.96 k/u/l, Suspect bands, Monos 1.45 k/u/l, - CHEM BUN 39 mg/dl, CREA 2.2, iCa 7.2 mg/dl, ALB 1.8 g/dl, ALKP 493 u/l,GGT 21 u/l, TBili 6.5 mgh/dl PT/PTT = PT wnl 21 sec, PTT 187 sec. EPOC = iCa 1.07, CREA 3.13, K+ 3.5, LAC 3.93 UA = USG 1.028, inactive sediment. Cocci present. PE = Icterus, severe weight loss and muscle atrophy, anorexia, nausea / vomiting, abdominal fluid wave

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

8 years

WEIGHT

11.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Willamette AH

REFERRING VET

Dr. Kalenius

INVOICE

96160

DATE

2/12/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.74 cm. The right kidney measured 4.15 cm.

Adrenal Glands

The left **adrenal gland** was slightly enlarged and hypoechoic measuring 0.6 cm in width. The right adrenal gland was normal in size and measured 0.5 cm.

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 was noted.

Liver

The **liver** was diffusely enlarged and mildly heterogenous with slightly increased portal markings and irregular contour. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction.



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Gastrointestinal

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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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BREED

Pancreas

Domestic Medium Hair

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.

SEX

Neutered male

Free Abdomen

AGE

8 years

A minor amount of anechoic ascites was noted as well as pleural effusion that was noted through the diaphragm. No hepatic dilation was noted.

WEIGHT

11.7 lbs

ULTRASONOGRAPHIC FINDINGS

Enlarged, mildly irregular left adrenal gland. There was no evidence of vascular invasion. Stress hyperplasia versus emerging carcinoma.

Diffuse hepatic disease. Severe lipidosis and inflammatory hepatopathy is possible. Hepatic lymphoma is suspected.

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Secondary ascites possibly owing to occult neoplasia/lymphoma or portal hypertension.

Mild degenerative renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Willamette AH

Treatment for lipidosis and cholangiohepatitis is warranted until cytology results can be evaluated for possible hepatic lymphoma or similar. The prognosis is guarded.

REFERRING VET

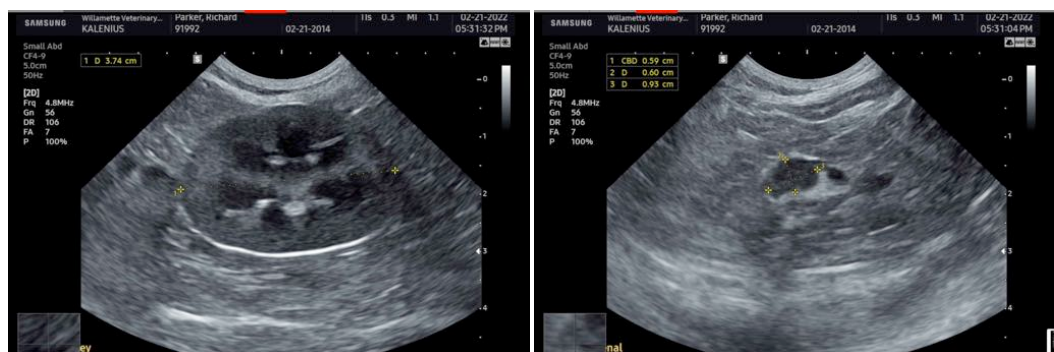
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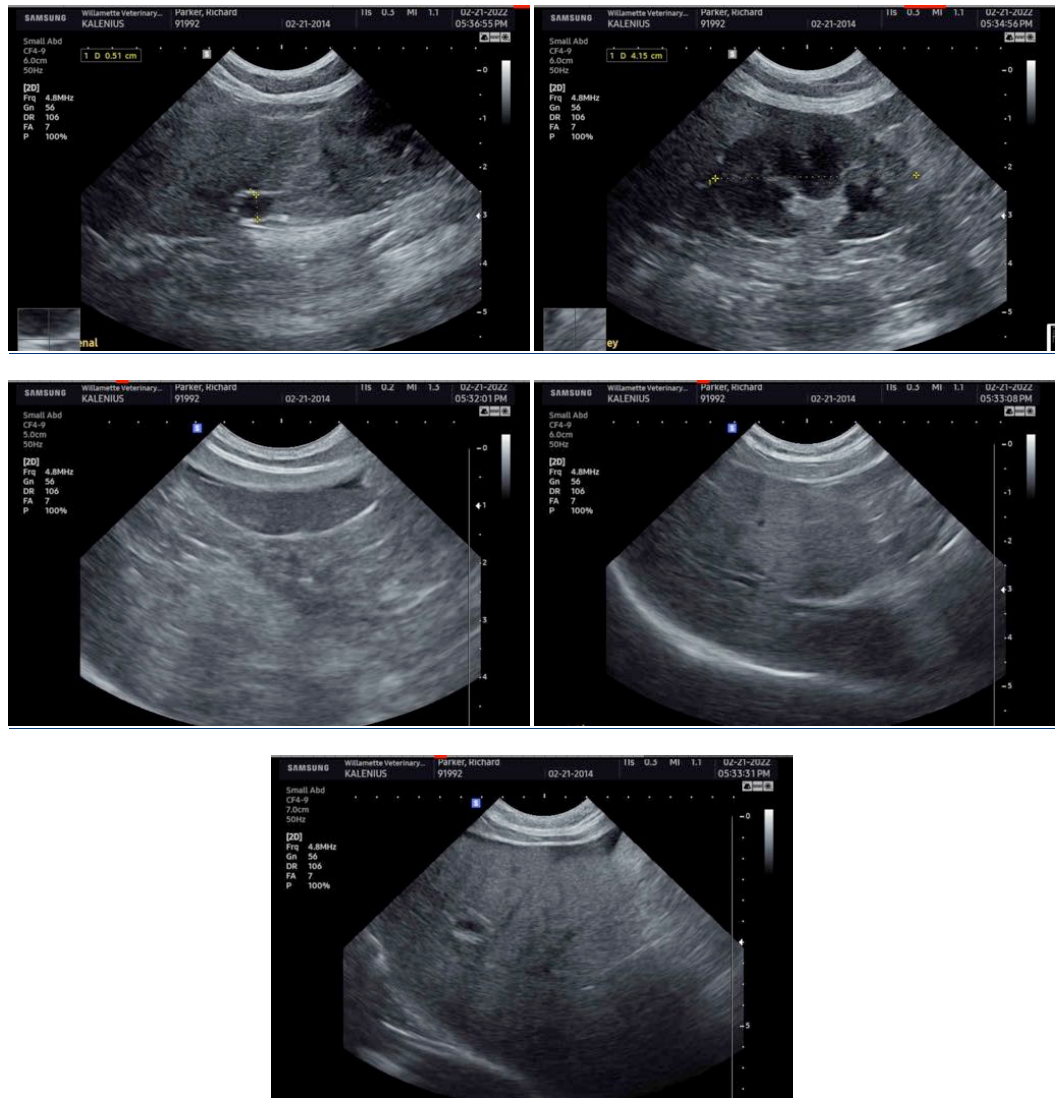
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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