



PATIENT

Abby Kohl

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Linda Grau

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

96324

DATE

2/24/22

PRESENTING CLINICAL SIGNS

ADR, high wbc count, mild non regenerative anemia, wbc improved with antibiotics but anemia has worsened and is now regenerative, presumed was IMHA following whatever spiked the WBC but anemia isn't improving on prednisolone although the cat is improved

Abnormal PE/Chem/CBC/UA Results: exam unremarkable WBC went from 29 on 1/13 to 13.8 on 2/3, rbc went from 6.35 and nonregenerative on 1/13 to 4.74 and regenerative on 2/3, anemia is the same today despite prednisolone BID, chest rads unremarkable; looking for other causes of anemia/triggers of IMHA before add more meds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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 left **kidney** was irregular and mildly heterogenous with hypoechoic, nodular cortical changes with pericapsular enhanced fat. This is suggestive for an expansive process. The right kidney revealed similar changes to the left with mild, irregular contour and enhanced surrounding mesentery.

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.

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 mildly enlarged, swollen and slightly irregular. The gallbladder and common bile duct were unremarkable.

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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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.

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Free Abdomen

A moderate amount of pleural effusion was noted through the diaphragm. A minor amount of ascites was present.

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ULTRASONOGRAPHIC FINDINGS

Strong concern for partially suppressed lymphoma given the prednisolone treatment and irregular kidneys with nodular changes.

WEIGHT

12 lbs

IBD GI mild.

Swollen liver as well as minor ascites and pleural effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

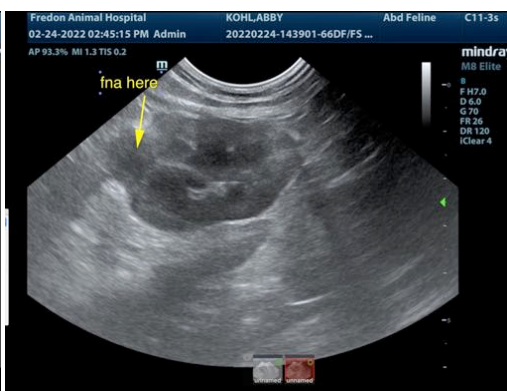
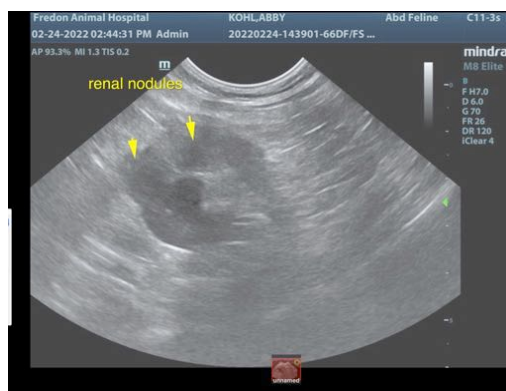
I recommend CBC path review, bone marrow aspirate, left renal nodule FNA and hepatic FNA +/- pleurocentesis and cytospin to confirm suspicion of lymphoma or similar. The prognosis is guarded to poor depending upon cytology results.

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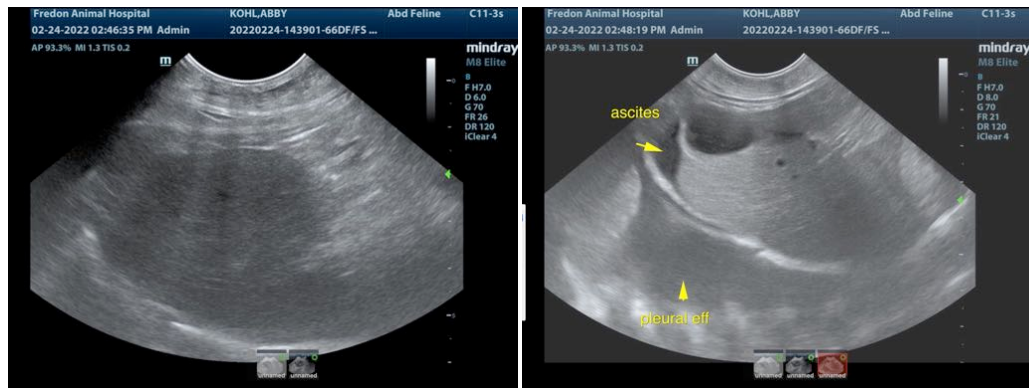
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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