



**PATIENT**

Cindarella Zhuang

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

6 years

**WEIGHT**

5.06 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

Harbour City AH

**INVOICE**

**DATE**

2/25/22

**PRESENTING CLINICAL SIGNS**

Cinderella is an indoor-only cat, recently diagnosed with IMHA. She presented on January 11 with pale gums and a history of inappetence and weight loss. Her initial HCT was 0.19, and there was an increased ALT on the chem panel. She was transferred to an emergency clinic where her HCT dropped further (0.12) before she was started on 5 mg prednisolone PO BID. Here weight has rebounded and she is doing well clinically. Her PE is unremarkable. Chemistry is now normal. On the day of this scan, she had glucosuria and low usg. Mycoplasma PCR test is pending. FeLV/FIV negative. This exam was done to look for neoplasia.

Abnormal PE/Chem/CBC/UA Results: 1/11/22: HCT=0.19 (0.33-0.52) Elevated ALT (no number) 2/10/22: HCT=0.279, non-regenerative 2/23/22: HCT=0.263, non-regen ALT is normal now UA: glucosuria, low usg

**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 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. The left kidney measured 4.6 cm. The right kidney measured 4.7 cm with slight pyelectasia that measured 0.25 cm.

**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. The left adrenal gland measured 0.37 cm.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.11 cm.

**Liver**

The **liver** was largely normal with slightly coarse and heterogenous architecture. The gallbladder and common bile duct were unremarkable.



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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.

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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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Minor splenic enlargement.

**AGE**

6 years

Slight, heterogenous hepatic changes.

**WEIGHT**

5.06 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen is indicated. CBC path review and bone marrow aspirate is all indicated. Minor inflammatory hepatopathy, yet not likely the primary issue. There was no evidence of significant visceral disease other than mild splenic enlargement.

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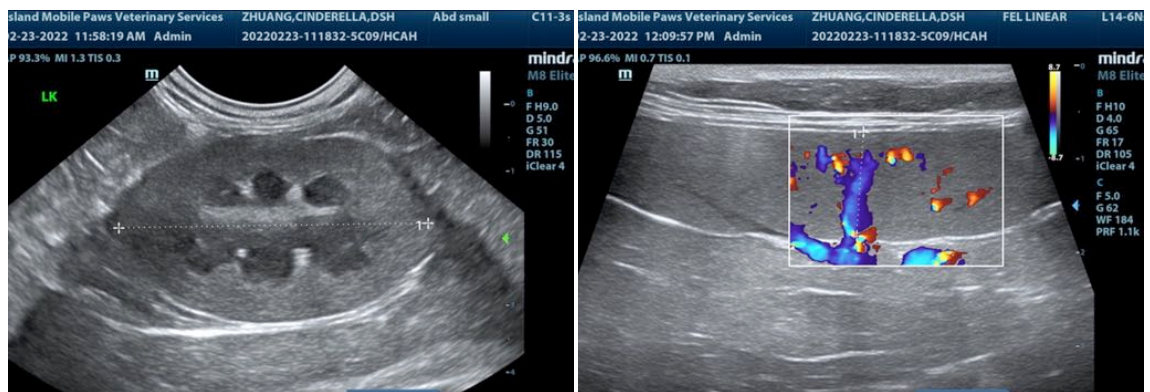
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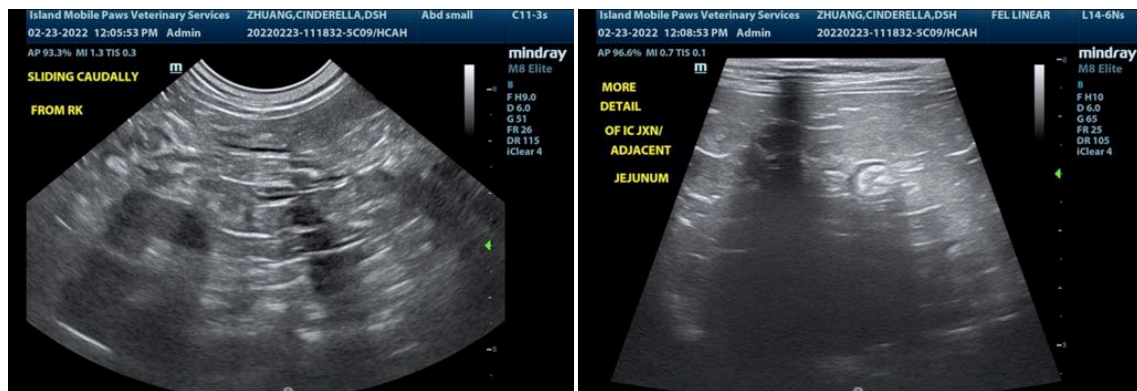
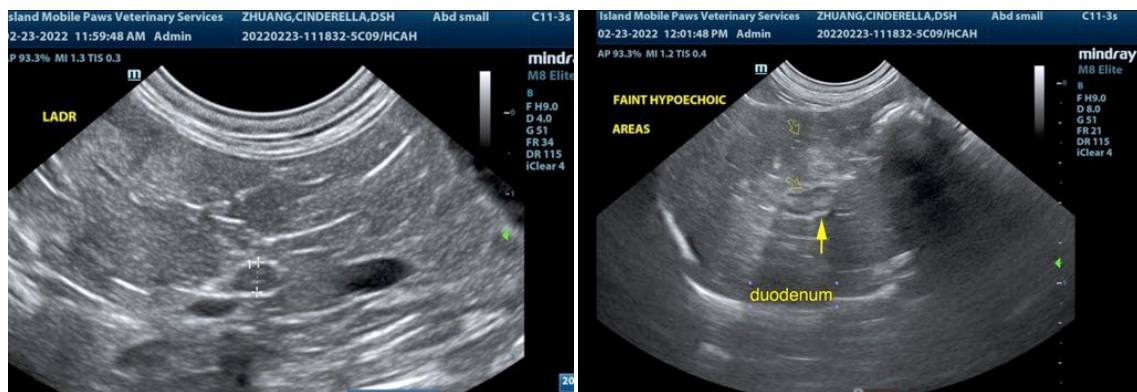
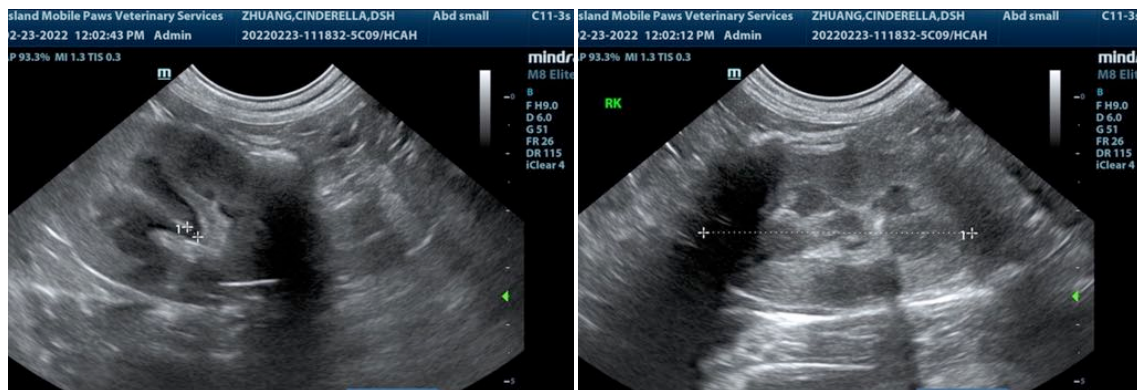
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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