



PATIENT

Puma Correia

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

12 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

Dr. White

INVOICE

36077

DATE

3/10/22

PRESENTING CLINICAL SIGNS

Reason for Visit: anorexia, ADR History: P presents for anorexia and ADR. P stopped eating 3 days ago, P has been eating since last visit but 3 days ago stopped. P was doing well, had improved and now declining again. P is still drinking, urinating well, and defacting (normal stools). P is however urinating out fo the litterbox and in the same spot of O`s bathroom. No blood noted. 3 weeks ago P did interact with outdoor cat, O believes that P did have some sort of virus after that interaction but no discharge, cough, sneezing noted.

Abnormal PE/Chem/CBC/UA Results: 2/15/22 1) Abdominal radiographs: Reduction of serosal detail. No evidence of GI obstruction. Enlarged spleen (mild) 2) CBC: WNL 3) CHEM: ALKP <10 (14-111), TBIL 1.0 (0.0-0.9) 4) fPL: NORMAL

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 kidneys measured 3.0 cm each.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

Liver

The **liver** was hypoechoic, mildly swollen and irregular with hypoechoic parenchyma. The gallbladder was unremarkable.

Gastrointestinal

Some retention of fluid noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** was undulating and hypoechoic.

Free Abdomen

Echogenic free fluid noted in the abdomen.



PATIENT

The diaphragm was unclear in this patient.

Puma Correia

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Swollen liver and spleen
- Hypoechoic pancreas
- Free fluid

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

FNA warranted of the liver and spleen recommended. Chest radiographs warranted to assess for potential diaphragmatic hernia. Abdominocentesis and cytospin of the free fluid indicated. FIP, other forms of peritonitis, infiltrative Splenohepatic disease all possible.

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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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