



PATIENT

Letse Wargo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

3.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Kalsbeek

INVOICE

14378

DATE

3/19/22

PRESENTING CLINICAL SIGNS

History: S: Patient presents for: Not eating for the past 2 days, lethargic. Is still drinking and urinating, but no feces in last 24 hours. Vomited once yesterday, just a small amount the size of a quarter. Indoor only, UTD on vx. Not likely to have eaten any plants or non-food items. Had normal blood work at rDVM 2 months ago. Owner has had for 1 year. Has been tested twice for FeLV/FIV and they have been negative. Has always drank more water than other cats in household and urinated more. History of: no health issues No known medical issues or sensitivities Medications: none Diet: Blue Wilderness

Abnormal PE/Chem/CBC/UA Results: 8-10% dehydrated, low bp on admit, responded to crystalloids CREA 5.8 mg/dL(0.8-2.4), BUN 67 mg/dL (16-36), TP 9.9 g/dL (5.7-8.9), GLOB 6.4 g/dL (2.8-5.1), ALT 317 U/L (12-130), SDMA 22 mcg/dL (1-14) TT4 0.7 mcg/dL (0.8-4.7) -CBC: WBC 18.3 K/mcL 92.87-17.02), BAND suspected, LYM 13.85 K/mcL (0.92-6.88), MONO 1.38 K/mcL (0.05-0.67), -bands confirmed on re-draw this morning; PLT confirmed adequate/clumped (low on automated count at entry -UA is taken via cysto this morning, USG 1.018, neg for prot, suspect cocci automated (manual prep pending)

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.

Both **kidneys** revealed an interstitial nephrosis pattern. Hyperechoic corticomedullary rim sign was noted, ill-defined. The left kidney measured 3.63 cm. The right kidney measured 4.03 cm.

Adrenal Glands

Slight focal mineralization was noted in the **left adrenal gland**. The left adrenal gland measured 0.88 cm x 0.4 cm.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** revealed a focal hyperechoic nodule, measuring 1.09 cm. Minor splenic enlargement present otherwise, measuring 1.3 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The pylorus revealed a minor amount of anechoic fluid. Variable distal small intestinal (appears to be mid jejunum) thickening (up to 5.0 mm) was noted with loss of mural detail. No concerning



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lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Reactive mesentery noted.

Pancreas

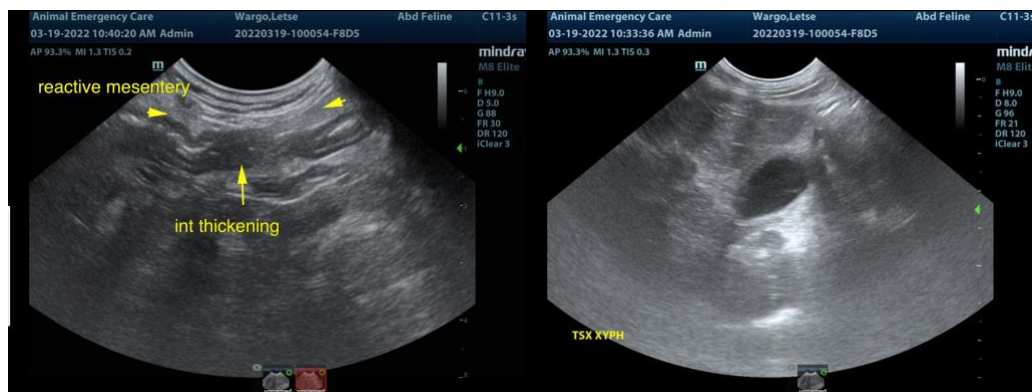
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic interstitial nephrosis pattern with medullary rim sign, possible emerging renal lymphoma or FIP
- Splenic enlargement and hyperechic splenic nodule
- Variable intestinal thickening with loss of mural detail
- Slight focal mineralization noted in the left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for round cell neoplasia in this patient. The kidneys appear subjectively near end stage. FNA of the spleen and renal cortex warranted for further definition to assess for round cell neoplasia versus reactive spleen and granulomatous nephritis/FIP or interstitial nephritis. The intestinal thickening is concerning for round cell neoplasia versus granulomatous disease/FIP or mast cell disease. Complicated inflammatory bowel also possible.





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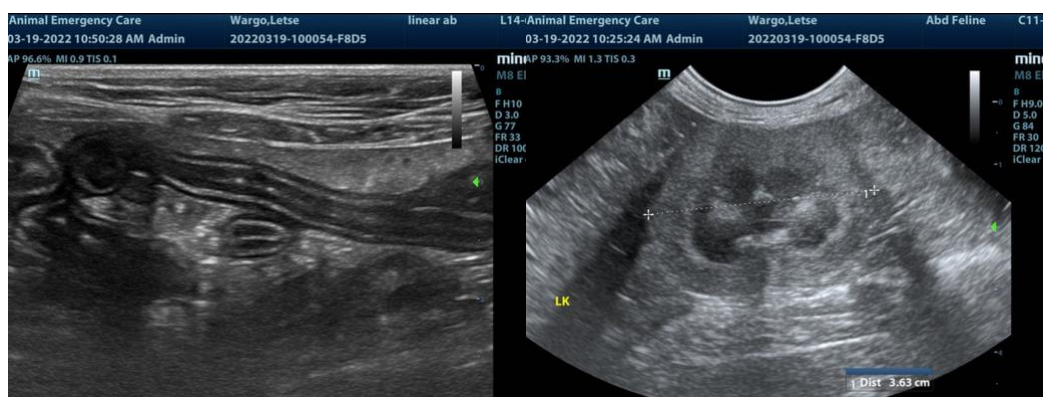
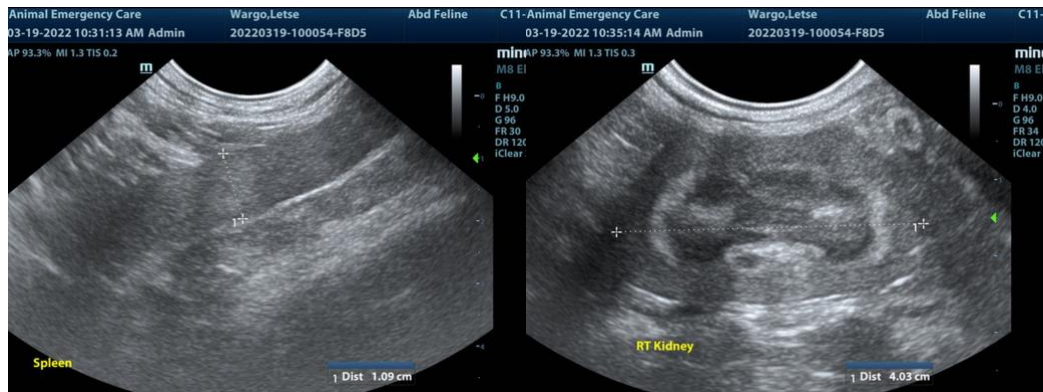
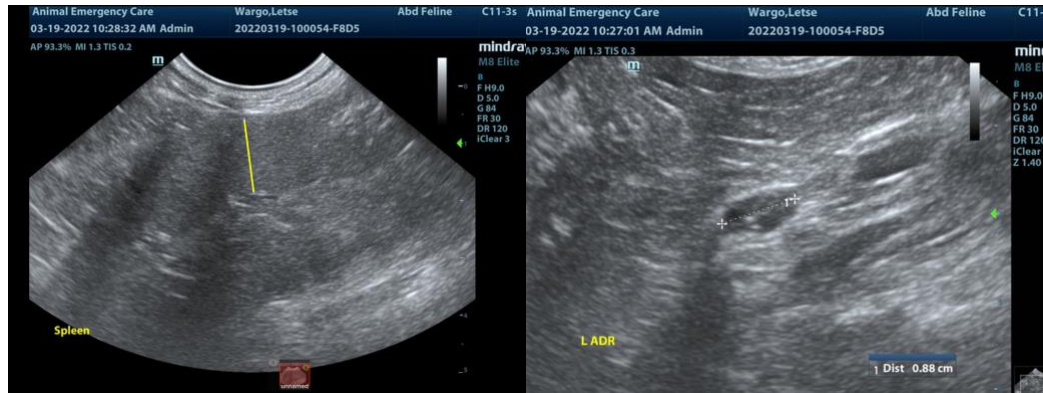
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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