



PATIENT

Fufer Johnson

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

8 Years

WEIGHT

11 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Maggiulli

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Maggiulli

INVOICE

36477

DATE

3/25/22

PRESENTING CLINICAL SIGNS

2/23 - anorexic, went to rDVM: febrile, diagnosed with FIV, flea anemia, flea disease, started on SQF, mirtaz, doxy, recommend stay indoors 3/23 - still not eating great since prev visit, reported still anemic (22). started on pred (to help with appetite) which made P very sedate V only when meds given on empty stomach, no bm, lethargic 3-4 days anorexic noticed to be weak this am very lethargic after pred FIV +

Abnormal PE/Chem/CBC/UA Results: cbc - non regenerative anemia (RBC 4.25, HCT 17.7, HGB 6.1), neutrophilia 11.03, eosinopenia 0, thrombocytopenia 110 chem 17 - bun 14, hypoalbuminemia 2.2, hyperglobulinemia6 (alb:glob 0.4), tbil 1.3, low amyl 455 lytes - hypokalemia 3.4 UA - usg 1.020, trace protein, bld 4+, wbc 2/hpf, rbc >50/hpf, unclassified crystals felv/fiv to confirm - FIV + pcv/ts - 20/8 blood smear- adequate plts, no apparent red cell abnormalities toxoplasmosis? mycoplasma? fecal G - collect as able FAST - scant free abd fluid, no obvious masses

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 **kidneys** were swollen and irregular with enhanced pericapsular fat. Some loss of corticomedullary definition. The right kidney measured 4.0 cm with minor pyelectasia and subcapsular halo.

Adrenal Glands

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

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 were noted.

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.

Pleural effusion noted through the diaphragm.

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.



PATIENT

Pancreas

Fufer Johnson

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Swollen, inflamed kidneys – nephritis versus emerging round cell neoplasia
- Pleural effusion noted through diaphragm

BREED

DMH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and cytospin recommended. Full urinary workup warranted. Possibility of emerging renal lymphoma. CBC path review, bone marrow aspirate +/- FNA of either kidney indicated.

SEX

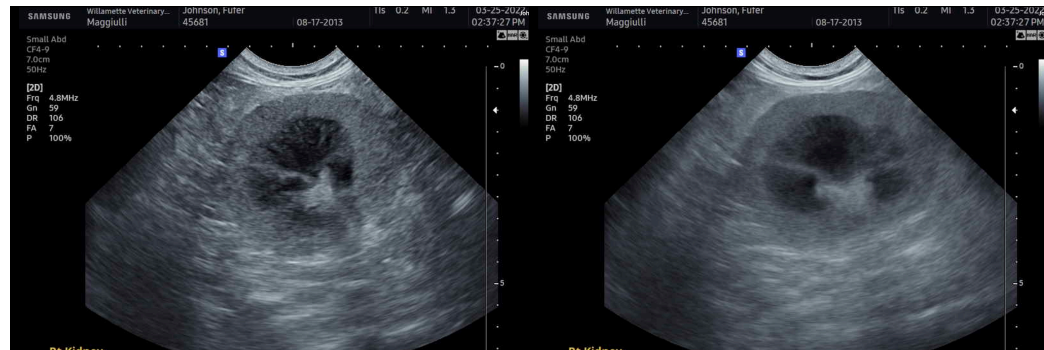
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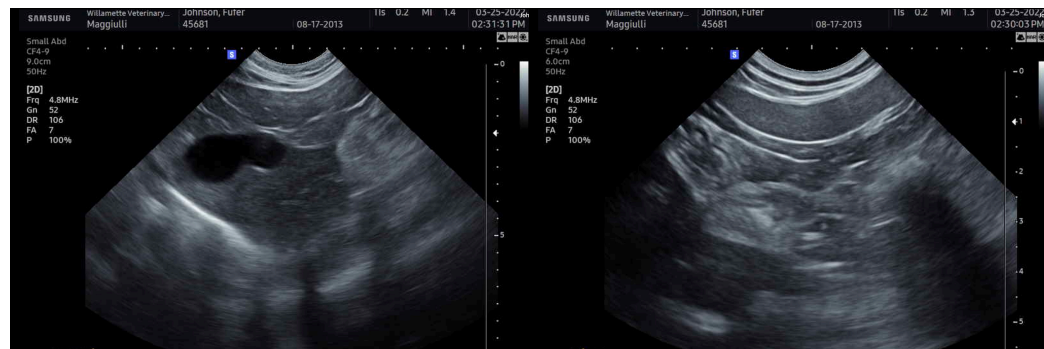
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Maggiulli

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

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info@SonoPath.com

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