



**PATIENT**

Simba Leutwyler

**SPECIES**

Feline

**BREED**

DLH/Maine Coon X

**SEX**

Neutered Male

**AGE**

1 Year 11 Months

**WEIGHT**

6.27 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Patti Mayfield, DVM

**HOSPITAL NAME**

Bend Animal  
Emergency &  
Specialty Center

**REFERRING VET**

Naomi Kitagaki, DVM

**INVOICE**

36491

**DATE**

3/27/22

**PRESENTING CLINICAL SIGNS**

\*Primary complaint and history for this visit: -- O reported that P has been vomiting and acting very lethargic/staring off into space. O woke up and vomit was all over (looked projectile with food) then vomit turned into just liquid (3 solid times and a couple times of bile). O said she spilled a "Chinese 5 spice" mix on the floor last night and thinks P may have gotten into it because the first vomit was the same color as that spice. O also said P will eat anything he can get into. P's littermate is fine, but is less inclined to eat things he shouldn't. Patient had blood work performed on 3/26/22 and was initially treated with SQF. He vomited twice overnight (moderate volume of water and foam). He refused food. No diarrhea developed. Re-evaluation on 3/27/22 demonstrated normal physical exam again, no abdominal pain.

Abnormal PE/Chem/CBC/UA Results: Physical exam: Unremarkable, no profound abdominal pain, < or = 5% dehydrated. Blood work (3/26/22): CBC: - NSF mild lymphopenia CHEM: - WNL PCV/TP: 46%/7.0 g/dL RADIOGRAPHS (ABD) 3/27/22: small amount of gas within the stomach, no obvious FB or obstruction, but possible soft tissue density appreciated within the fundus. May be positional artifact. Slight ileus and "bunched" SI (mostly empty and fluid filled) in the central region of the abdomen. Marked amount of fluid/gas within the ascending, transverse colon. No obvious FB/obstruction. Remainder of abdomen is unremarkable.

**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** 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 4.23 cm. The right kidney measured 0.44 cm. Trace pyelectasia noted in the kidneys, possible owing to fluid therapy.

**Adrenal Glands**

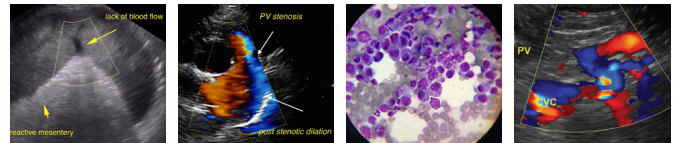
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.29 cm. the left adrenal gland measured 0.44 cm .

**Spleen**

The **spleen** was significantly enlarged with scalloping contour, measuring up to 1.5 cm in width.

**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.



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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed empty stomach with slight epigastric lymphadenopathy. Reactive mesentery noted associated with the distal small intestine. The gastrointestinal tract maintained curvilinear patterns and was structurally unremarkable. However, reactive mesentery was noted associated with the serosa with localized areas of free fluid, most consistent with intestinal inflammatory event. Reactive mesenteric lymph node noted at 0.5 cm x 0.3 cm.

**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**

- Splenomegaly with enteritis pattern and trace free fluid
- Slight regional lymphadenopathy, likely reactive

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Likely enteritis. However, the spleen may represent early round cell neoplasia. FNA of the spleen warranted. Splenitis possible. Culture of the FNA also warranted. Treatment for enteritis recommended, broad-spectrum antibiotics and fluid therapy until cytology and reassessment of the clinical status can occur. Recheck sonogram recommended in 48-72 hours depending upon cytology results and clinical response.

**INTERPRETED BY**

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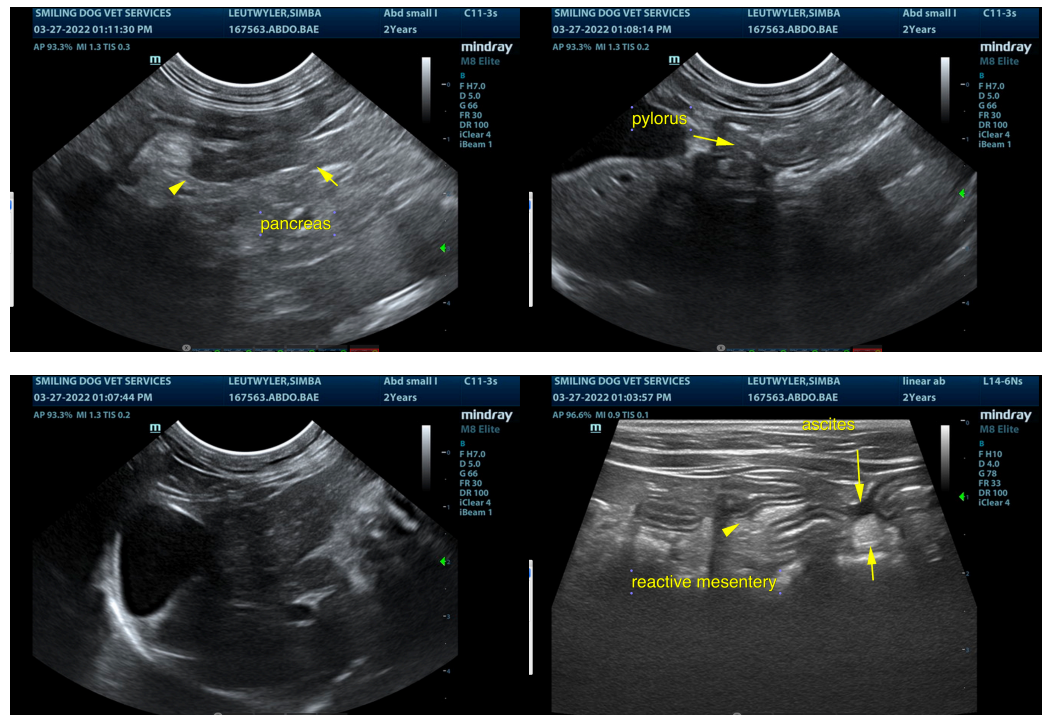
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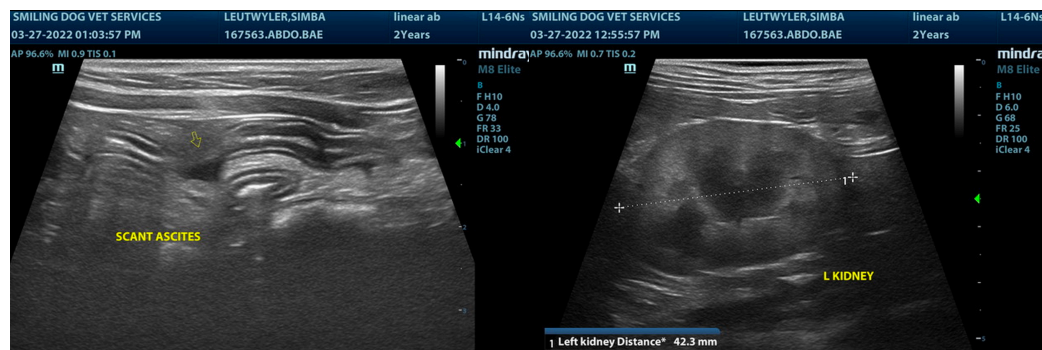
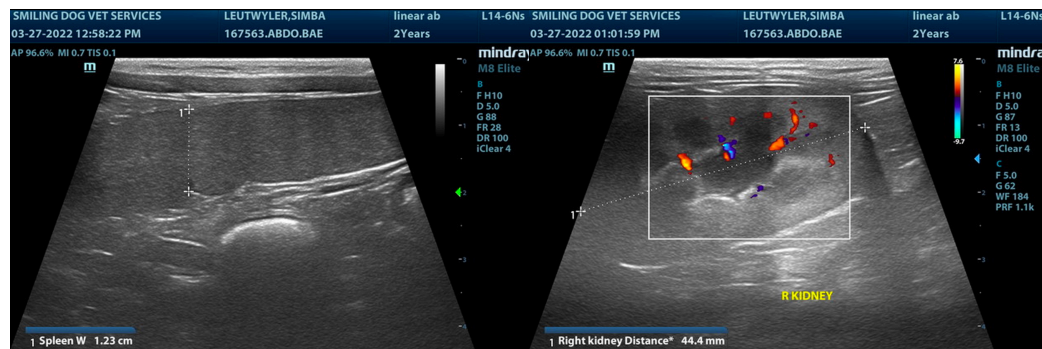
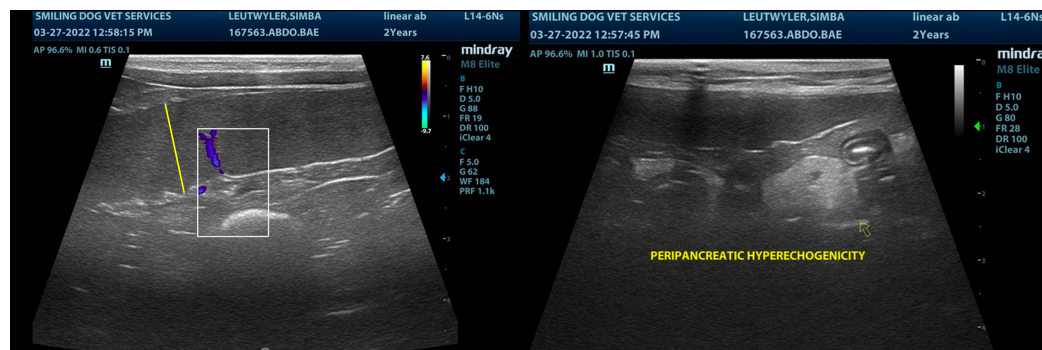
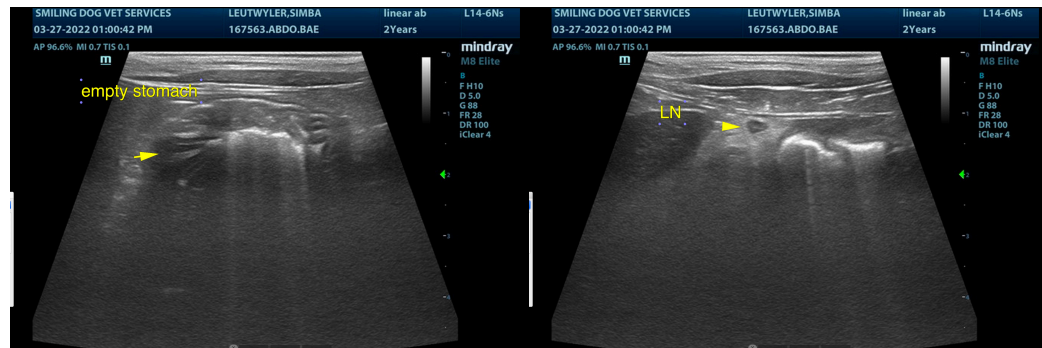
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

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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](mailto:info@SonoPath.com)

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