


PATIENT

Sammy Wisniewski

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

6 years

WEIGHT

14.6 lbs

INTERPRETED BY

 Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Vanderbogart

INVOICE

97941

DATE

3/30/22

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes, anemic (normocytic, normochromic), not acting right at home, not as vocal. Patient was de-obstipated last night and today. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALT 158 (100 H); ALP 307 (102 H); TBili 0.6 (0.4H); RBC 4.3 (5.92 L); Hgb 5.9 (9.3 L); HCT 19 (29 L); Lymphs 770 (1200 L); Slight poikilo-cytosis and slight rouleaux seen. U/A-pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.52 cm. The right kidney measured 3.66 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 right adrenal gland measured 0.43 cm.

Spleen

The **spleen** was slightly irregular and folded upon itself caudally. This is a positional malformation variant. This does not appear pathological.

Liver

The **liver** was slightly hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable. This is most consistent with hepatic lipidosis.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable and empty. The intestines were 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. The colon in this patient was mildly thickened without loss of mural detail. The colonic measured 0.4 cm.



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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

BREED

Minor colonic wall thickening.

Domestic Longhair

Hepatic lipidosis pattern.

Otherwise, unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

6 years

There is a potential for early emerging colonic neoplasia versus colitis. The colonic wall thickening is not thick enough to target with ultrasound-guided FNA. Given the anemia I am concerned about underlying neoplasia. The anemia is excessive for chronic disease. CBC path review +/- bone marrow aspirate would be appropriate. Hepatic FNA can be considered to ensure that only lipidosis is present. The colonic wall sampling would necessitate colonoscopy or full thickness biopsies. The prognosis is guarded. I recommend investigating the anemia with bone marrow aspirates depending on CBC path review results.

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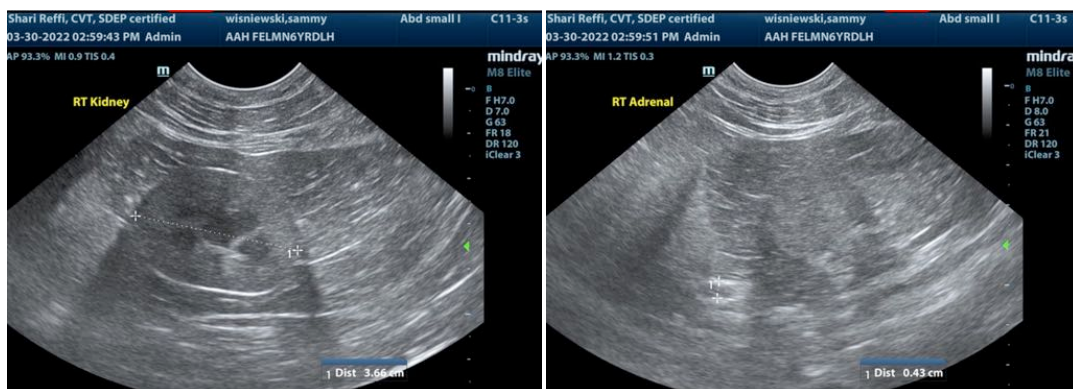
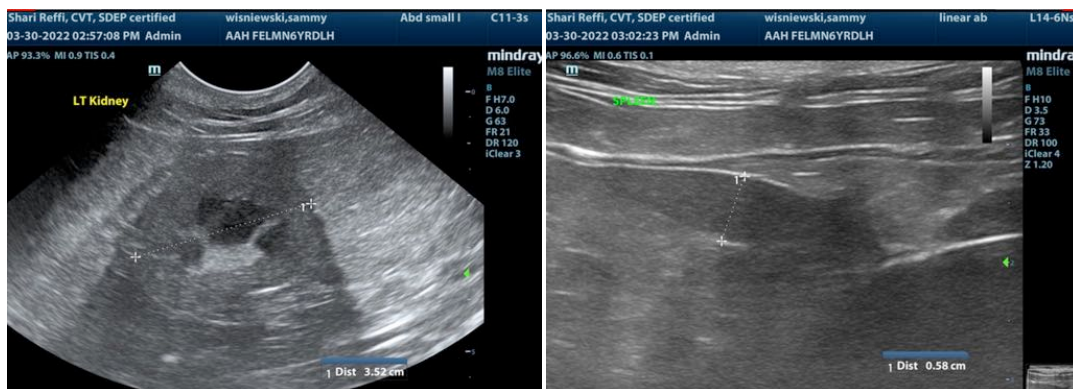
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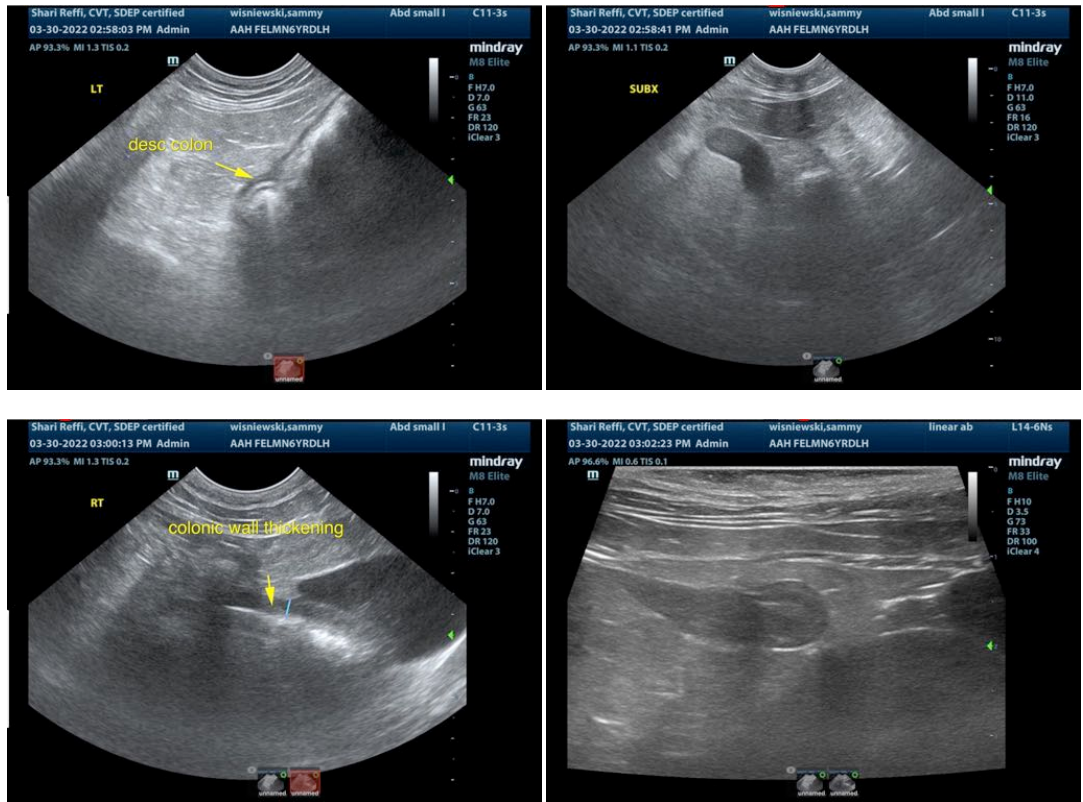
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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