



PATIENT

Turbo Koltiska

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years 6 Months

WEIGHT

8.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

35956

DATE

3/4/22

PRESENTING CLINICAL SIGNS

Dawn said after she was done getting ready Turbo was laying on the stairs like she was really tired and lethargic like. Dawn put her in the mud room and gave her some food and water and it didn't look like she was drinking or eating. Then Tuesday came around and she seemed to be feeling better and went outside. This morning Dawn said that she was back to her tired self not wanting to eat and looking lethargic.

Abnormal PE/Chem/CBC/UA Results: PE: Mucous Membranes TACKY DEHYDRATED (MODERATE) MID-CRANIAL ABDOMINAL MASS EFFECT. CARDIAC MURMUR SCLEROSIS NORMAL FOR AGE. MUSCLE ATROPHY LETHARGIC CBC: RBC 5.05 M/uL Hematocrit 24.1% WBC 81.21 K/uL Neutrophils 25.28 K/uL Lymphocytes 17.10 K/uL Monocytes 34.53 K/uL Eosinophils 4.30 K/uL CHEM: Calcium 7.7 mg/dL Total T4 Was normal. There was Multiple large round cells seen on the smear that we did in house. CBC send out still pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.82 cm. The left kidney measured 3.34 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 0.57 cm. The left adrenal gland measured 0.59 cm.

Spleen

The **spleen** was enlarged with scalloping contour and hypoechoic parenchyma. Irregular enhanced mesentery noted. Slight areas of free fluid noted.

Liver

The **liver** revealed increased portal markings and swollen irregular contour. The gallbladder was unremarkable.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

- Infiltrative splenic pattern with possible hepatic involvement
- Pleural effusion
- Geriatric abdomen otherwise

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

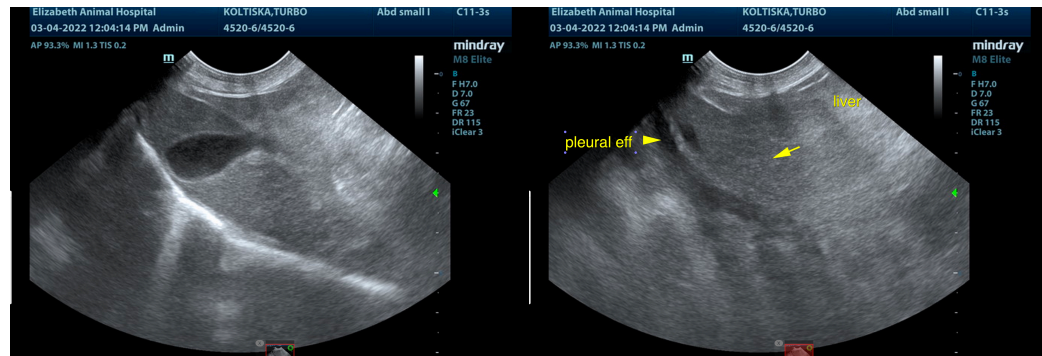
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FNA of the spleen, liver warranted. Chest radiographs recommended to assess degree of pleural effusion +/- pleurocentesis and cytospin. Lymphoma and mast cell disease are primary concerns. Severe splenitis, pleuritis possible, yet less likely.

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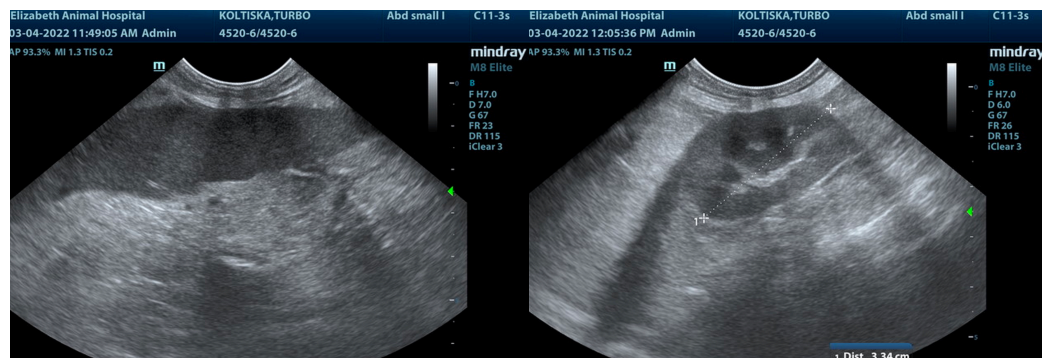
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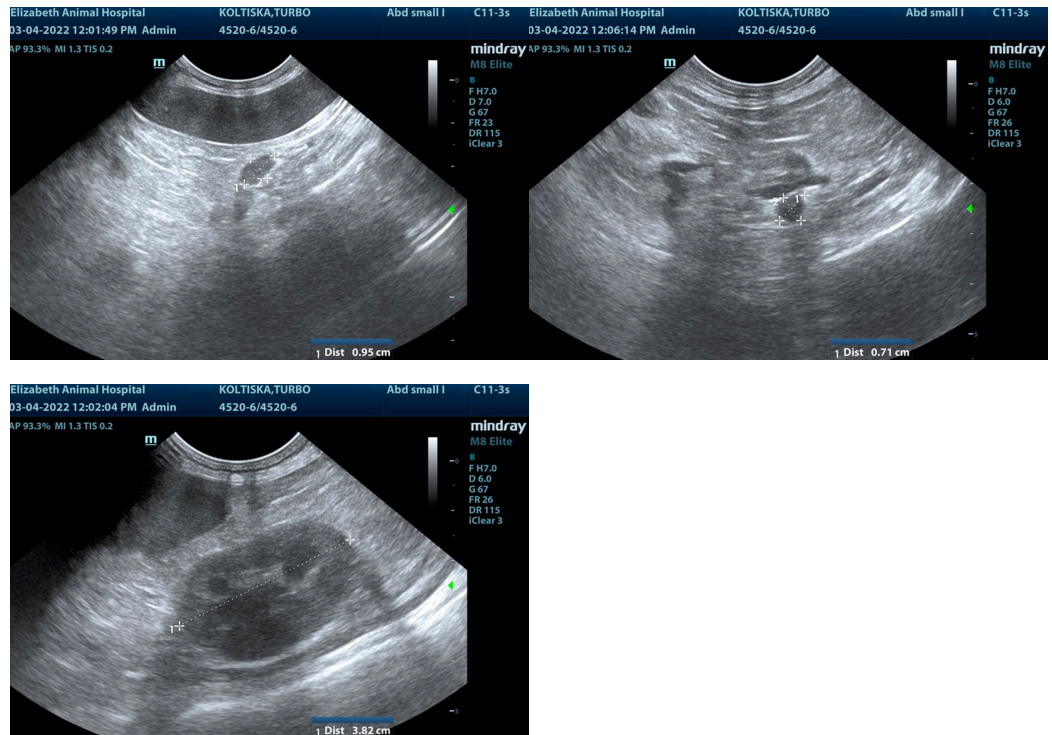
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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