



PATIENT PRESENTING CLINICAL SIGNS

Bozley Darden

History: P present for lethargy of 24 hrs, no e/d, febrile, hospitalized with leukopenia, neutropenia, p on enrofloxacin and unasin, fever broke after 12hrs and is currently 102.2F, over day today p has not eaten, urinating, no defecation. still painful to abdominal palpation.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC- HCT 48.1%, WBC 5.74, NEU 2.0, EOS 0.1, PLT 73, CHEM 10- ALP 13, TP 8.5, GLOB 4.9, EPOC- HCT 48%, iCa 1.1, Cre 2.1, GLU 177, BUN 28, AFAST- bright reflection on ultrasound throughout portions of somewhat empty but tense gastrointestinal tract FELV/FIV/HWT- ALL NEGATIVE 3 view abdominal radiographs: CONCLUSIONS: 1. Unremarkable abdomen; no intestinal obstruction. Consider gastroenteritis or pancreatitis as a cause for the patient's clinical signs. 2. Probable gastroesophageal reflux. 2pm EPOC- HCT 36%, iCa 1.11, Cre 1.67 (normalized), pH 7.453,

BREED

Domestic Shorthair

SEX

Intact male

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 was noted. Ureteral papillae were normal.

AGE

1 year

WEIGHT

9.1 lbs

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 3.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Maggiulli

HOSPITAL NAME

Willamette VH

Spleen

The **spleen** was significantly enlarged and measured up to 1.6 cm in width with trace free fluid adjacent to the caudal and cranial splenic fold.

REFERRING VET

Dr. Maggiulli

Liver

INVOICE

43749

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.

DATE

4/10/23



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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. The mesenteric lymph nodes were reactive and measured 1.0 x 0.5 cm.

Pancreas

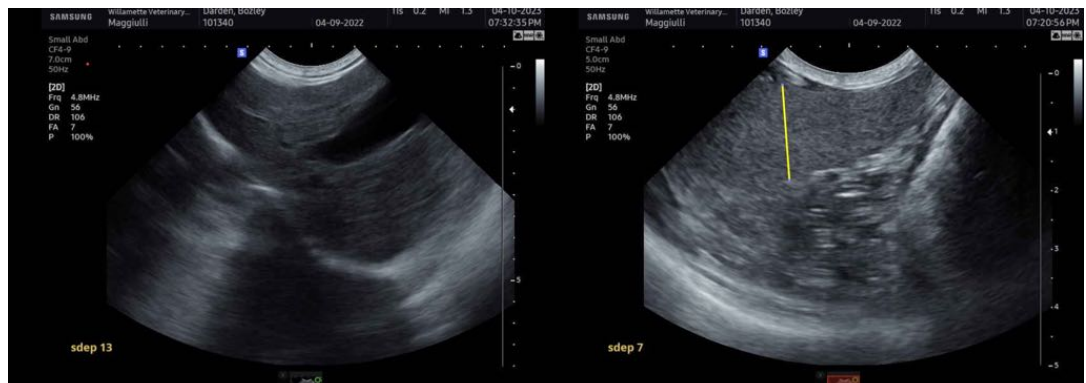
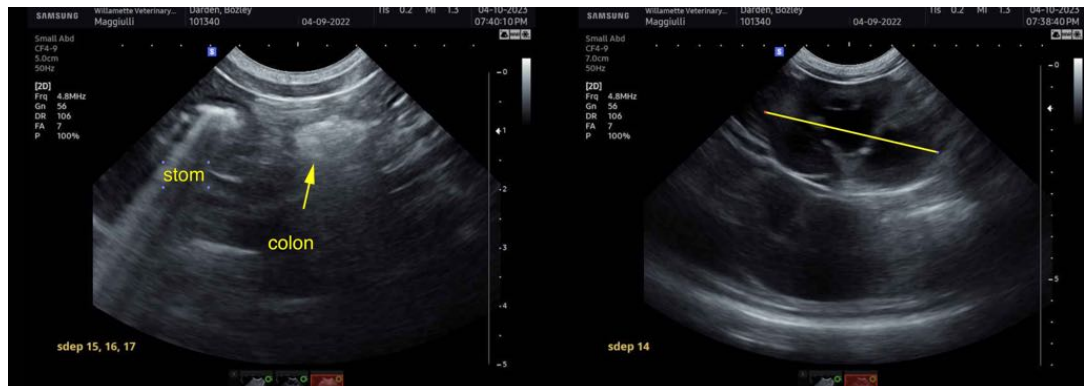
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Splenomegaly with reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and accessible lymph nodes is recommended. Round cell neoplasia versus splenitis are the primary concerns. Soft stool was noted in the colon. There was no evidence of foreign body. Guarded prognosis depending on cytology results. Round cell neoplasia, splenitis and likely reactive spleen is possible, yet less likely. If cytology of the spleen is reactive of granulomatous then infectious agents should be considered.





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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.

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