



PATIENT

DCI Barnaby O'Brien

PRESENTING CLINICAL SIGNS

History: enlarged spleen acute hepatopathy

SPECIES

Feline

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

BREED

DSH

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 right kidney measured 4.87 cm. The left kidney measured 4.1 cm. Blood flow to the kidneys appeared to be adequate.

SEX

Neutered Male

AGE

1

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

WEIGHT

11.4

Spleen

Minor **splenic** enlargement (1.0 cm) was noted with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Gastrointestinal

The **stomach** revealed progressively shadowing density, consistent with hairball accumulation. If the patient was NPO, then treatment for hairballs is indicated. The small intestine and colon were unremarkable. Transit of chyme appeared to be occurring without difficulty.

REFERRING VET

Dr. Maniar

Pancreas

INVOICE

22094

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.

DATE

4/18/23

ULTRASONOGRAPHIC FINDINGS



PATIENT

DCI Barnaby O'Brien

- Minor splenic enlargement
- Hairball density in the stomach
- Structurally unremarkable liver
- Unremarkable abdomen otherwise

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is warranted to ensure this is only a reactive state.

BREED

DSH

SEX

Neutered Male

AGE

1

WEIGHT

11.4

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

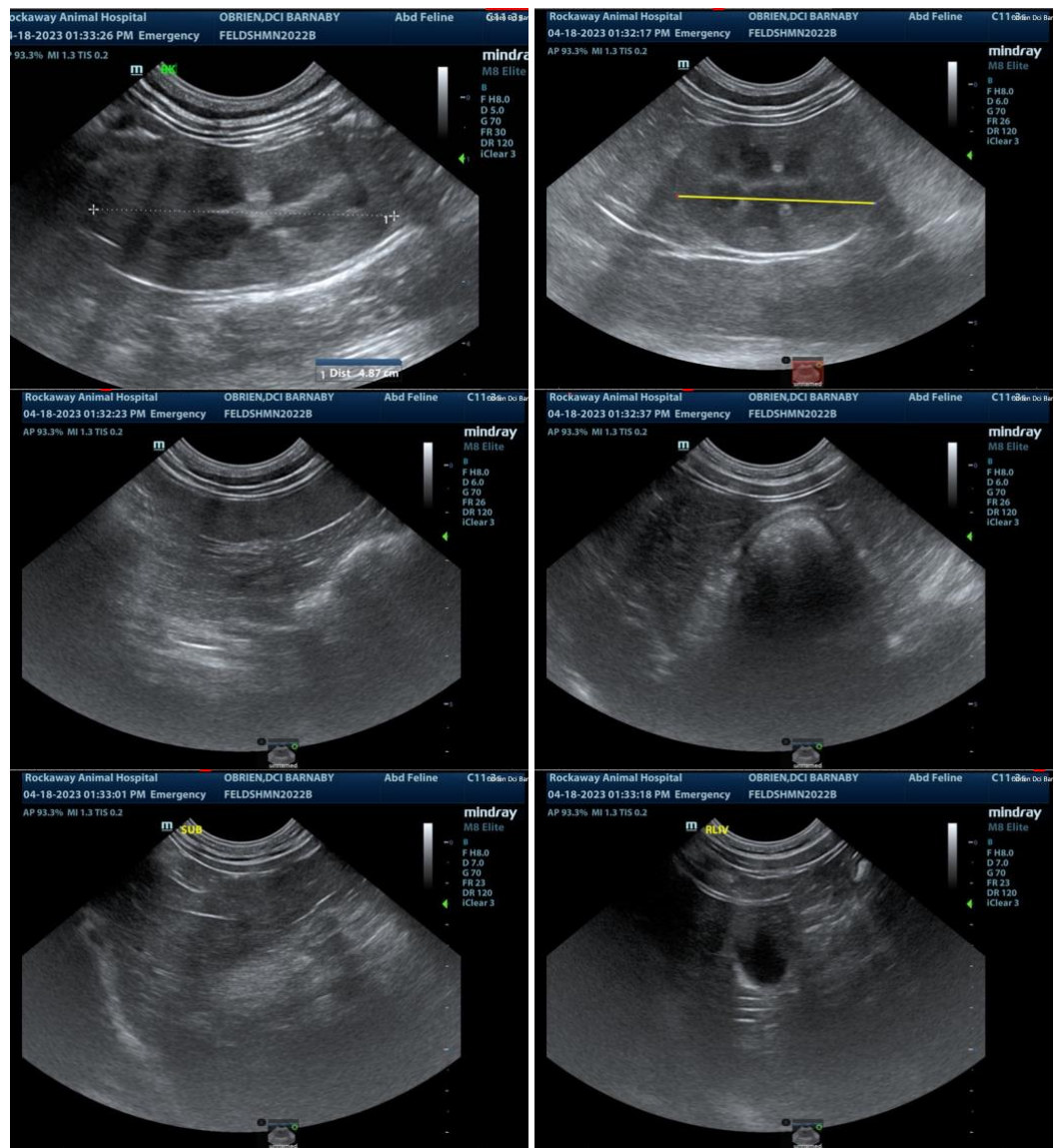
Dr. Maniar

INVOICE

22094

DATE

4/18/23





PATIENT

DCI Barnaby O'Brien

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1

WEIGHT

11.4

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

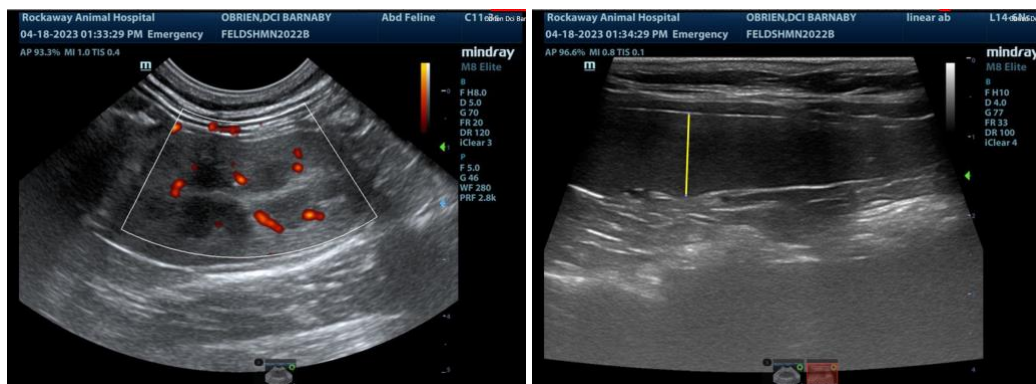
Dr. Maniar

INVOICE

22094

DATE

4/18/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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