

**PATIENT PRESENTING CLINICAL SIGNS**

Josh Davie

History: Josh is an 11 yo MN DSH, indoor only. 9.8# No sedation needed Presented 1 month ago for wellness exam. NSF except dental recommended d/t disease with 208. Came in 1 week ago for pre-op workup. Routine chest rads were performed d/t age - NSF with thorax, spleen prominent on visible abdomen. Preop bloodwork - HCT 46% TP 7.4, platelets low at 46,000. Here for dental today but O reports new progressive lethargy, hyporexia over the last week. On exam mm light pink, new Grd I HM, severe splenomegaly appreciable on exam. Blood smear 3-4 platelets per HPF, no platelet clumps. PCV/TS 29%, 8.0. Repeated felv/fiv neg/neg. O proceeded with AUS to determine cause of new splenomegaly, anemia and thrombocytopenia.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carpenter

**HOSPITAL NAME**

Penndridge AH

**REFERRING VET**

Dr. DePew

**INVOICE**

44011

**DATE**

4/25/23

**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 and appeared normal. 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 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 left kidney measured 3.7 cm and the right kidney measured 3.8 cm.

**Adrenal Glands**

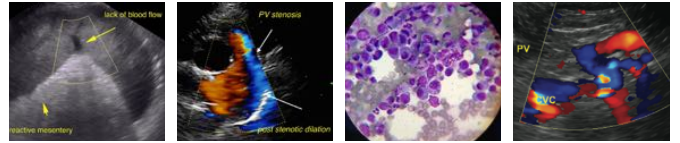
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm.

**Spleen**

The **spleen** was enlarged with scalloping contour and multi-focal, mixed echogenic, micronodular changes. The spleen measured 1.8 cm in width.

**Liver**

The **liver** was swollen and irregular in contour with capsular expansion. Slight free fluid was noted between the liver lobes. Hypoechoic parenchyma was noted with mildly increased portal markings. The gallbladder was unremarkable.



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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

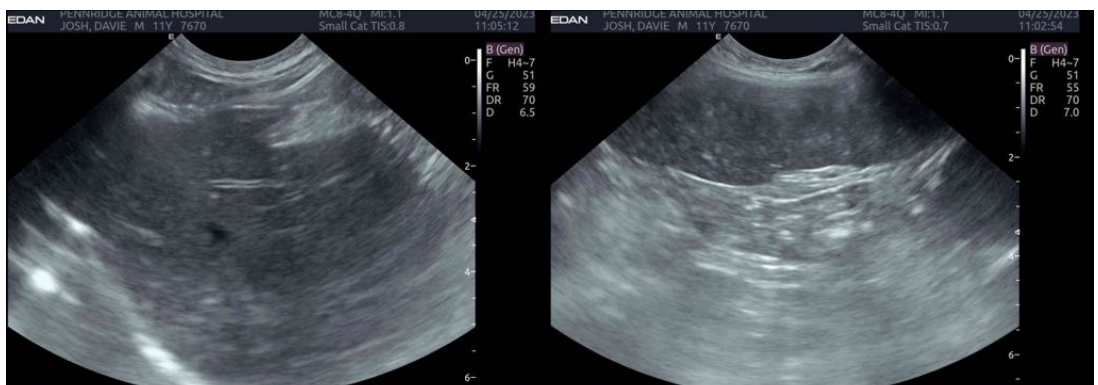
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

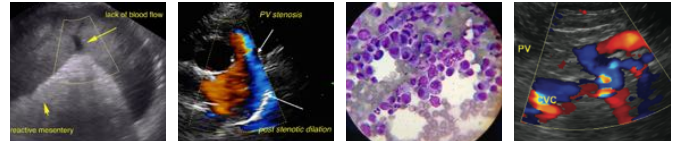
**ULTRASONOGRAPHIC FINDINGS**

Splenic +/- hepatic infiltrative pattern. Round cell neoplasia is suspected.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen and liver is recommended. If the liver is not infiltrated direct splenectomy can be considered. However, the prognosis is very guarded. Splenitis and infectious disease is possible, yet less likely. Round cell neoplasia and multiple myeloma or similar should be considered.





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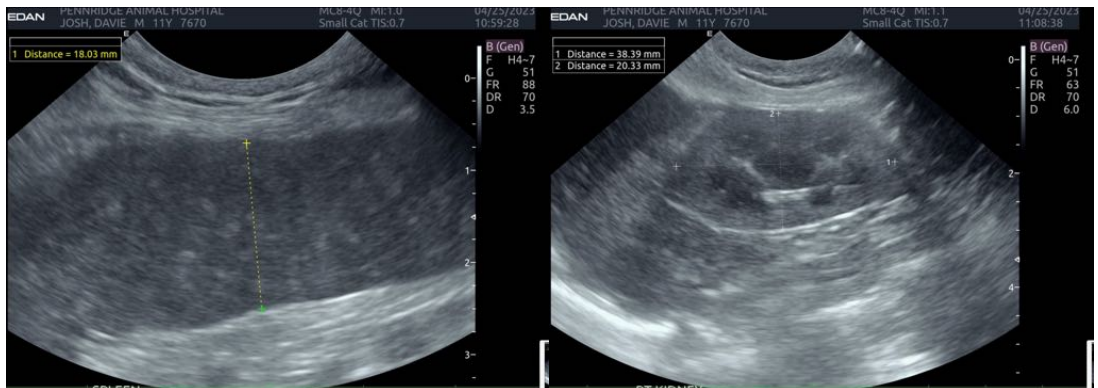
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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