



PATIENT PRESENTING CLINICAL SIGNS

Linus Hart History: Presented to hospital 12 hrs for not eating and vomiting for 24hrs. rDVM concerned for linear fb.
Abnormal PE/Chem/CBC/UA Results: Chemistry - phosphorous 6.1, mild hypernatremia Complete Blood Count - Mild lymphopenia, PLT 60,000 (blood smear platelet clumping)

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

1 year

WEIGHT

6.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura De Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Laura De Cordon

INVOICE

44047

DATE

4/26/23

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.

The left **kidney** is enlarged with relatively normal structure with hyperechoic corticomodullary rim and measured 4.83 cm. The right kidney was at the upper limits of normal and measured 4.71 cm with hyperechoic medullary rim sign.

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 0.3 cm.

Spleen

The **spleen** was moderately enlarged and measured 1.4 cm in width with uniform parenchyma.

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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor fluid filled intestinal lumen was noted without overt obstruction. The cecum was dilated with fluid. Mild, reactive mesentery was noted in the region with slight mesenteric lymphadenopathy. The mesenteric lymph nodes were reactive and measured up to 1.0 x 0.5 cm.



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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.

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ULTRASONOGRAPHIC FINDINGS

Splenic enlargement, emerging round cell neoplasia.

Structurally unremarkable enlarged kidneys with idiopathic hyperechoic, medullary rim sign. Idiopathic cause or underlying FIP or infectious agents are all possible.

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Non-specific enteritis pattern, possible Typhlitis with cecal dilation.

AGE

1 year

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

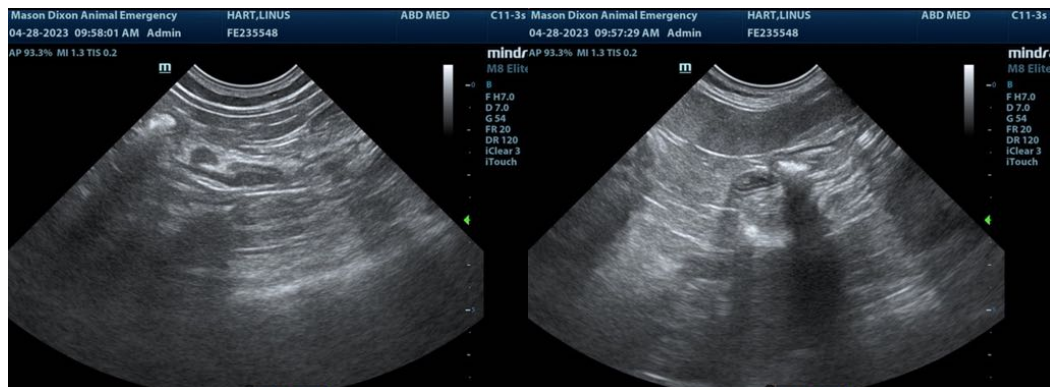
FIP and splenitis are all possible. FNA is indicated. There was no evidence of foreign body. I recommend IV fluid support and GI protectant protocol is warranted. Consideration for enterotoxins and parasitic disease. However, 25-gauge FNA of the spleen +/- renal cortex is indicated after coagulation panel to assess for granulomatous disease or potential round cell neoplasia.

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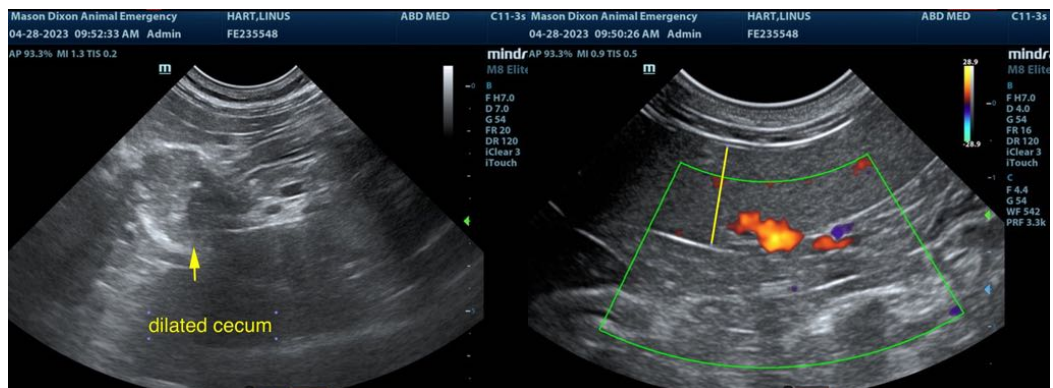
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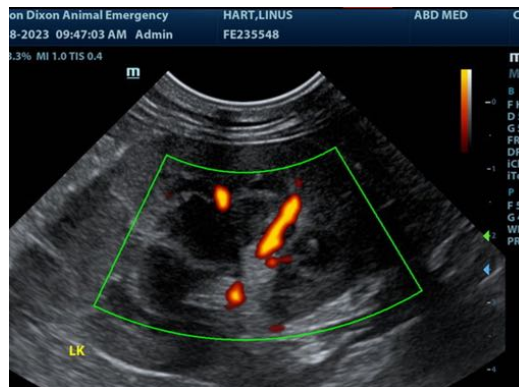
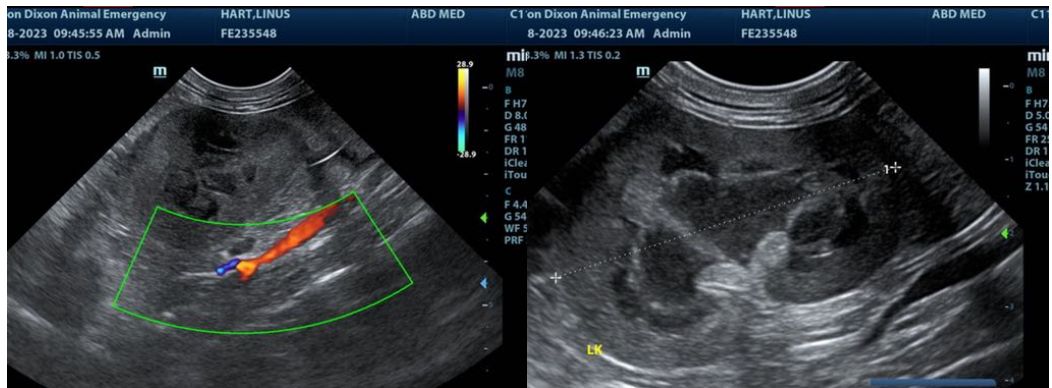
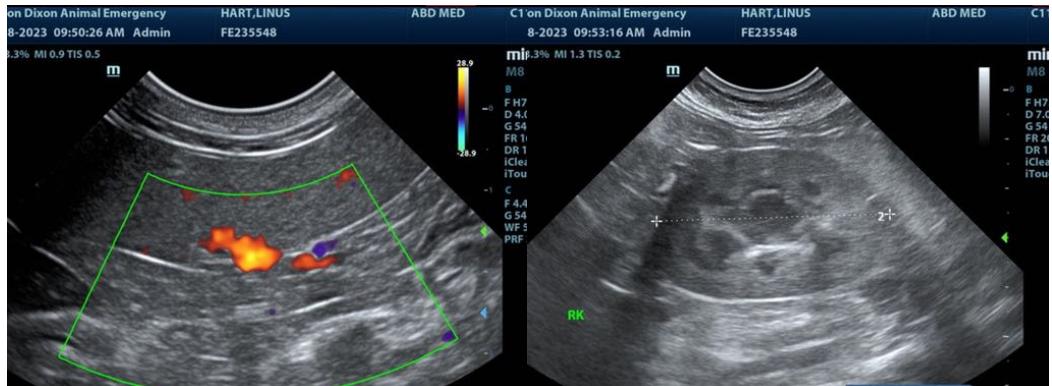
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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