



## PATIENT

King Tut Thompson

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 years

## WEIGHT

12 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Jenni Tudini  
MRCVS, SDEP Cert

## HOSPITAL NAME

East Aurora VH

## REFERRING VET

Dr. Dudek

## INVOICE

74384

## DATE

4/9/26

## PRESENTING CLINICAL SIGNS

**History:** Patient is being managed for IMHA but concern has been raised during p/e that patient has palpable hepatomegaly and some mild ascites noted. Patients PCV is starting to respond favourably to daily prednisolone but new p/e findings have led to recommendation for abdominal ultrasound in case underlying disease state is the trigger for IMHA. Patient is receiving 2mg/kg/day Prednisolone and Doxycycline 100mg tabs (1/2 PO SID)

**Abnormal PE/Chem/CBC/UA Results:** - Abdomen soft, large mass palpated in the cranial abdomen, appears uncomfortable with palpation. Ascites present (new finding) - HCT improved to 22.5% from 16.6% (4/4/26) with improved regenerative response. Stress leukogram present. - In- house chem/lytes: mild increase in ALT at 360, hyperbilirubinemia at 1.6 (resolved now) - FNA of ascites: Hemorrhagic transudate, very minimal cellular content - FNA performed on liver: results pending

## 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.

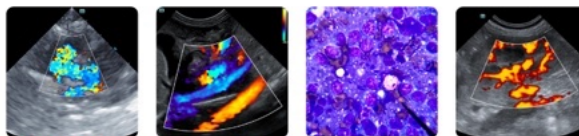
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Hyperechoic medullary rim sign was noted. The left kidney measured 4.1 cm. The right kidney measured 4.0 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 0.45 cm. The left adrenal gland measured 0.32 cm.

### Spleen

The **spleen** was severely enlarged and irregular measuring up to 2.0 cm with scalloping contour and micronodular changes. The mesentery was enhanced.



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## Liver

The **liver** was swollen, irregular and hypoechoic. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. Pleural effusion was noted through the diaphragm.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening 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.

## Free Abdomen

There was ascites noted.

Enhanced mesentery was noted.

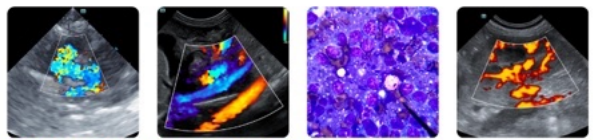
Mass effects from the spleen and liver impinging upon surrounding tissues.

## ULTRASONOGRAPHIC FINDINGS

Multi-centric round cell neoplastic pattern with secondary paraneoplastic ascites.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen and liver is indicated for a definitive diagnosis. Paraneoplastic IMHA secondary to a neoplastic process such as lymphoma is suggested in this patient.



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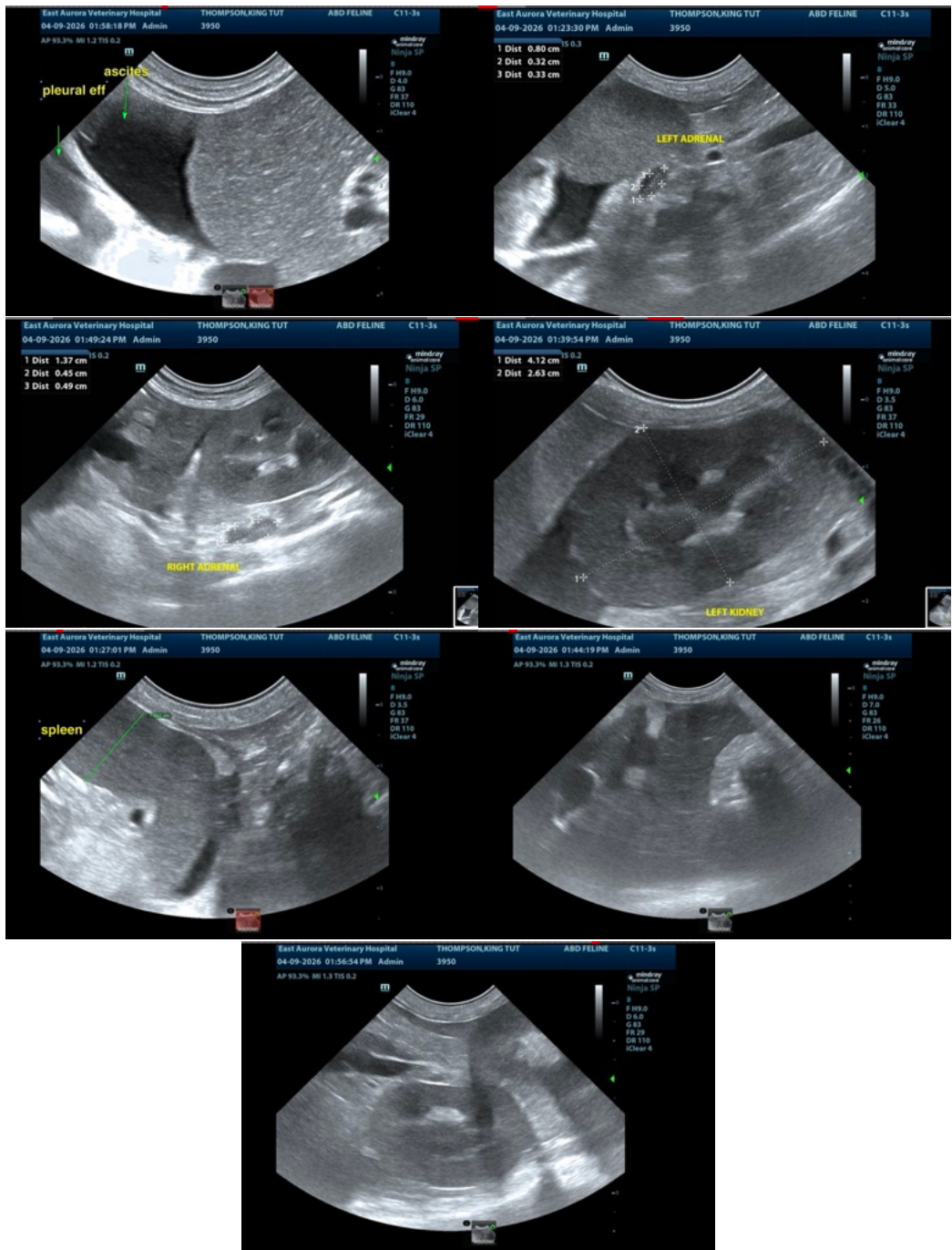
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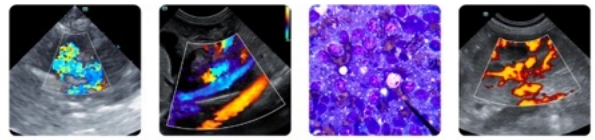
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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