



PATIENT PRESENTING CLINICAL SIGNS

Killian Marshall

History: weight loss (was 17.8# in 2019), decreased appetite, diarrhea. Hx of constipation. Anemia. Pyrexia on admit, temp 105.7.

SPECIES

Abnormal PE/Chem/CBC/UA Results: eos 0.03 low, HCT 22.4%, TP high 8.6, glob high 5.9, glu 269, T4 0.9

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Domestic Medium Hair

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. 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.

SEX

Neutered male

AGE

9 years

The left **kidney** was swollen and irregular in contour with enhanced surrounding mesentery and measured 4.62 cm. Cortical infarcts were noted in the left kidney as well. The right kidney revealed a cortical and dorsal cortical collapse along with corticomedullary and pelvic calculi. The right kidney measured 3.45 cm.

WEIGHT

11.4 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.39 cm. The left adrenal gland measured 0.36 cm.

IMAGING PERFORMED BY

Spleen

Diane McFadden, RVT

The **spleen** had a granular reticular with pattern with swollen, irregular contour and micronodular changes. The spleen measured 1.04 cm.

HOSPITAL NAME

Newton VH

Liver

REFERRING VET

Dr. Kim

The **liver** was mildly swollen with slight, irregular contour and heterogenous parenchymal changes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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DATE

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Gastrointestinal

The **gastrointestinal tract** revealed normal stomach and pyloric outflow. Reactive mesentery was noted around portions of small intestine with colonic thickening and increased submucosal echogenicity.



PATIENT *Pancreas*

Killian Marshall 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.

SPECIES

Feline

Free Abdomen

BREED

Free fluid was noted in the retroperitoneal space.

Domestic Medium Hair

SEX

Renal infarcts.

Neutered male

Abdominal inflammatory presentation with reactive mesentery.

AGE

Swollen, irregular spleen with subtle nodules.

9 years

Swollen, irregular liver with subtle nodules.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

11.4 lbs

Coagulation panel and 25-gauge FNA of the spleen and liver is indicated to assess for round cell neoplasia/lymphoma or mast cell disease versus splenitis and nephritis. Prognosis is guarded depending on cytology results.

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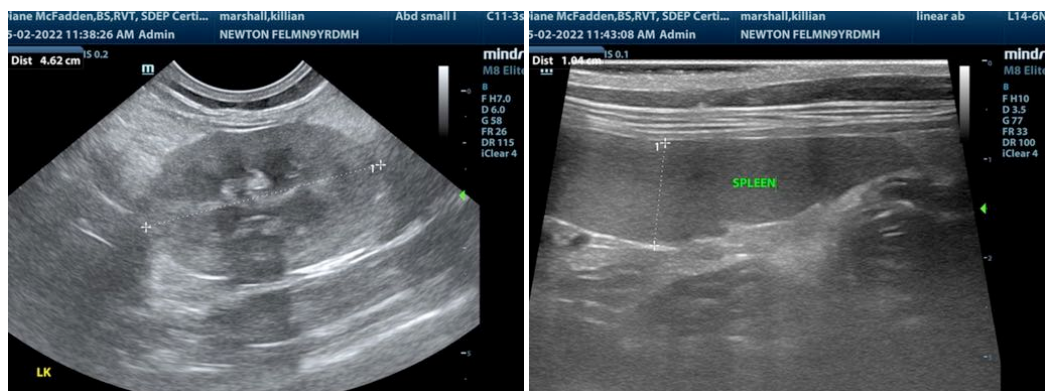
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PATIENT

Killian Marshall

SPECIES

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BREED

Domestic Medium Hair

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Neutered male

AGE

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WEIGHT

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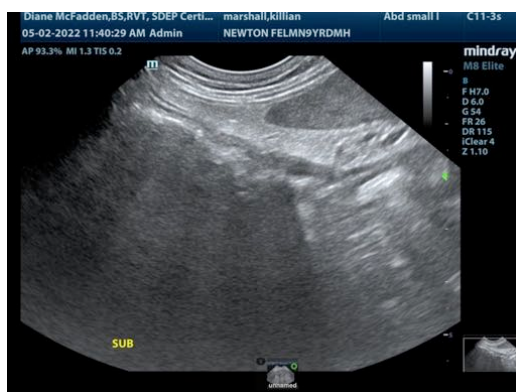
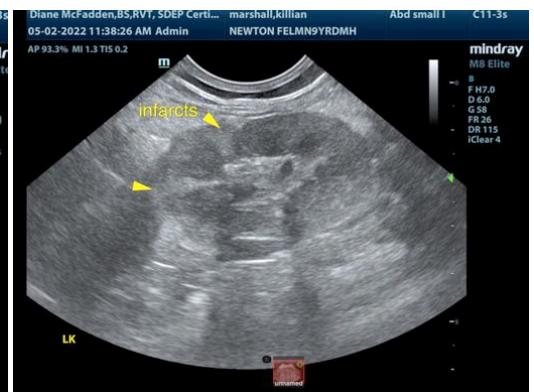
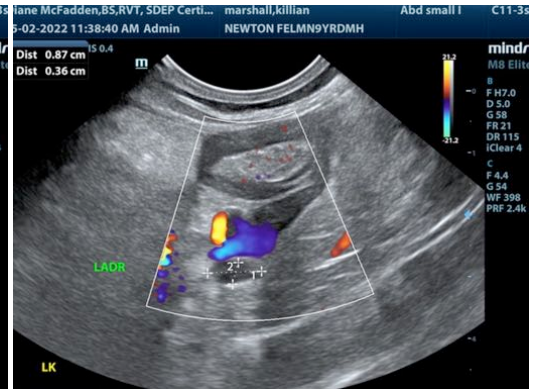
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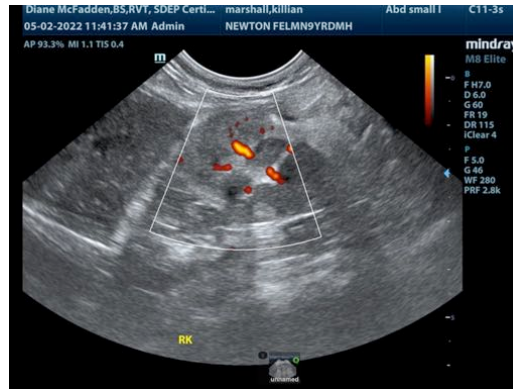
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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