



PATIENT PRESENTING CLINICAL SIGNS

Daisy Sulski History: History of anorexia for 3-4 weeks owner noticed weight loss, as well as decrease in appetite
Abnormal PE/Chem/CBC/UA Results: Alkp 409, total bilirubin 1.8, Glucose 172, wbc 3.2, UA- protein 1+, bilirubin

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

FS

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 left kidney measured 3.53 cm in length. The right kidney measured 3.66 cm in length.

AGE

11 years

Adrenal Glands

WEIGHT

11.8

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 0.31. The right adrenal gland measured 0.37.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The spleen presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

IMAGING PERFORMED BY

Marco Lichfield

Liver

The liver presented diffusely enlarged. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No evidence of post hepatic obstruction was noted. A minor amount of free fluid was noted between the liver lobes.

HOSPITAL NAME

Sova Animal Hospital

Gastrointestinal

REFERRING VET

Dr. Ammeraal

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.

INVOICE

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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.

DATE

05/04/2022



PATIENT *Free Abdomen*

Daisy Sulski A minor amount of free fluid was noted in the abdomen with a large amount of abdominal fat.

SPECIES *Other*

Feline Pleural effusion noted through the diaphragm.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatomegaly-lymphoma vs. lipidosis
- Ascites and pleural effusion

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 years

The pleural effusion is concerning. Pleurocentesis and cytospin is recommended as well as full echocardiogram to assess for cardiac disease. A coagulation panel and 25g FNA of the liver is warranted to assess for lipidosis vs. underlying lymphoma. An unremarkable abdomen otherwise.

WEIGHT

11.8

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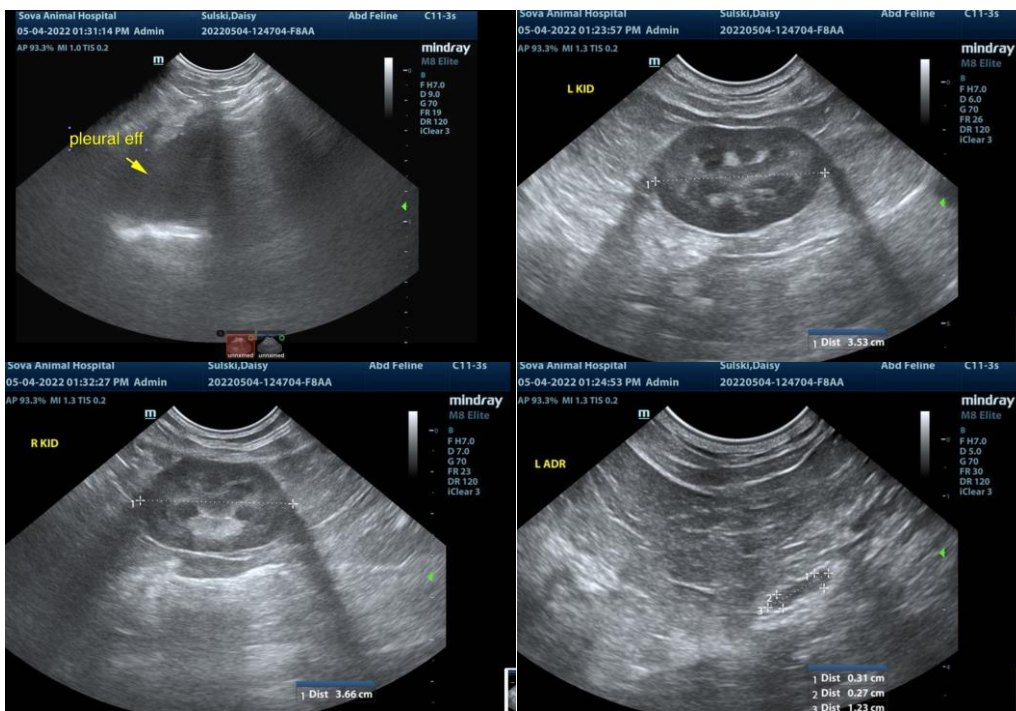
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PATIENT

Daisy Sulski

SPECIES

Feline

BREED

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AGE

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WEIGHT

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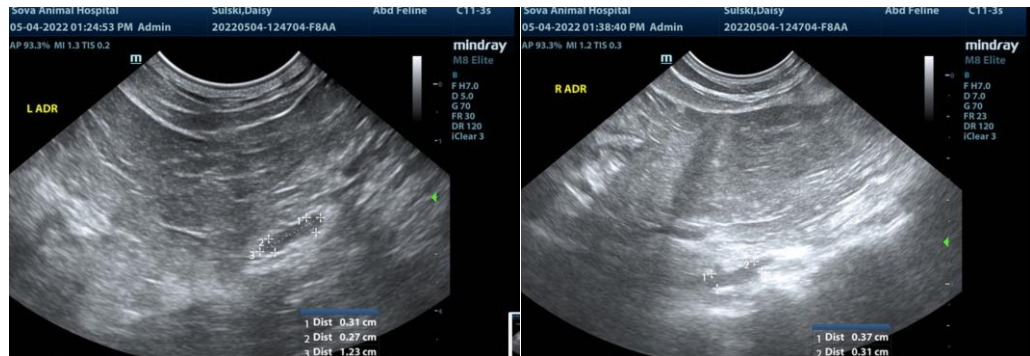
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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