



**PATIENT**

Maisie Crozier

**SPECIES**

Feline

**BREED**

Siberian

**SEX**

Female

**AGE**

12 Months

**WEIGHT**

3.3 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

JSS

**HOSPITAL NAME**

King Hopkins Pet Hospital

**REFERRING VET**

Dr. Latoya Brown

**INVOICE**

37512

**DATE**

5/7/22

**PRESENTING CLINICAL SIGNS**

Maisie is a 12 month old intact female Siberian Tabby cat that presented for presurgical exam in preparation for spay. - O mentioned she has had elevated liver enzymes in the past as per why she is not spayed yet -O mentioned that she is the smallest of her litter, occasionally vomits either shortly after or a few hours after eating, appetite also reduced.

Abnormal PE/Chem/CBC/UA Results: Gleaned from In House Bloodwork - May 5, 2022: Test Results Reference Interval LOW NORMAL HIGH RBC 11.10 x10<sup>12</sup>/L 6.54 - 12.20 HCT 41.3 % 30.3 - 52.3 HGB 14.1 g/dL 9.8 - 16.2 MCV 37.2 fL 35.9 - 53.1 MCH 12.7 pg 11.8 - 17.3 MCHC 34.1 g/dL 28.1 - 35.8 RDW 32.2 % 15.0 - 27.0 HIGH %RETIC 0.1 % RETIC 6.7 K/ $\mu$ L 3.0 - 50.0 RETIC-HGB 14.3 pg 13.2 - 20.8 WBC \* 5.28 x10<sup>9</sup>/L 2.87 - 17.02 %NEU \* 60.8 % %LYM \* 23.9 % %MONO \* 5.1 % %EOS \* 8.7 % %BASO -- -- % NEU \* 3.21 x10<sup>9</sup>/L 2.30 - 10.29 LYM \* 1.26 x10<sup>9</sup>/L 0.92 - 6.88 MONO \* 0.27 x10<sup>9</sup>/L 0.05 - 0.67 EOS \* 0.46 x10<sup>9</sup>/L 0.17 - 1.57 BASO -- -- x10<sup>9</sup>/L 0.01 - 0.26 PLT \* 325 K/ $\mu$ L 151 - 600 MPV \* 17.5 fL 11.4 - 21.6 PCT \* 0.57 % 0.17 - 0.86 PLT Aggregates Detected \* Confirm with dot plot and/or blood film review. ProCyte Dx (May 5, 2022 1:46 PM) 1. Increased RDW - Anisocytosis present - review blood film. 2. Platelet aggregates are detected. Platelet count may be higher than reported. Test Results Reference Interval LOW NORMAL HIGH GLU 5.88 mmol/L 4.11 - 8.84 SDMA 10  $\mu$ g/dL 0 - 14 CREA 79  $\mu$ mol/L 71 - 212 UREA 8.2 mmol/L 5.7 - 12.9 BUN/CREA 26 PHOS 1.64 mmol/L 1.00 - 2.42 CA 2.30 mmol/L 1.95 - 2.83 TP 77 g/L 57 - 89 ALB 34 g/L 22 - 40 GLOB 43 g/L 28 - 51 ALB/GLOB 0.8 ALT 162 U/L 12 - 130 HIGH ALKP 49 U/L 14 - 111 GGT 3 U/L 0 - 4 TBIL 4  $\mu$ mol/L 0 - 15 CHOL 3.86 mmol/L 1.68 - 5.81 AMYL 1606 U/L 500 - 1500 HIGH LIPA 534 U/L 100 - 1400 Na 162 mmol/L 150 - 165 K 4.0 mmol/L 3.5 - 5.8 Na/K 41 Cl 117 mmol/L 112 - 129 Osm Calc 323 mmol/kg SDMA: SDMA and CREA within reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis. Catalyst Dx (May 5, 2022 1:58 PM) Collection Cystocentesis Color Pale Yellow Clarity Clear Specific Gravity 1.065 pH 7.0 PRO 30 mg/dL GLU Negative KET Negative UBG 4 mg/dL BIL Negative BLD Negative Consider re-evaluation of proteinuria after resolution of active sediment. UA Analyzer (May 5, 2022 1:48 PM) Printed: May 5, 2022 1:59 PM Page 2 of 3 Patient Name: Maisie Test Results Reference Interval LOW NORMAL HIGH WBC <1 /HPF RBC <1 /HPF Bacteria Rods None detected Cocci Present EPI Squamous None detected Non-squamous <1 /HPF Casts Hyaline None detected Non-hyaline None detected Crystals Unclassified None detected CaOx Di None detected Struvite None detected Amm Biurate None detected Bilirubin None detected Consider urine culture and sensitivity.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**\*\*25 still images and 6 videos submitted.**

**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 were 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. The right kidney measured 3.97 cm. The left kidney measured 3.63 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



**PATIENT**

Maisie Crozier

unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.31 cm. The right adrenal gland measured 0.36 cm.

**Spleen**

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Feline

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.

**BREED**

Siberian

**Liver**

The **liver** revealed slight increased portal markings. Normal size and contour. No evidence of portosystemic shunting. The gallbladder was unremarkable.

**SEX**

Female

**Gastrointestinal**

The **gastric** wall was subjectively thickened. The small intestine and colon were unremarkable.

**AGE**

12 Months

**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.

**WEIGHT**

3.3 kg

**ULTRASONOGRAPHIC FINDINGS**

- Minor subjective gastric thickening
- Mild increased portal markings

**INTERPRETED BY**

Eric Lindquist, DMV

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

DABVP, Cert. IVUSS

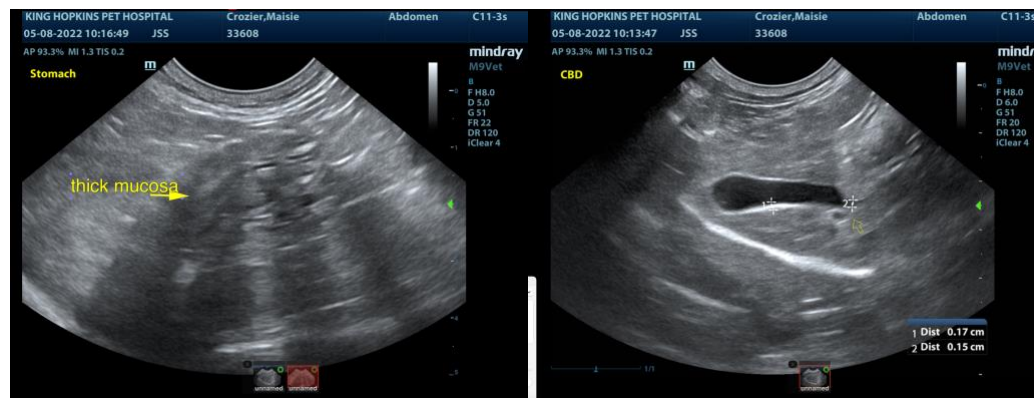
No overt evidence of portosystemic shunting. No overt contraindication to anesthetic procedure. Bile acid profile could be performed to ensure no dysfunction. However, the changes in the liver are fairly mild. If the patient is to undergo ovariohysterectomy, liver biopsy could be performed at that time for further definition for long-term management. Given the patient history, inflammatory hepatopathy +/- portal hypoplasia/microvascular dysplasia is a possibility, especially if bile acids are elevation. However, subjectively the abdominal presentation is benign.

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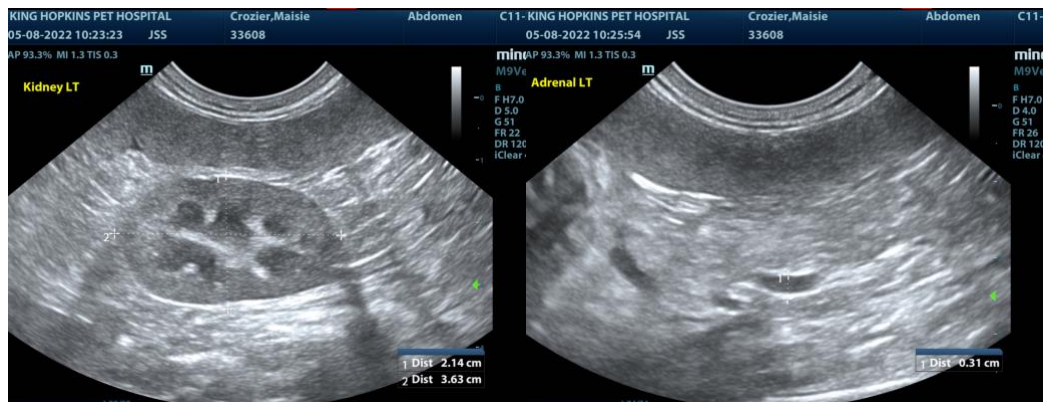
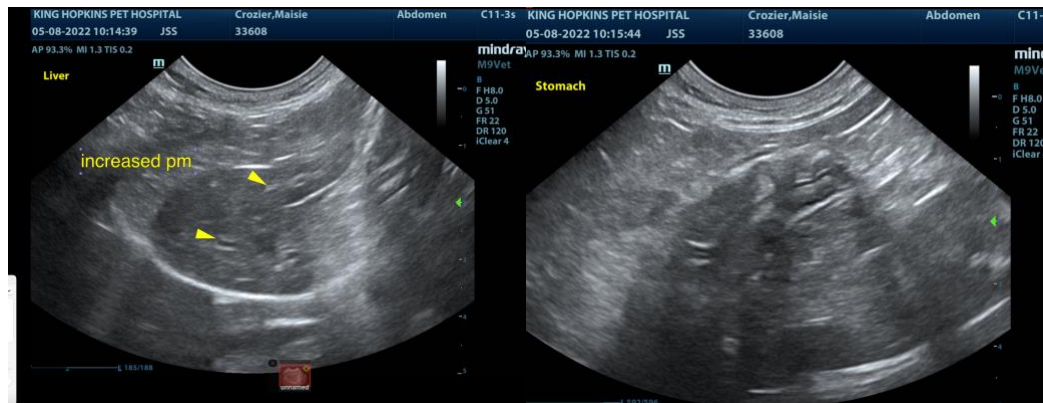
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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