



PATIENT

Murphy Raabe

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

6.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Prevost Vet Clinic

INVOICE

37523

DATE

5/8/22

PRESENTING CLINICAL SIGNS

Presented on May 5th for noted abdominal swelling and recent inappetence. On PE, a fluid wave was present. A brief abdominal ultrasound showed a large amount of ascites fluid. A sample was taken and submitted to a referral lab. The sample was interpreted as "lymphocytic-rich effusion/inflammation, consistent with chyloabdomen." CBC/Chem was done in-house. Elevations were noted in urea and GGT. Na and Cl were low, with an elevated K. Lymphopenia and eosinopenia were also noted. Total WBC and RBC were normal. Thoracic radiographs showed possible fluid but no masses. During this study, 1.2 liters of chylous effusion were removed. Images both before and after abdominocentesis are submitted. After the abdominocentesis, Murphy was relaxed and hungry.

Abnormal PE/Chem/CBC/UA Results: May 5, 2022: Urea=20.7 (5.7-12.9) GGT=24 (0-4) Na=134 (150-165) Cl=104 (112-129) K=6.7 (3.5-5.8) LYM=0.39 (0.92-6.88) EOS=0.00 (0.17-1.57)

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 were noted. Ureteral papillae were normal.

The **kidneys** presented relatively normal size and contour with minor increased cortical echogenicity. The left kidney measured 4.07 cm. The right kidney measured 4.07 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 0.48 cm. The left adrenal gland measured 0.44 cm.

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.

Liver

The **liver** revealed coarse architecture and multifocal nodular changes. Moderate disruption of architecture. No evidence of passive congestion.

Gastrointestinal

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.

Pancreas

The **pancreas** was hypoechoic and irregular in the left limb. Ultrasound guided FNA indicated. Nodular omental changes present.



PATIENT

Other

Murphy Raabe

A moderate amount of echogenic ascites noted throughout the abdomen.

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Rapid view of the heart revealed no evident pathology or volume overload. Pleural effusion noted.

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ULTRASONOGRAPHIC FINDINGS

- Ascites and pleural effusion with heterogeneous, irregular pancreas and liver – strong concern for lymphomatosis, lymphatic obstruction causing the chylous type effusion.

SEX

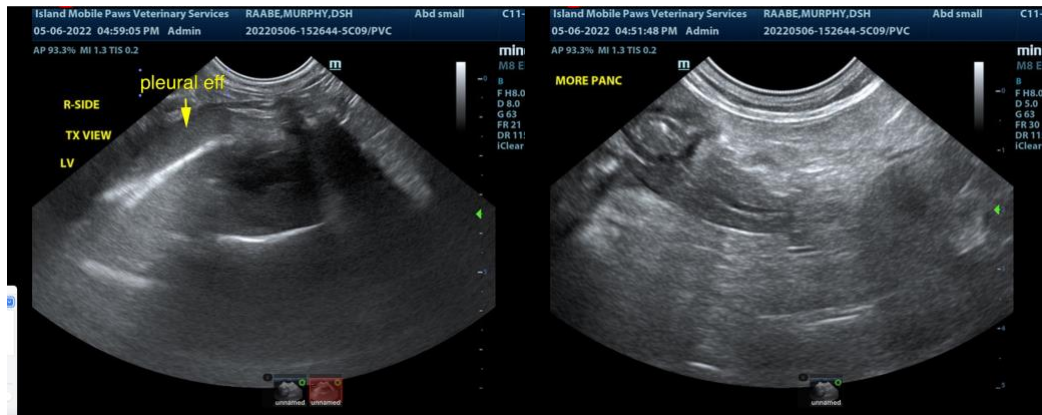
Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CBC path review based on cytospin of the abdominocentesis and thoracocentesis samples recommended more so than fluid and cytology in order to obtain a more definitive evaluation. PCR upon the cytospin slides would be ideal. FNA of the pancreas and liver nodules recommended for further definition. Chest and abdominal CT would be ideal after drainage of the chest and abdomen for optimal imaging. Prognosis is very guarded.

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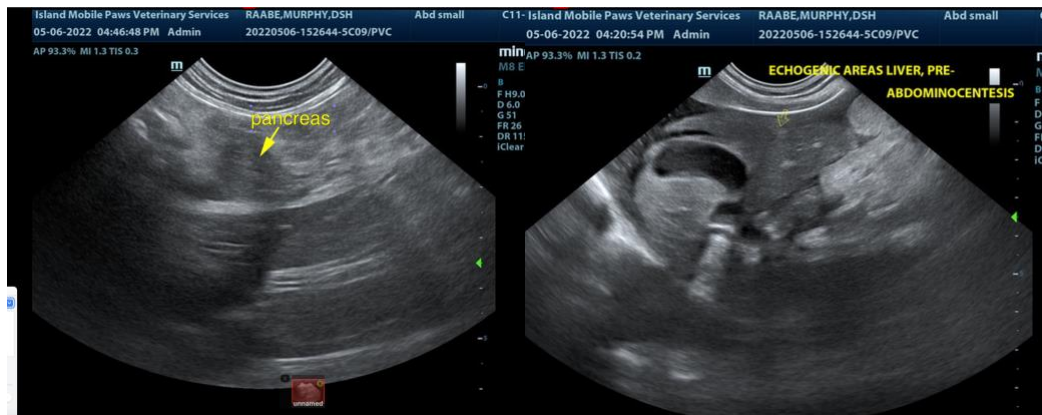
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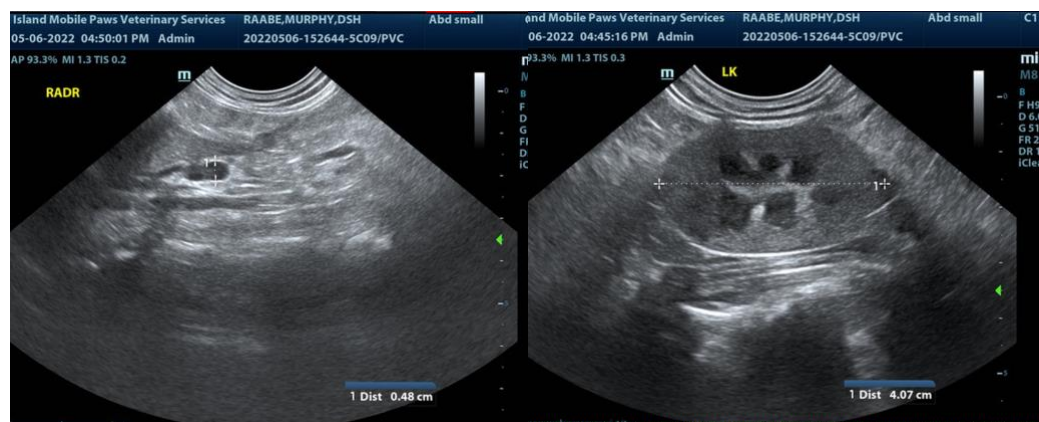
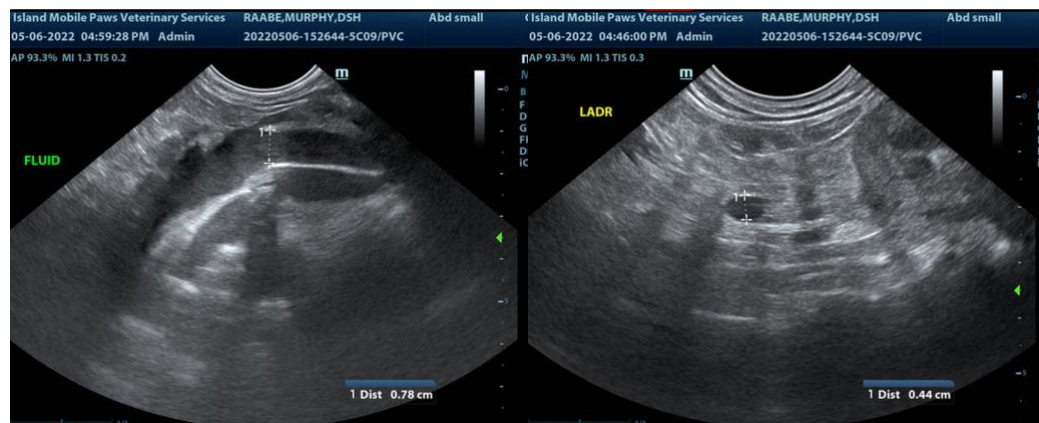
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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