



**PATIENT**

Clyde Radabaugh

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11.5 Years

**WEIGHT**

16 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jennifer Todd

**HOSPITAL NAME**

Lambs Gap AH

**REFERRING VET**

Dr. Lindsey Knouse

**INVOICE**

38846

**DATE**

6/17/22

**PRESENTING CLINICAL SIGNS**

Clyde presented for the first time in a few years 6/10/22 for not eating for 3 days in duration, and sleeping a lot. On exam he is very tense on abdominal palpation and twitches upon touch of his mid-abdomen, is slightly overweight, and has some dental disease. He resents examination of his ears/head. He had a 104.9 fever of unknown origin, and moderately high globulins on bloodwork, along with mild neutrophilia, decreased ALT and moderately increased SDMA with normal Creat/BUN, UA WNL. Loxicom, convenia, SQ fluids, Mirataz, and cerenia were started. He was reportedly doing well for 2 days, then not eating as much again. Temp today is 104.0

**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. Minor debris present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** were mildly enlarged and slightly irregular with enhanced surrounding mesentery. The left kidney measured 5.01 cm. The right kidney measured 4.8 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 left adrenal gland measured 0.32 cm. The right adrenal gland measured 0.30 cm.

**Spleen**

The **spleen** presented slight irregular contour with enhanced surrounding mesentery and minor localized free fluid.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **stomach** itself was unremarkable. Variable intestinal thickening noted with loss of mural detail and enhanced surrounding mesentery.

**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.

**Other**

Slight free fluid noted in the caudal abdomen.



**PATIENT**

Pleural effusion noted through the diaphragm.

Clyde Radabaugh

**PRIMARY FINDINGS**

- Variable intestinal thickening
- Free fluid
- Irregular spleen
- Irregular kidneys
- Ascites and pleural effusion

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**SECONDARY FINDINGS**

- Minor bladder debris

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Strong concern for underlying round cell neoplasia. FNA spleen and kidneys, pleurocentesis, abdominocentesis and cytospin indicated. Prognosis is guarded to poor.

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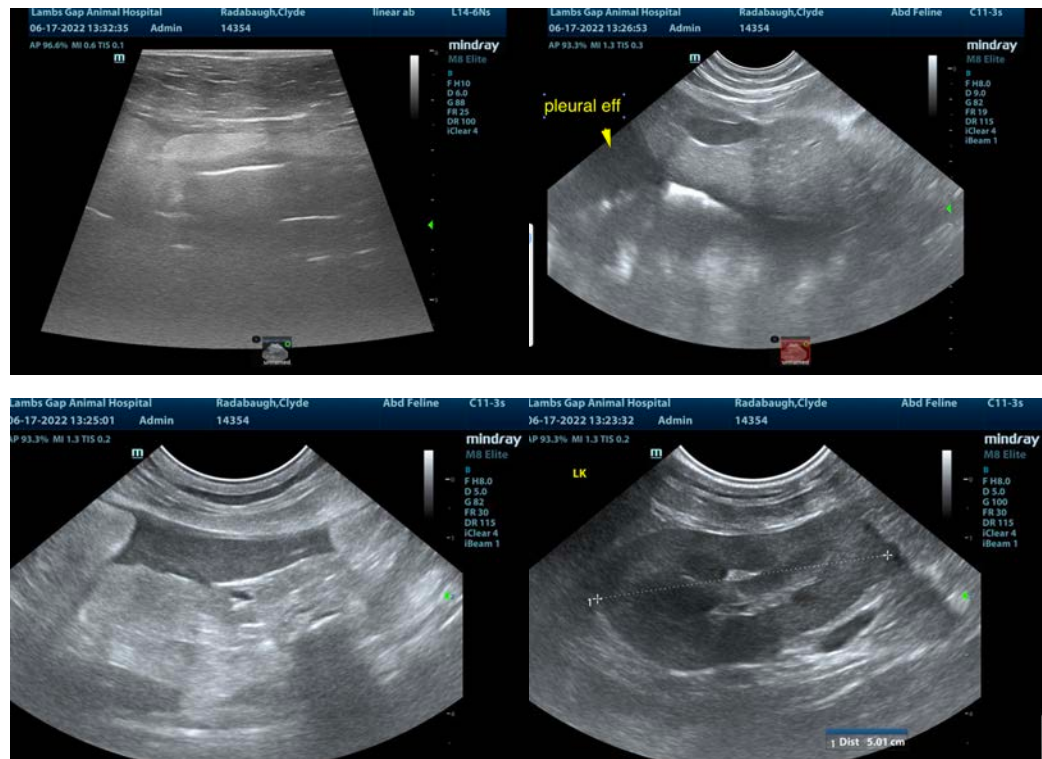
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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