

PATIENT

Monty Williams

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year

WEIGHT

5.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr, Drummond

INVOICE

16150

DATE

6/18/22

PRESENTING CLINICAL SIGNS

History: (Note cytology on abd fluid cytospun prep and abd lymph node aspirates are pending) Previously healthy indoor only cat Presented to primary care on 6/6/2022 for lethargy, intermittent vomiting and ptyalism. Was treated with Cerenia, Convenia, prednisone and Panacur. Initially improved at home but as soon as prednisolone taper was started, he declined within 24 hrs and presented on ER with same signs. His last dose of prednisone was 2 days ago (5 mg)

Abnormal PE/Chem/CBC/UA Results: PE tonight remarkable for: -mildly febrile 103 -good coat and body condition 6/6/22: Radiographs no obvious obstruction CBC: (with path review) -profound leukocytosis 57K -marked eosinophilia 68%; mature neut 23%, Lymphs 7%, monos 3% -chem panel remarkable only for elev ALT 244 Recheck 6/16: -CBC: total WBC normal 17.5K; eosinophilia 4.5K, reticulocytosis 125K (not anemic); -Chems: ALT 171; else normal -FeLV/FIV neg

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** were swollen and irregular in contour. Enhanced surrounding mesentery was noted. The left kidney measured 4.93 cm. The right kidney measured 4.7 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 0.4 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was enlarged and irregular in contour, measuring 1.38 cm.

Liver

The **liver** was swollen with irregular contour. The gallbladder wall was echogenic. The transdiaphragmatic view revealed comet tail lung pattern/B-lines.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.



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Pancreas

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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.

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Free Abdomen

The mesenteric **lymph nodes** were enlarged, irregular and hypoechoic. A moderate amount of free fluid was noted.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Infiltrative splenohepatic and lymph node pattern with free fluid
- Swollen kidneys
- IBD

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

1 Year

FIP, lymphomatosis or mastocytosis are possible. Treatment of the abdominal infectious disease, warranted in the meantime until cytology can be obtained. However, I'm strongly concerned for FIP or round cell neoplasia. Prognosis is guarded to poor.

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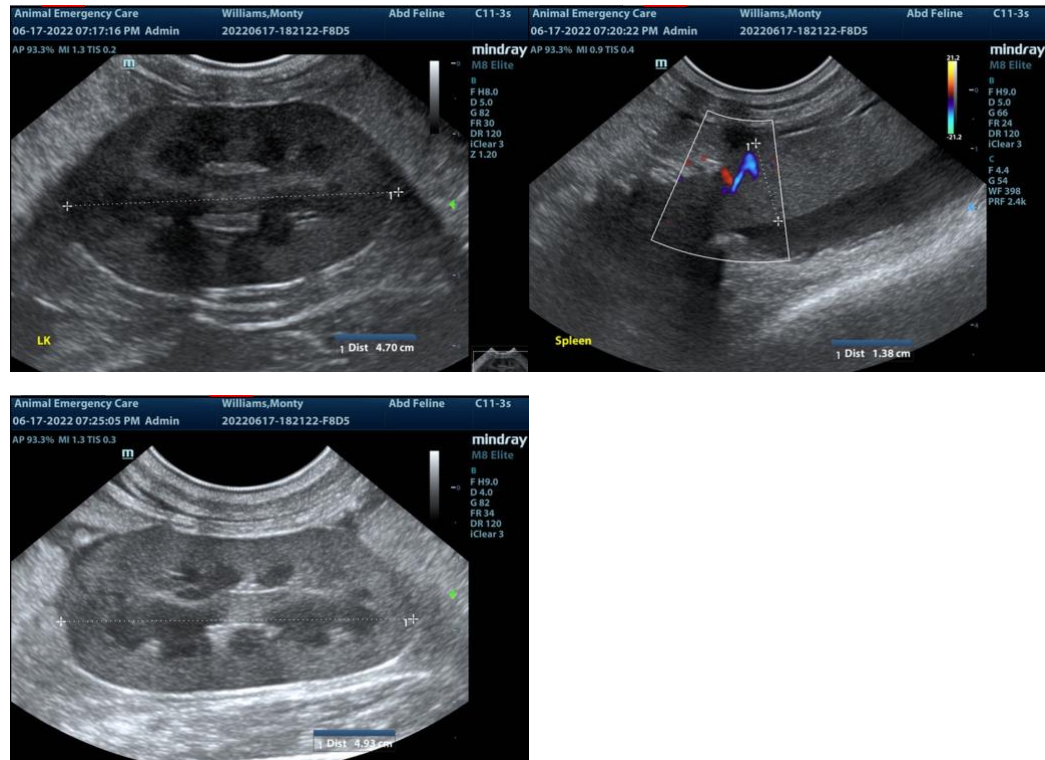
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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