



PATIENT PRESENTING CLINICAL SIGNS

Delilah Eyrich

History: Presented 6/15: Weight loss (was 10.3lb 10-11-2021), icteric, decreased appetite and hiding. Was given fluids and started on metronidazole and amoxicillin. P has in the last 5 days, eating well

SPECIES

Abnormal PE/Chem/CBC/UA Results: WBC 25K, 21K Neutrophils AST 162, ALT 470, TBili 4.1, Ca 11.7

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Domestic Shorthair

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 was noted. Ureteral papillae were normal.

SEX

Spayed Female

AGE

12 years

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 3.0 cm.

WEIGHT

6.1 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Moon

Spleen

HOSPITAL NAME

Shiloh VH

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.0 cm.

REFERRING VET

Dr. Owings

Liver

The **liver** was mildly swollen with hypoechoic parenchyma. Slightly increased portal markings were noted. The gallbladder was unremarkable.

INVOICE

31097

Gastrointestinal

DATE

6/20/22

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



PATIENT

Delilah Eyrich

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Feline

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.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Non-specific, mild, hypoechoic hepatomegaly.

Mild splenic enlargement.

Unremarkable abdomen otherwise.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

6.1 lbs

Given the icterus in this patient 25-gauge FNA of the spleen and liver is recommended. There is a potential for underlying lymphoma versus acute hepatitis, infectious or toxin exposure should be considered. There was no evidence of post hepatic disease. Assuming there is no anemia or evidence of hemolytic disease then the pathology must be parenchymal in the liver hence FNA if necessary.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moon

HOSPITAL NAME

Shiloh VH

REFERRING VET

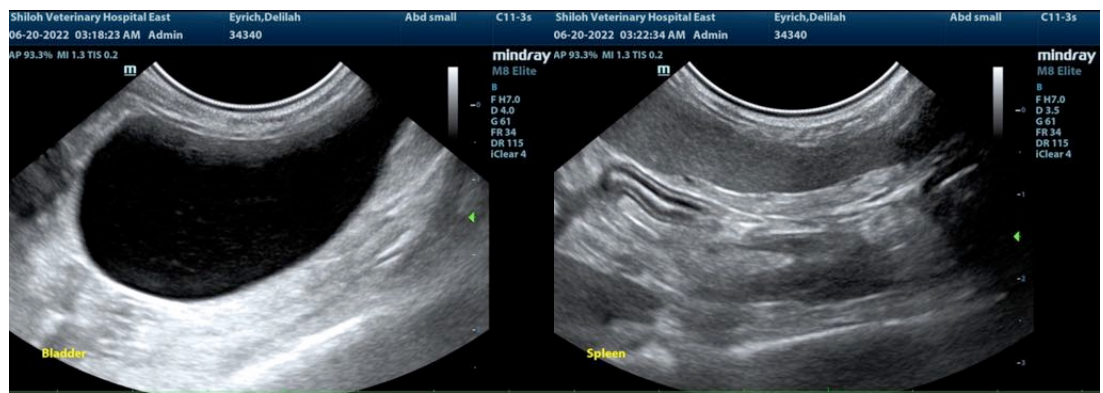
Dr. Owings

INVOICE

31097

DATE

6/20/22





PATIENT

Delilah Eyrich

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

6.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moon

HOSPITAL NAME

Shiloh VH

REFERRING VET

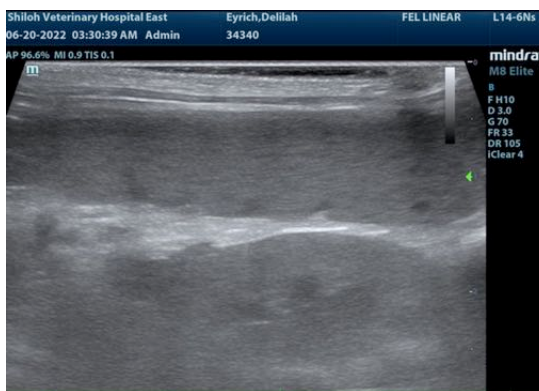
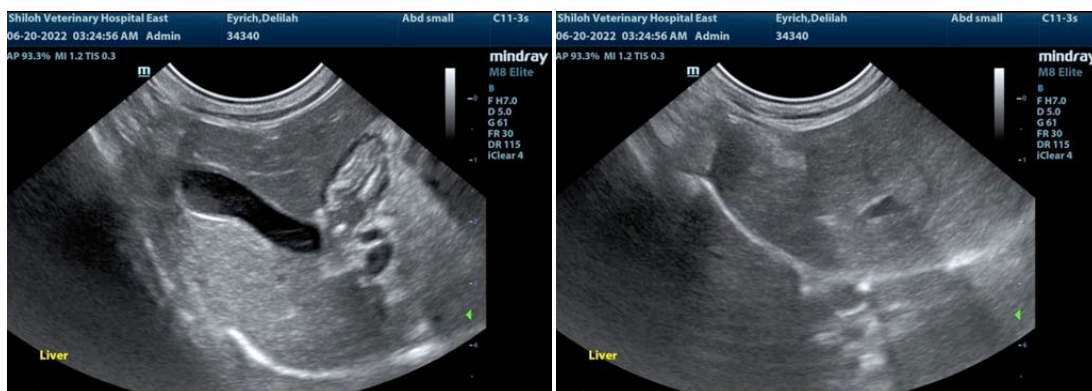
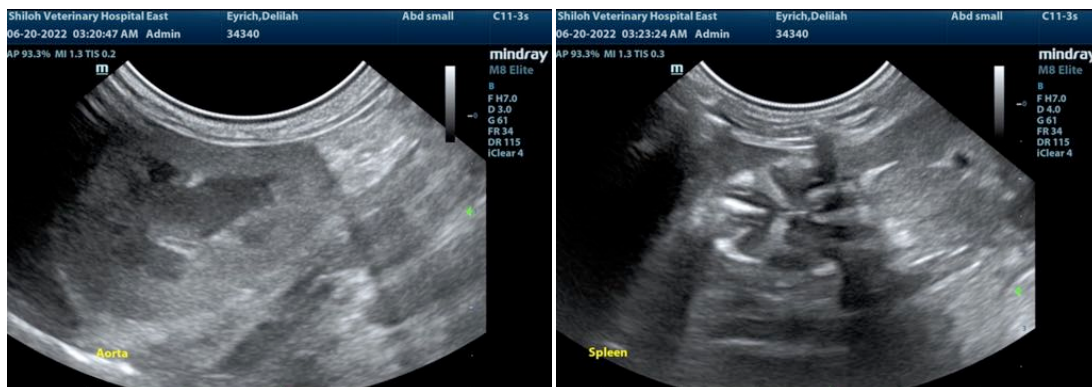
Dr. Owings

INVOICE

31097

DATE

6/20/22



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
info@SonoPath.com