**PATIENT**Sparrow Chandler
51982A**SPECIES**

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

7 years

WEIGHT

7.61 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeil

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison Veterinary
Specialists Dr. Keith**INVOICE**

31532

DATE

7/11/22

PRESENTING CLINICAL SIGNS

Sparrow presented as a transfer on 7/8/22 for lethargy and anemia. A couple of weeks ago Sparrow became lethargic with appetite decrease. She seemed painful the past couple of days and was hunched over. Owner noticed that last Monday Sparrow seemed weaker. She has been eating less and drinking more. Her urine has been darker and she has not defecated in a few days. Sparrow was dewormed two weeks ago.

Abnormal PE/Chem/CBC/UA Results: HCT - 22.2 (30.3-52.3) Retic- 263.5 (3.0-50.0) ALT- 175 (12-130) GGT- 6 (0-4) TBIL- 3.4 (0.0-0.9), Today 8.1 AFAST scan revealed abdominal effusion. A sample of the effusion was obtained and cytology revealed a high protein modified transudate with low nucleated cellularity, inconsistent with FIP. Patient has been stable while hospitalized over the weekend.

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 was 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.

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 0.54 cm. The left adrenal gland measured 0.5 cm.

Spleen

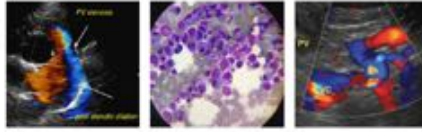
The **spleen** is enlarged and irregular with a 1.68 cm expansive nodule.

Liver

The **liver** revealed multi-focal, hypochoic nodules and masses. The largest of which measured 3.47 cm. Other nodular changes were noted throughout the liver with irregular contour. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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



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

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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.

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ULTRASONOGRAPHIC FINDINGS

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Multi-focal, neoplastic pattern in the spleen and liver with nodular changes in both organs and an overt hepatic mass.

Secondary free fluid, likely paraneoplastic in nature.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Repeat abdominocentesis with immediate cytospin for more definitive cytology paired with the hepatic and splenic aspirate results. Mast cell disease or other round cell neoplasia is suspected. There is a minor potential for non-neoplastic pathology.

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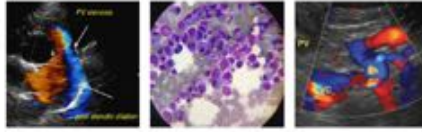
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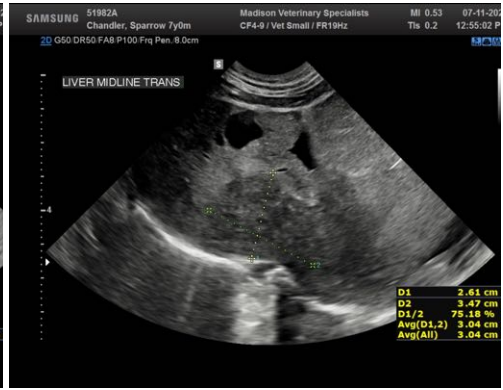
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com