



**PATIENT**

Daisy Fure

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Spayed female

**AGE**

6 years

**WEIGHT**

5.3 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Moser

**INVOICE**

31666

**DATE**

7/14/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for not eating dry food since Sunday, lethargic since Sunday, patient seems to have aged over the last few days, glassy eyed, not cleaning herself, sneezing, vomiting since Sunday. Owner has a viral infection (not covid) and patient hasn't been laying by him. Previous Health Concerns: flea allergy Current Medications: none  
Abnormal PE/Chem/CBC/UA Results: Weight: 5.25kg=11.55lbs (owner says normally 7lbs) Temp: 104.7 Eyes: jaundiced sclera Abdominal: tender cranially Integument: icteric Pre-surg- ALP 179(H) ALT 551(H) glucose 190(H) EPOC- iCa+ 1.18(L) Cr 1.97(H) normal on chem; glucose 170(H) fPL- abnormal rad- hepatomegaly concerns; general lack of detail cranial abdomen; no obvious fb/obstruction

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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** appear slightly swollen and mildly irregular with minor loss of curvilinear detail. Pericapsular inflammatory pattern was noted around the left kidney. The left kidney measured 3.58 cm. The right kidney measured 4.01 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.

**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 was noted.

**Liver**

The **liver** was swollen and mildly irregular in contour with subtle micronodular changes. Enhanced surrounding mesentery was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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## Gastrointestinal

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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.

## BREED

Domestic Longhair

## Pancreas

The **pancreas** was hypoechoic, enlarged and irregular measuring 2.0 cm. The pancreatic duct was dilated.

## SEX

Spayed female

## ULTRASONOGRAPHIC FINDINGS

## AGE

6 years

Irregular kidneys. Pericapsular inflammatory pattern noted around the left kidney.

Swollen, irregular spleen.

Swollen, irregular pancreas.

## WEIGHT

5.3 kg

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for round cell neoplasia. Ultrasound-guided FNA of the right kidney, liver and pancreas are all indicated. There is a strong concern for round cell neoplasia. Guarded prognosis.

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Erin Wicks

## HOSPITAL NAME

Shores VEC

## REFERRING VET

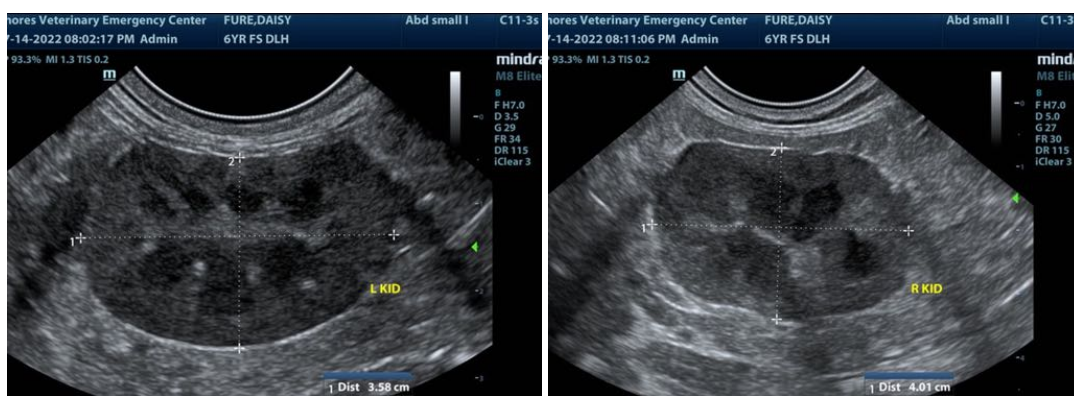
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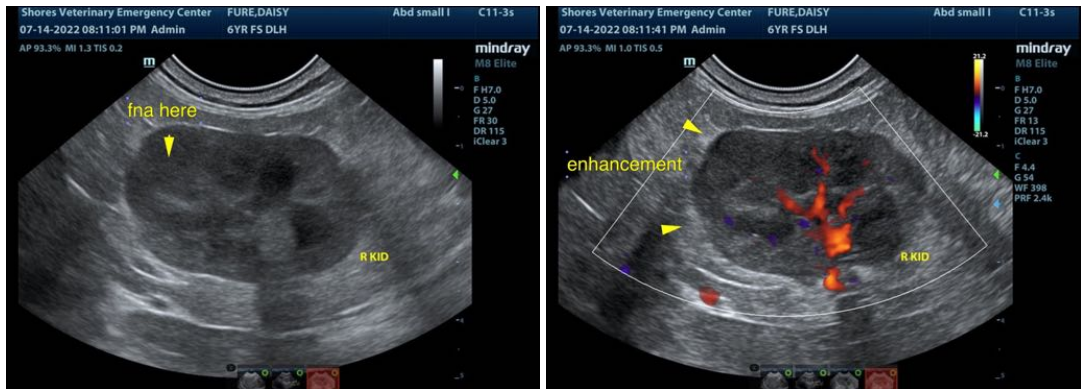
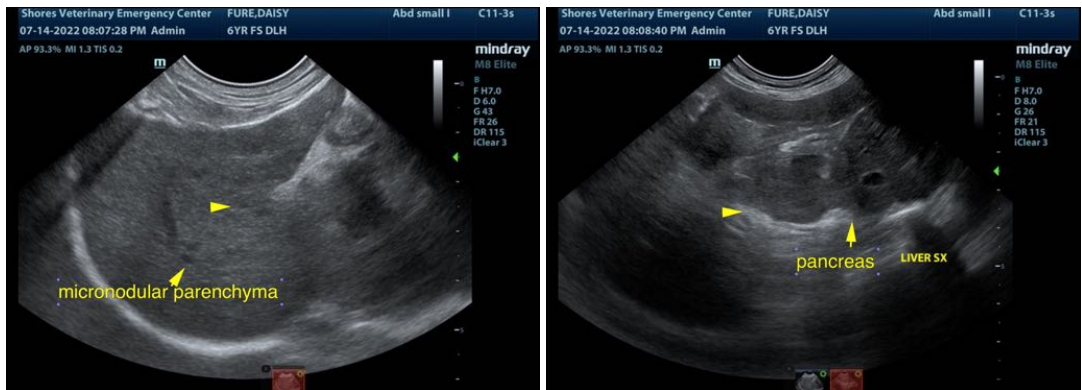
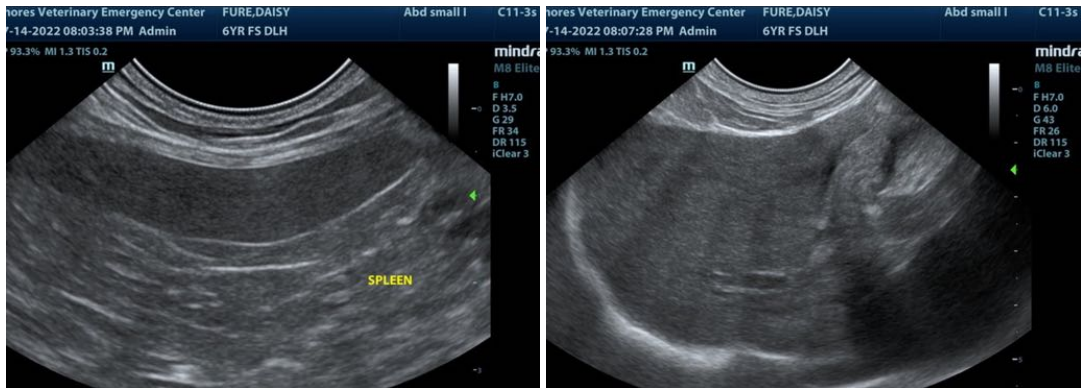
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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