



PATIENT

Zaffy Holven

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

10.5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anna Weprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Anna Weprich

INVOICE

39587

DATE

7/17/22

PRESENTING CLINICAL SIGNS

Acute vomiting and anorexia starting 7/13 (known history of plastic ingestion), has been hospitalized since 7/15. BCS 9/9. tender abdomen. Pt has been on high fluid rate but is eupneic and no free fluid in chest Persistently hyperglycemic in hospital

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 38.1%, WBC 5.3, Neu 0.66 (L) bands suspected, Mono 2.88, PLT 281 Differential Slide: Neutrophils- 330, Lymp- 132, Bands-198 Chem 17: Glu 405 (H), Crea 1.2, BUN 18, TP 8.0, Alb 2.9, Glob 5.2, ALP <10 (L), TBIL 0.8 EPOC: pH 7.449 (H), Ca 1.11 (L), Glu 378 (H), Na 148, K 3.8, Cl 115, lact 1.89 U/A- USG >1.050, pH 7.0, glucose 100mg/dL, blood 50 ery/uL, WBC's 4phpf, RBC's 47 phpf, no bacteria unclassified crystals < 1 phpf Radiographs 3 view- Stomach has gas present. Has some gas in small intestine. Feces in colon. Bates bodies present and IVDD. no overt obstruction Fructosamine 312 -- (difficult to interpret as not currently being treated for diabetes however it is in a category of well controlled diabetics per idexx) BG monitoring q4hrs in hospital: 350-400 over last 36h

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 1.0 cm beyond the cystourethral junction.

The **left kidney** was irregular and mildly enlarged at 5.0 cm. Pericapsular inflammatory pattern and regional fluid noted around the left kidney as well as enhanced surrounding mesentery.

The **right kidney** presented similar changes to the left with pericapsular inflammatory pattern and regional enhanced mesentery.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was enlarged and folded upon itself, measuring 1.3 cm in width.

Liver

The **liver** was swollen and irregular with enhanced surrounding mesentery. Hypoechoic parenchyma. The gallbladder and common bile duct wre unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. A hypoechoic, undifferentiated intestinal mass was noted, measuring approximately 5.0 cm and infiltrating into the regional omentum. Variable intestinal thickening noted in addition to the mass.

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

- Ill-defined intestinal mass extending into regional mesentery
- Suspect early renal, hepatic and possibly splenic infiltrative disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal mass, kidneys, liver and spleen all indicated. Multicentric lymphoma suspected.

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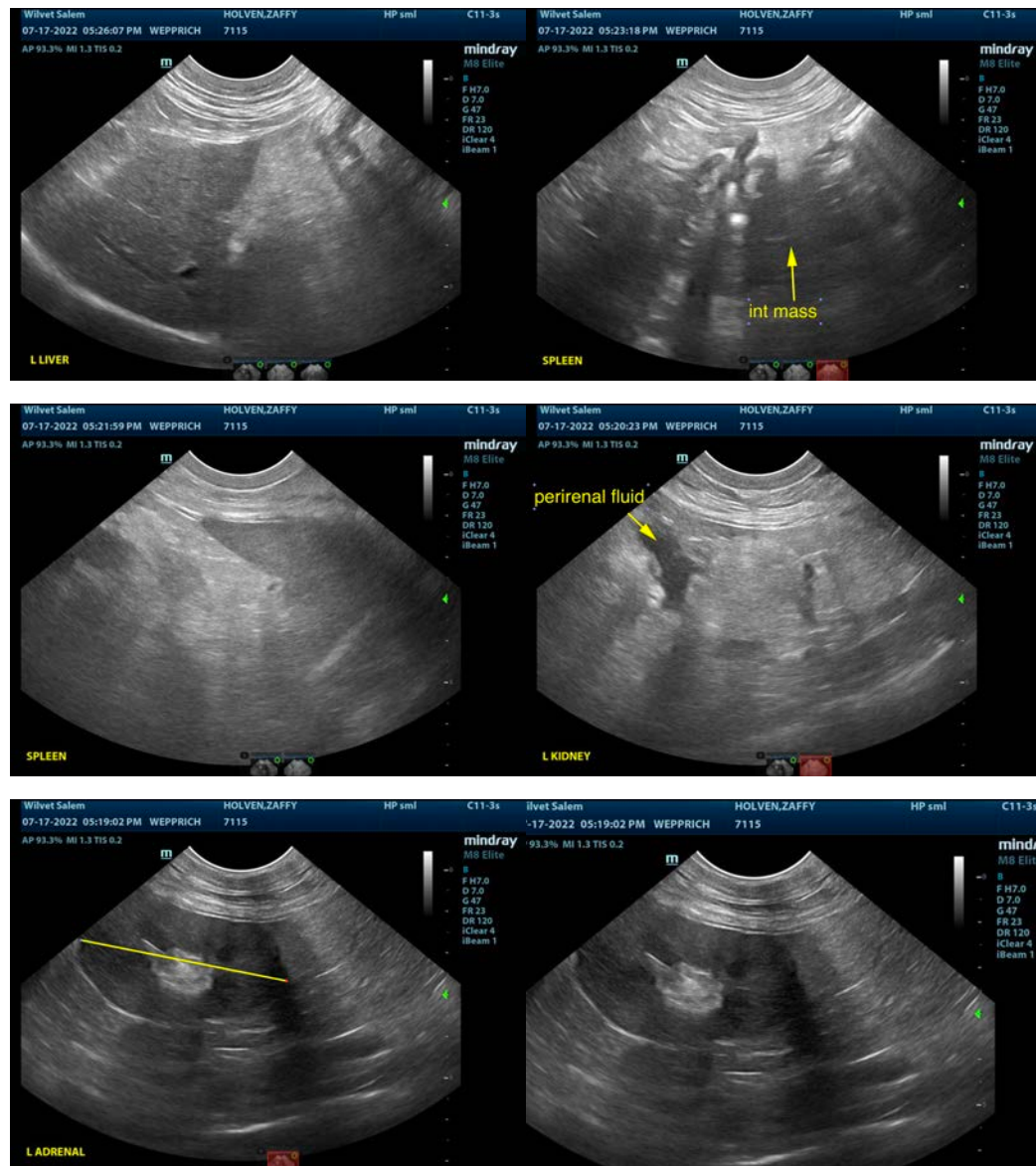
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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