

**DATE PRESENTING CLINICAL SIGNS**

7/18/23

**PATIENT**

Bandit Plowman

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

7/17/13

**WEIGHT**

15.1 Pounds

**INTERPRETED BY**Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Saubier

**INVOICE**

44094

History of cardiac disease - Seen CVCA 2020 DX - Mitral Valve Dysplasia Moderate - Severe mitral valve regurgitation resulting in murmur Severe left atrial enlargement Moderate - severe left ventricular enlargement with normal heart muscle function 5/4/2020 - Trace pericardial effusion 10-5-2020 - no pericardial effusion TX Furosemide 20 mg 1/2 tablet SID Plavix 75 mg 1/4 tablet SID Enalapril 2.5mg 1.5 tablets SID Owner has been unable to give ANY cardiac medications - has not had for years. Owner has noted for the past week laying around more -lethargic and laying in different locations (not his normal spots) Had still been eating and drinking. Then owner was away for several day - got back Friday - Saturday more lethargic and Sunday vomited bile tinged fluid. Sunday also refusing to eat - even treats. Only drank very few licks of water (dunks his paw) Owner has not seen him use litter pan - unknown when last urinated.

Current Medications: Cerenia, Furosemide, Gabapentin.

Lab Results: See attached.

Radiographs: significant cardiomegaly, trachea displaced dorsally. Moderate broncho-alveolar changes Abdomen - Stomach small amount of gas. Small intestines - gas and fluid. Urinary bladder small

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** revealed sand accumulation of 4.47 cm, unremarkable otherwise.

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 left kidney measured 4.37 cm. The right kidney measured 4.37 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 0.44 cm. The right adrenal gland measured 0.50 cm.

**Spleen**

The **spleen** was severely enlarged and hypoechoic, measuring 1.62 cm. Undulating contour noted.

**Liver**

The **liver** was mildly swollen and excessively hypoechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

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

### **Pancreas**

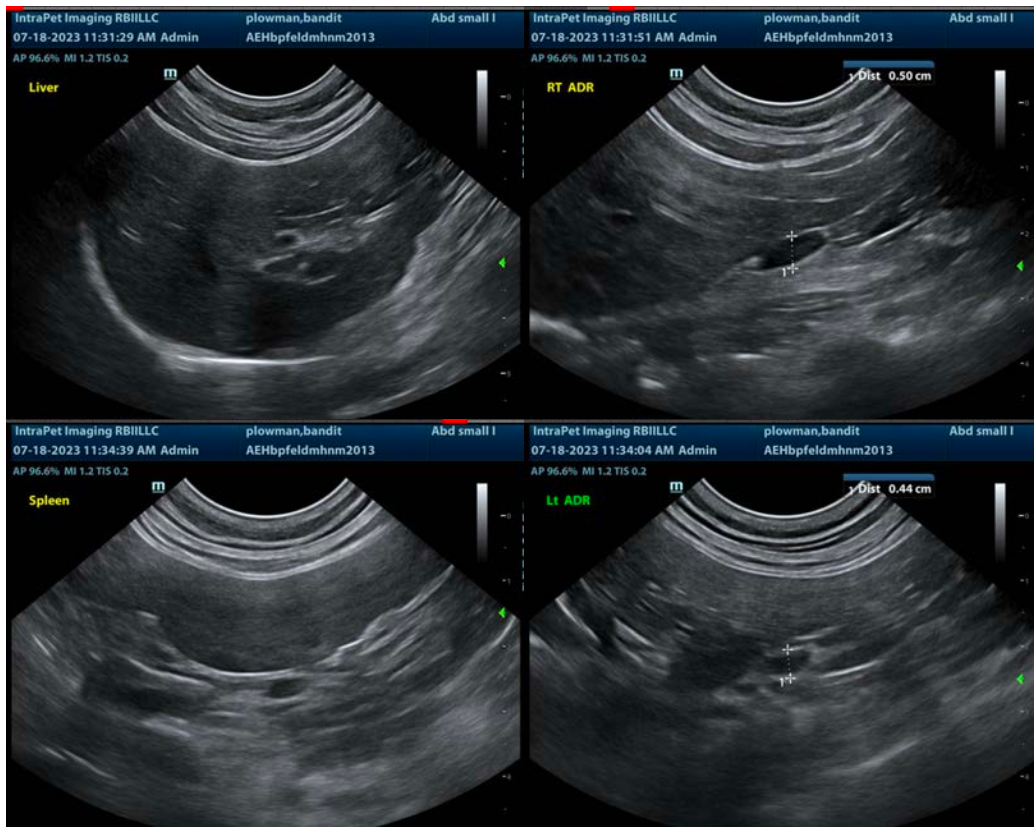
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

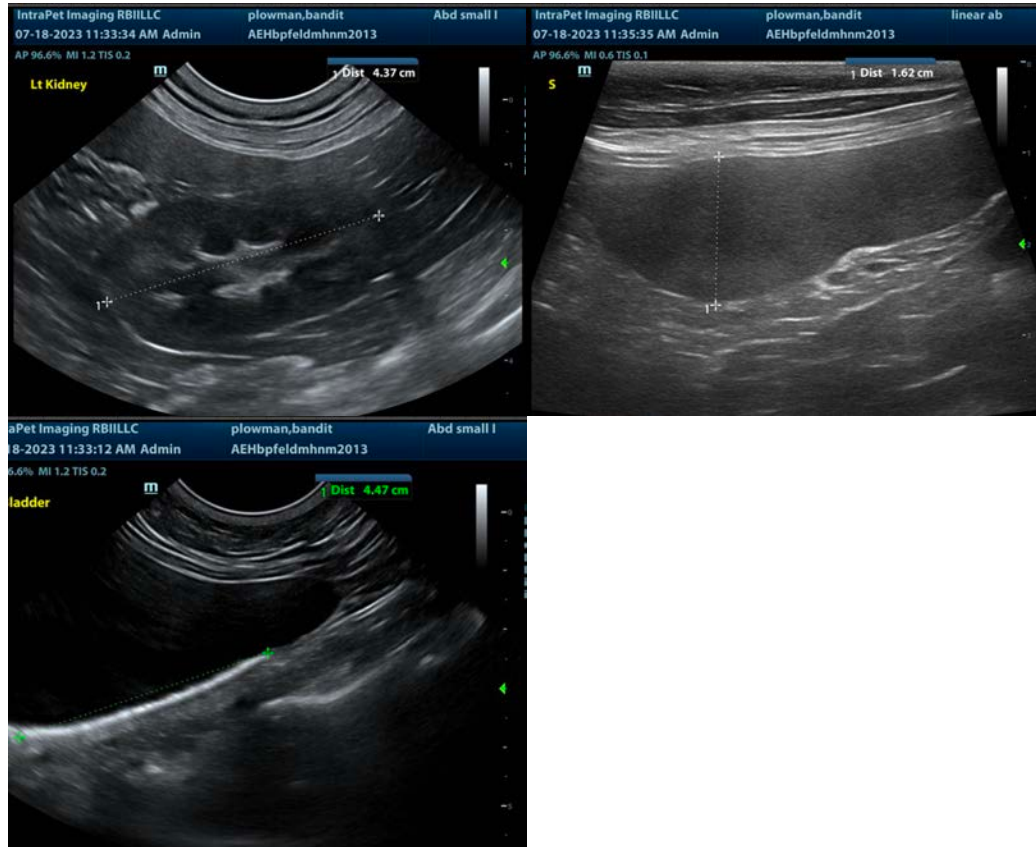
### **ULTRASONOGRAPHIC FINDINGS**

- Enlarged, hypoechoic spleen
- Swollen, hypoechoic liver
- Urinary bladder sand

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the bilirubin and splenic presentation, recommend FNA of the spleen and liver in this patient to assess for infiltrative disease versus splenitis or reactive spleen. Assuming the bilirubin is not artifactual, I'm concerned for underlying neoplasia. However, I would expect ALP elevation in this type of presentation. Regardless, full urinary workup warranted. Splenic and hepatic FNA indicated to assess round cell neoplasia versus splenitis or reactive spleen. Prognosis is guarded depending upon cytology results. Given the solitary bilirubin elevation, toxin exposure such as salmonella should be considered as well, as it can elevate bilirubin on its own without other liver enzyme elevations.





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  
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