



PATIENT

KC Beaulieu

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3.5

WEIGHT

5.15

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

John Sampson

HOSPITAL NAME

Richboro VH

REFERRING VET

John Sampson

INVOICE

23570

DATE

7/22/23

PRESENTING CLINICAL SIGNS

Went missing 5/14/23 to 7/4/23. Thin, dirty, covered in fleas. Went to ER 7/20 due to noticing that KC was yellow. She was acting relatively normal until then. No v/d noticed, but still and indoor/outdoor cat. More lethargic, inappetent.

Abnormal PE/Chem/CBC/UA Results: Bloods 7/20/23 - PVC/TS - 30/6.6, serum icteric CBC - HCT 22.9, MCHC 38, WBC 4.15, NEU 3.05 CHEM - BUN 12.9, CREA 0.6, TP 5.9, GLU 138, ALT 163, ALKP 471, GGT 24, TBILI 13.5 BP - 115 mmHg systolic POCUS - no free pleural, pericardial, peritoneal effusion PE 7/22 2/9 BCS, BAR generalized jaundice muscle score 1.5/3 otherwise unremarkable

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 2.0 cm beyond the cystourethral junction.

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 3.63 cm. The right kidney measured 3.77 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was diffusely enlarged with hyperechoic parenchyma and attenuating sound beam. This is most consistent with hepatic lipidosis. The gallbladder revealed a minor amount of dependent debris without overdistention. The common bile duct was normal at 2.0 mm.

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



PATIENT

KC Beaulieu

- Hepatic lipidosis pattern
- Gallbladder debris
- Volume contracted spleen

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25G FNA is warranted to ensure a more significant disease is not present. Assessment of concurrent hemolytic disease is warranted given the anemia. Mild potential for underlying hepatic lymphoma. Infectious agents, such as Bartonella should be considered if present in your region, especially given the flea history.

BREED

DSH

SEX

Spayed Female

AGE

3.5

WEIGHT

5.15

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

John Sampson

HOSPITAL NAME

Richboro VH

REFERRING VET

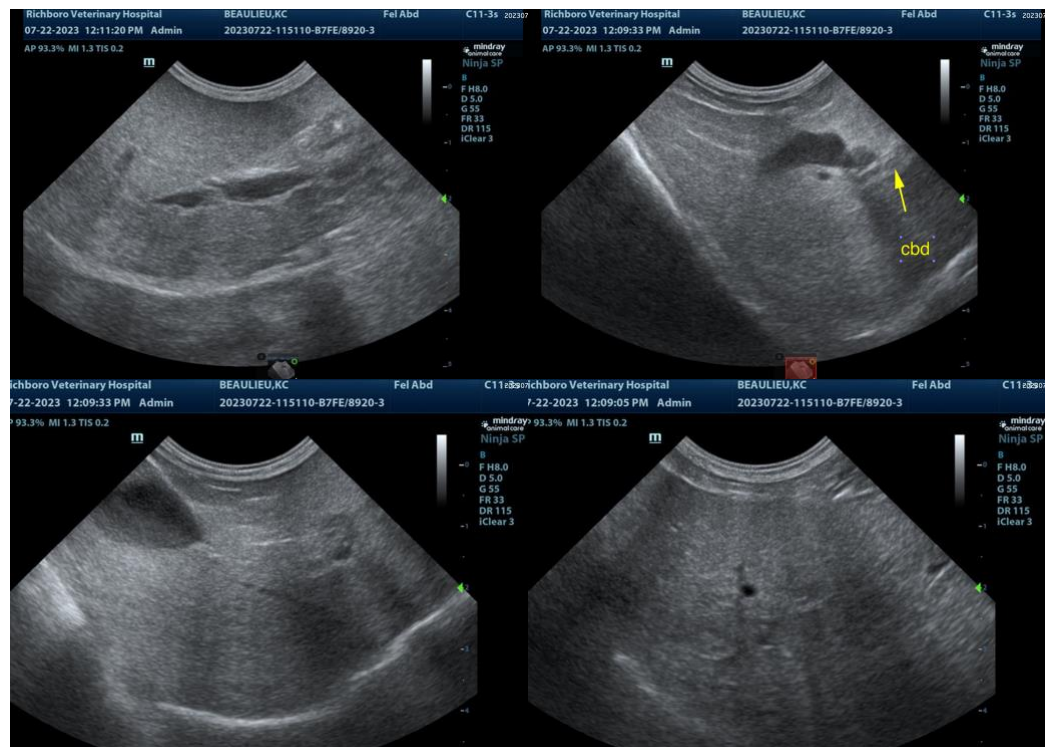
John Sampson

INVOICE

23570

DATE

7/22/23





PATIENT

KC Beaulieu

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3.5

WEIGHT

5.15

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

John Sampson

HOSPITAL NAME

Richboro VH

REFERRING VET

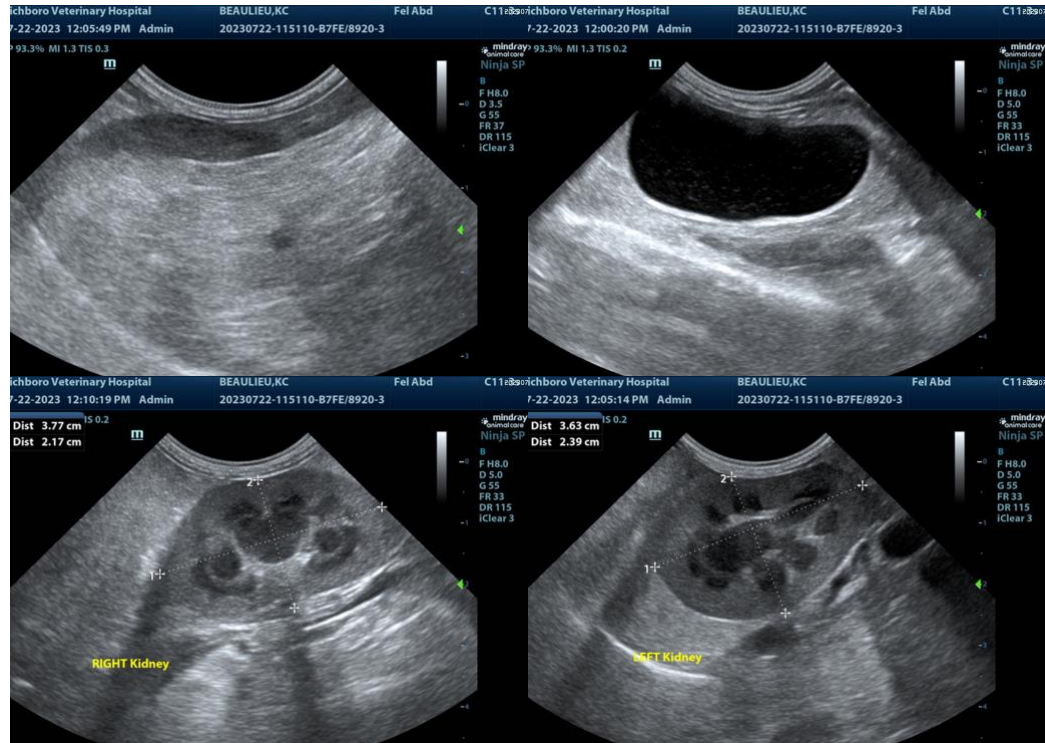
John Sampson

INVOICE

23570

DATE

7/22/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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