



**PATIENT**

Pyper Bisignani

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

5.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Heather M.

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Casulli

**INVOICE**

16500

**DATE**

7/25/22

**PRESENTING CLINICAL SIGNS**

History: Defecating abnormal - outside the box and little amounts, not eating as much, a little lethargic going to be getting b12 injections once weekly for 6 weeks on metronidazole - 10 day course twice daily proviable - 1 cap SID

Abnormal PE/Chem/CBC/UA Results: total bili - 2.9 (hi), GLU - 184 (hi), RBC - 4.9 (lo), hemoglobin - 7.7 (lo) HCT - 25 (lo), platelet count - 107 (lo) lymph -14 (lo), abs. lymph - 1162 (lo), mono - 16 (hi) abs. mono -1328 (hi), Preformed today: PCV - 25 TS - 7 Sending out COOMBS 37 Degree test Sending out Feline Anemia PCR

**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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.62 cm. The left kidney measured 3.5 cm.

**Adrenal Glands**

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

**Spleen**

The **spleen** was uniform.

**Liver**

The **liver** was enlarged with coarse architecture and hepatic lymph node enlargement. The gallbladder and common bile duct were unremarkable. The portal vein was congested with echogenic debris.

**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.

**Free Abdomen**



**PATIENT**

Pyper Bisignani

A moderate amount of **free fluid** was noted in the abdomen. The mesenteric lymph nodes were enlarged, measuring 2.0 cm.

**Other**

**SPECIES**

Feline

A rapid view of the **heart** revealed pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DSH

- Free fluid in the abdomen with mesenteric and hepatic lymphadenopathy
- Hepatic swelling
- Pericardial effusion
- Age-related renal changes

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

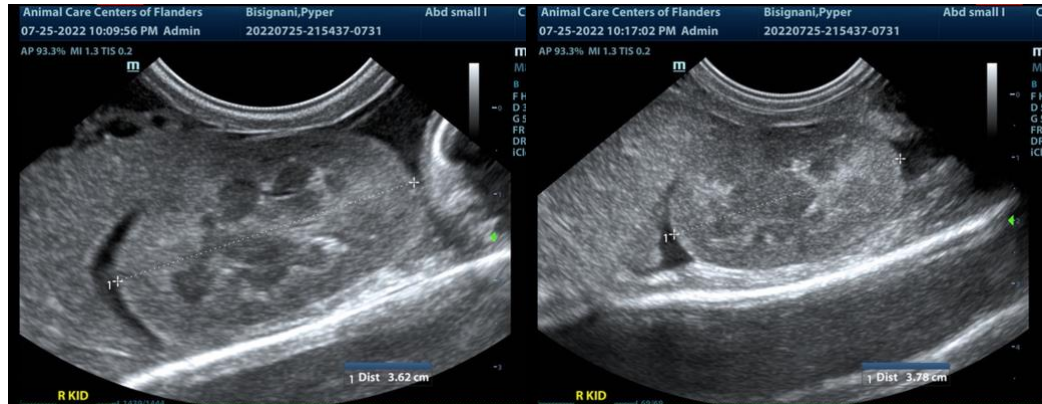
**AGE**

13 years

Strong concern for lymphomatosis, carcinomatosis or similar. Coagulation panel, FNA of the liver, accessible lymph nodes and abdominocentesis with cytopsin indicated. Full echocardiogram is warranted given the pericardial effusion, however, the effusion appeared to be fairly minor and may be a manifestation of systemic disease. Echocardiogram is necessary to assess for tamponade, yet no significant hepatic vein dilation was noted that would suggest passive congestion is causing the ascites.

**WEIGHT**

5.2 Pounds



**INTERPRETED BY**

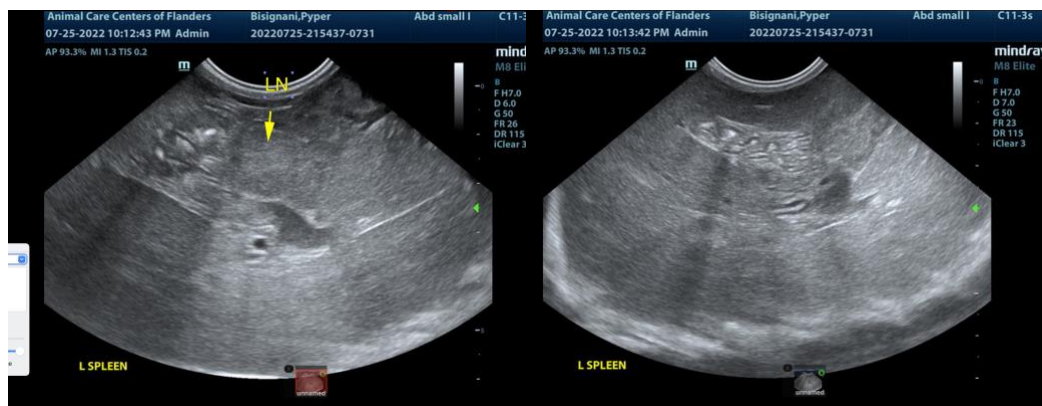
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Heather M.

**HOSPITAL NAME**

ACC Flanders



**REFERRING VET**

Dr. Casulli

**INVOICE**

16500

**DATE**

7/25/22



**PATIENT**

Pyper Bisignani

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

5.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Heather M.

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

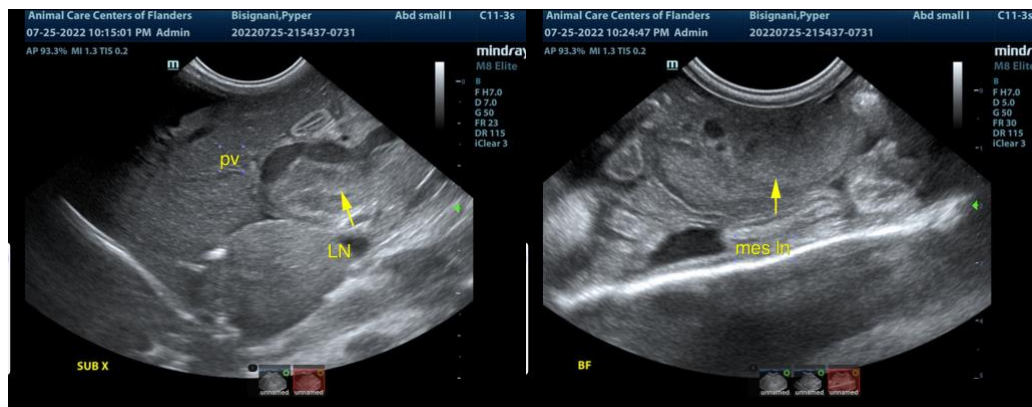
Dr. Casulli

**INVOICE**

16500

**DATE**

7/25/22



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