



PATIENT

Tiny Let These Animal
Live

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

1 year

WEIGHT

9.02 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Waffle

INVOICE

32038

DATE

7/28/22

PRESENTING CLINICAL SIGNS

History: Presented for severe icterus noted during castration at low cost clinic. Prior to surgery, was noted to be depressed and not eating well.

Abnormal PE/Chem/CBC/UA Results: Severe jaundice Temp: 104.2 Heart rate: 170 Grade 3/6 left systolic murmur FELV/FIV heartworm negative Bloodwork: Strongly regenerative anemia (hct - 7.3; reticulocyte 32.8%) Neu - 11.28 Mono - 0.90 Glu - 214 mg/dL Bun - 46 mg/dL TP - 9.4 g/dL GLOB - 6.0 g/dL ALT - 460 U/L TBIL - 13.7 mg/dL K - 3.4 mmol/L Started eating last night Given Prednisolone 10mg twice a day Given Famotidine 20mg 1/4 twice a day

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. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The right **kidney** is enlarged and measured 5.23 cm with hyperechoic medullary rim sign. The left kidney measured 5.0 cm with mildly thickened cortices.

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** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed increased portal markings, coarse architecture and mildly tortuous cystic duct. The gallbladder was mildly thickened.

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.



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Pancreas

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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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Free Abdomen

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Trace amounts of free fluid were noted.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Swollen kidneys with medullary rim sign. Strong potential for underlying FIP.

AGE

1 year

Coarse hepatic architecture.

WEIGHT

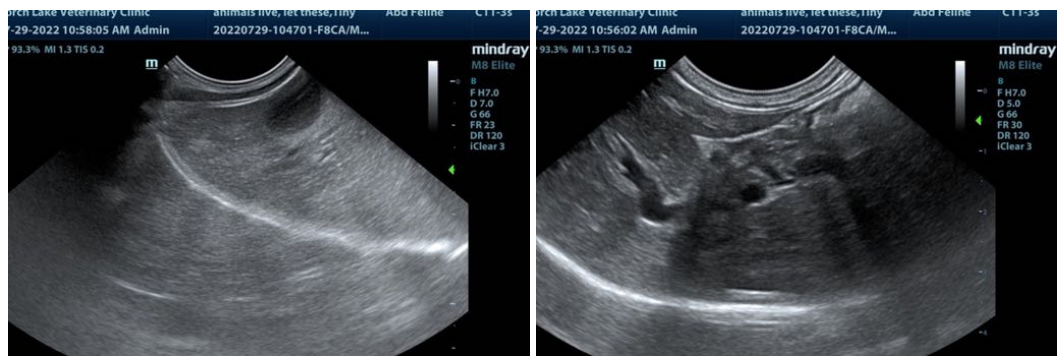
9.02 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infectious agents such as Bartonella and Toxoplasmosis should be considered. CBC path review +/- blood transfusion and FNA of the liver and kidneys could be considered to assess for granulomatous disease. There was no overt evidence of lymphoma, yet this cannot be completely ruled out.

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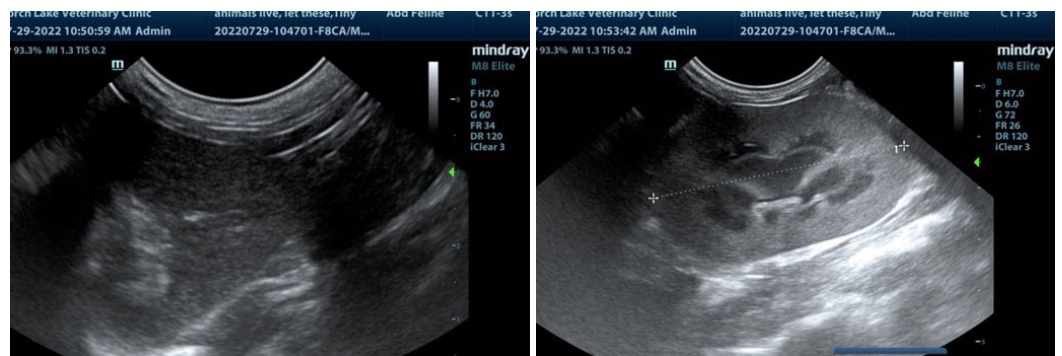


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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