



PATIENT

Mittie Sevigny

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Loeffler

INVOICE

43694

DATE

7/3/23

PRESENTING CLINICAL SIGNS

Presented for anorexia for the last 2 days, lethargy, yellow skin. Still drinking water. Normal urinations. No BM the last two days, before that BM appeared normal. No recent vomiting Known to eat strange things, eg fibers/strings from cat post, chews on ponytail fern leaves and vomits them up, vomits after eating fast ~ 1x a week, occasional hair ball. Indoor only. No known toxin exposure

Abnormal PE/Chem/CBC/UA Results: 2 view (LL and VD) abdominal rads: normal IVC CBC: mild monocytosis (MON 1.10), low PLT 80k, otherwise unremarkable Vetscan Imagyst differential: WBC and proportions wnl, PLT 298.6k medium aggregated platelets Chem17: mild hyperglycemia (GLU 162), mild elevated ALT (134), moderately elevated ALKP (347), severe hyperbilirubinemia (TBIL 8.1), low Chol (31), rest wnl Lytes: low Cl (106), rest wnl UA cysto: USG >1.050, pH 6.5, Pro 500 mg/dL, UBG 12 mg/dL, BIL 6 mg/dL, BLD 50 Ery/uL Sedivue: WBC 1/hpf, RBC >50/hpf, Bilirubin 6-20/hpf, unclassified crystals (suspect not truly crystals as not seen on images) 6-20/hpf, no bacteria Free fluid: medium red in color, TP 1g/dL, cytology pending but prelim impression is nothing remarkable Hepatic FNA: lot of fat vacuolization (cyto pending)

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Mineralization noted in both kidneys. The left kidney measured 4.33 cm. the right kidney measured 4.34 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.40 cm.

The area of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.



PATIENT *Liver*

Mittie Sevigny

The **liver** was hypoechoic to falciform fat. Heterogeneous parenchymal changes noted. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction.

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Gastrointestinal

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The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted. The stomach was filled with progressively shadowing ingesta or possible hairball accumulation.

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Mesenteric lymph nodes were mildly enlarged.

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Pancreas

The **pancreas** revealed heterogeneous hypoechoic parenchyma with undulating contour. Local areas of free fluid noted between the stomach and pancreas.

WEIGHT

4.5 kg

ULTRASONOGRAPHIC FINDINGS

- Minor variable intestinal thickening
- Pancreatitis
- Reactive mesenteric lymph nodes
- Hypoechoic liver
- Age related renal changes

INTERPRETED BY

Eric Lindquist, DMV

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DABVP, Cert. IVUSS

Coagulation panel and ultrasound guided FNA of the liver indicated to assess for potential underlying neoplasia/lymphoma versus lipidosis/likely supportive care for pancreatitis and cholangitis warranted, yet I'm concerned for underlying hepatic lymphoma in this patient. Sampling is essential. 25-gauge aspirates recommended.

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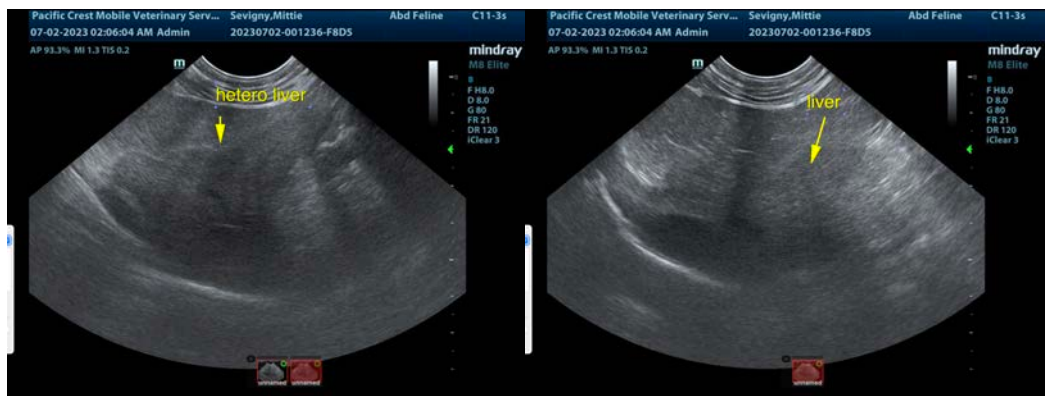
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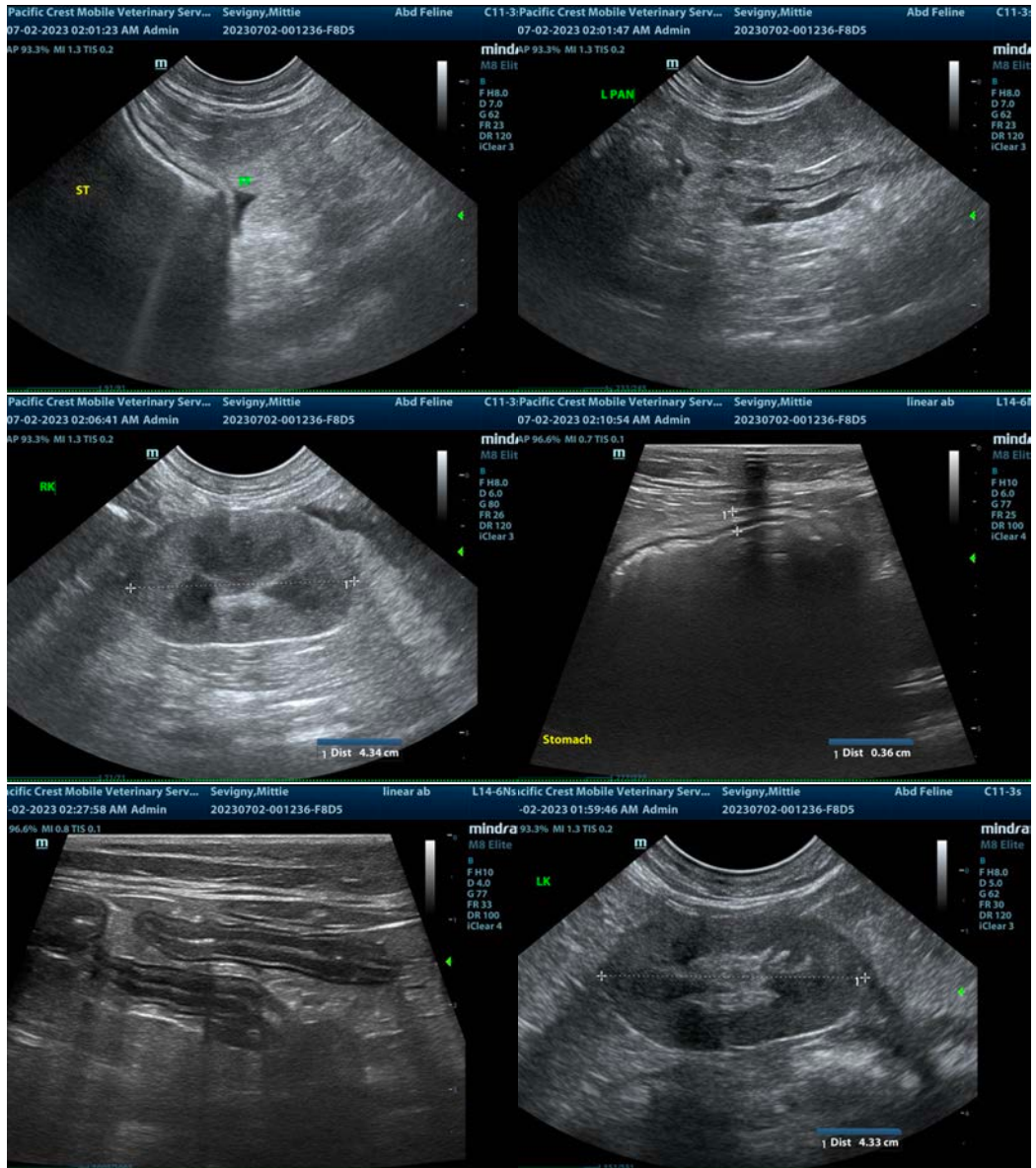
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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