



PATIENT

Sloan Kempf

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed femlae

AGE

9 years

WEIGHT

6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr. Ruder

INVOICE

45892

DATE

7/4/23

PRESENTING CLINICAL SIGNS

History: CASE HISTORY: - vomiting 1-2 times per day for past 3 weeks (prior to this vomited 1x per month - hairball /fluff) - appetite and energy seem normal - did have soft stool few days ago but seems normal - hx of carpet ingestion and fluff from cat tree - this is not new but may be more noticeable last few weeks - Weight loss - 1 kg since may 2023 - not intentional weight loss - no c/s pupd - no hx of medical issues and no current meds supps other than hairball medication that was started after visit to RDVM ~ 1 week ago - indoor only DDx for splenomegaly - mostly concerned for infiltrative process
Infiltration: Diffuse, infiltrative splenomegaly w/ lymphoma, mastocytosis, multiple myeloma, histiocytosis, amyloidosis, and other leukemias.
Abnormal PE/Chem/CBC/UA Results: palpable splenomegaly. mast cells seen on buffy coat

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 was noted. Ureteral papillae were normal.

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 3.3 cm. The right kidney measured 3.9 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.

Spleen

The **spleen** was severely enlarged with granular, hypoechoic, micronodular appearance. This is strongly suggestive for infiltrative disease at 1.7 cm. Slight free fluid was noted adjacent to the spleen with a hyperechoic lipogranulomatous change in the parenchyma.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The stomach revealed progressively shadowing material. This is consistent with likely hairball accumulation unless the patient was post prandial. Soft ingesta is a potential. The pylorus was free of evident pathology.

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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.

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ULTRASONOGRAPHIC FINDINGS

Splenomegaly.

AGE

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Slight free fluid.

Otherwise, unremarkable abdomen.

WEIGHT

6 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hairball type density in the stomach. Screening FNA can be considered at the liver as well as the spleen to confirm infiltrative disease. Chest radiographs are warranted to assess for metastatic disease. However, coagulation panel and Benadryl injection is warranted prior to sampling or direct splenectomy and liver biopsy. However, Benadryl injection should be considered as well as coagulation panel prior to any intervention. The prognosis is guarded.

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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.

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