

PATIENT PRESENTING CLINICAL SIGNS

Jimi DeBalsio

History: Severely icteric, weight loss, peritoneal effusion

SPECIES

Abnormal PE/Chem/CBC/UA Results: BUN: 38H, ANION GAP: 26H, ALT: 924H, AST: 509H, ALP: 811H, GGT: 7H, TOTAL BILIRUBIN: 12.7H, BILIRUBIN UNCONJUGATED: 6.1H, BILIRUBIN CONJUGATED: 6.6H, LIPASE: 69H, FREE T4: 0.6L, FREE T4: 7.7L, RBC: 6.68L, HGB: 8.8L, HCT: 25.7L, MCV: 38L, LYMPHOCYTE: 820L

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Medium Hair

Urinary System

SEX

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.

Neutered male

AGE

12 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.7 cm. The right kidney measured 4.09 cm.

WEIGHT

6.69 lbs

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. The right adrenal gland measured 0.3 cm.

IMAGING PERFORMED BY

Dr. Striano-Kaplan

Spleen

HOSPITAL NAME

Ramsey VH

The **spleen** was enlarged with scalloping contour and hypoechoic parenchyma.

REFERRING VET

Liver

Dr. Striano Kaplan

The **liver** revealed non-specific, swollen contour with hypoechoic parenchyma to the falciform fat. Generalized hepatic enlargement was noted. Slightly increased portal markings were noted. The gallbladder was collapsed and double layered. The common bile duct was normal and collapsed. There was no evidence of post hepatic obstruction.

INVOICE

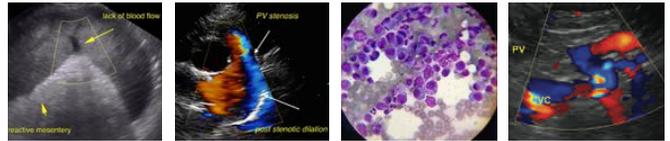
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Gastrointestinal

DATE

8/10/21

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



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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

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

BREED

Domestic Medium Hair

SEX

Neutered male

Free Abdomen

A minor amount of free fluid was noted in the abdomen.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

Non-specific hepatic enlargement.

WEIGHT

6.69 lbs

Splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

There was no evidence of post hepatic obstruction. There is a strong concern for underlying lymphoma or similar neoplasia. Coagulation panel and 25-gauge FNA of the spleen and liver +/- abdominocentesis and cytospin is recommended.

IMAGING PERFORMED BY

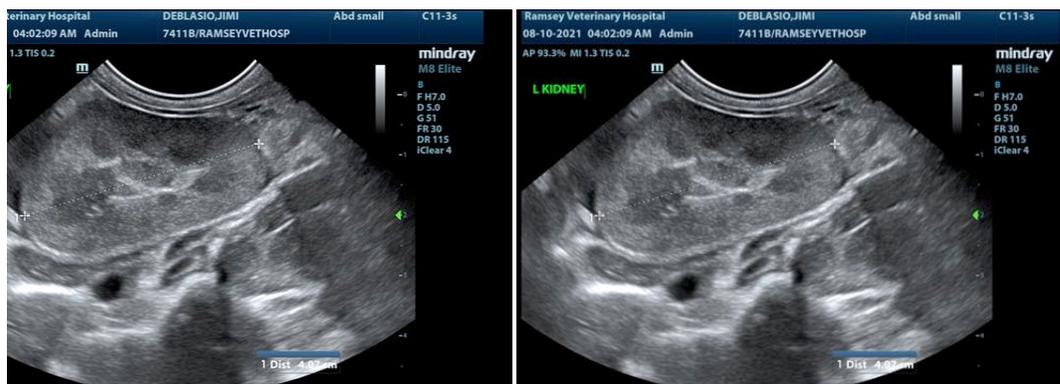
Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano Kaplan

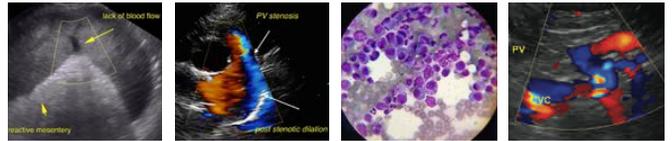


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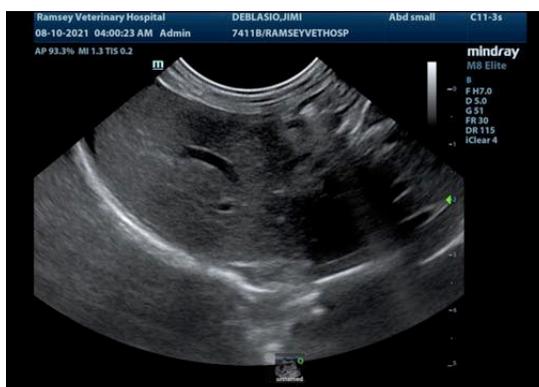
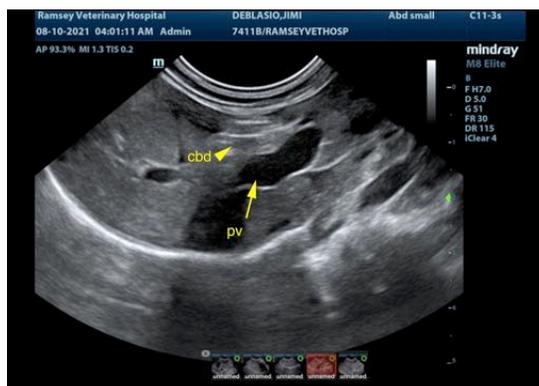
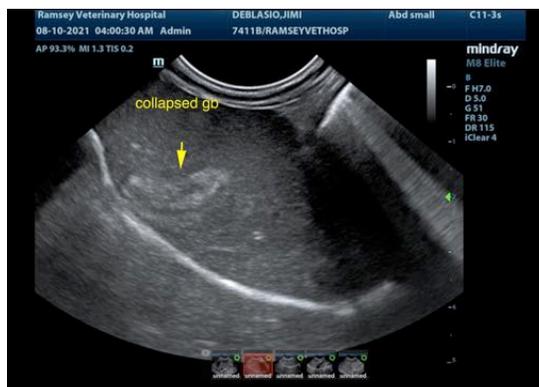
Dr. Striano Kaplan

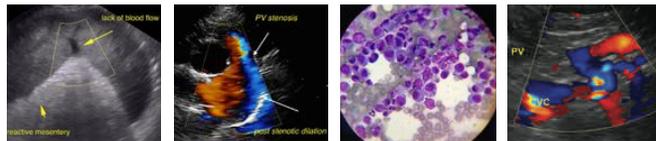
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Feline

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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Neutered male

AGE

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WEIGHT

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