



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Chaucer Heilman

**SPECIES**  
Feline

**BREED**  
DMH

**SEX**  
Neutered Male

**AGE**  
11 Years

**WEIGHT**  
13.8 Pounds

**INTERPRETED BY**  
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
Dr. Carter

**HOSPITAL NAME**  
Willamette VH

**REFERRING VET**  
Dr. Jimmerson

**INVOICE**  
40481

**DATE**  
8/16/22

Indoor/outdoor. Presented for 2d anorexia and vomiting, fever, 105.4°F on presentation. icteric serum, elevated ALT and t-bili. No improvements with 24hr supportive care for suspect salmonellosis or mycoplasma (IVF, GI support, enrofloxacin, analgesia). Free fluid noted on fast scan.  
Abnormal PE/Chem/CBC/UA Results: Labs: CBC = moderate non-regen anemia HCT 26%, low retics 2.8k, severe leukopenia 1.99k, neutropenia 0.23k, monocytosis 0.71k, thrombocytopenia 52k chem = ALT 306, low ALP < 10, t-bili 4.6. K 3.0 24hr recheck ALT 190 (improved), T-bili 5.2 FeLV/FIV = negative 3 view full body rads = nsf. gas in colon, adequate serosal detail. no obstructive pattern. thorax wnl. Pathology Blood Smear Review = Interpretation: Mild normocytic, normochromic, nonregenerative anemia Moderate leukopenia characterized by neutropenia with a degenerative left shift and toxic change, and marked lymphopenia Moderate thrombocytopenia- see comments Comments: The leukogram findings raise concern for neutrophil consumption secondary to severe inflammation/infection in this patient. Anemia is likely secondary to inflammatory disease. Few platelet clumps are present and there was a clot in the submitted tube. Therefore, an accurate platelet estimate cannot be provided but the platelet count is higher than the reported value.

**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. The left kidney measured 4.29 cm. The right kidney measured 4.34 cm.

**Adrenal Glands**

**Spleen**

The **spleen** presented slight scalloping contour with slight heterogeneous parenchymal changes. Normal size at 9.0 mm.

**Liver**

The **liver** was enlarged, irregular and nodular with surrounding free fluid. The gallbladder was thickened and edematous without overdistention. No evidence post-hepatic obstruction. The common bile duct and duodenal papillae were subjectively thickened.

**Gastrointestinal**

The **pylorus** was unremarkable. However, the gastric fundus was particularly thickened with ill-defined mural detail. Slight free fluid noted. The small intestine and colon were unremarkable.

**Pancreas**

The **pancreas** was hypoechoic with heterogeneous parenchymal changes in the right limb.



**PATIENT**

*Free Abdomen*

Chaucer Heilman

Mild amounts of free fluid noted in the abdomen.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Infiltrative hepatic pattern with free fluid and nodular changes
- Upper gastric thickening
- Heterogeneous pancreas
- Mild age related renal changes

**BREED**

DMH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

I'm concerned for hepatic neoplasia in this patient. Blood transfusion to address the thrombocytopenia would be ideal until platelet count is >70,000 with coagulation panel and FNA of the liver, as well as ultrasound guided abdominocentesis and cytospin of the free fluid. Treatment for cholangitis warranted in the meantime. Possible underlying infectious disease. However, the nodular changes and irregular contour are strongly concerning for underlying infiltrative disease/lymphoma or similar.

**AGE**

11 Years

**WEIGHT**

13.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

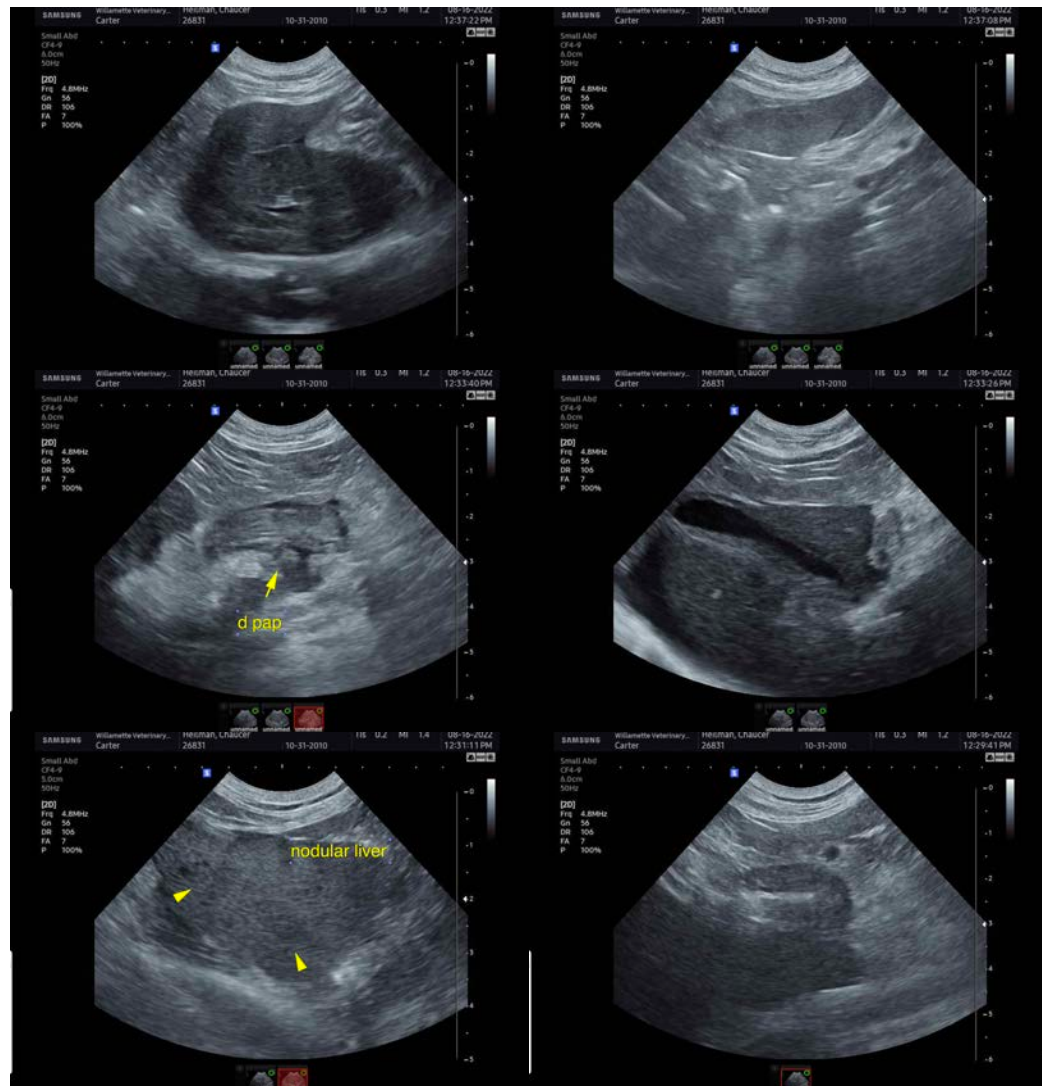
Dr. Jimmerson

**INVOICE**

40481

**DATE**

8/16/22





**PATIENT**

Chaucer Heilman

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

13.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

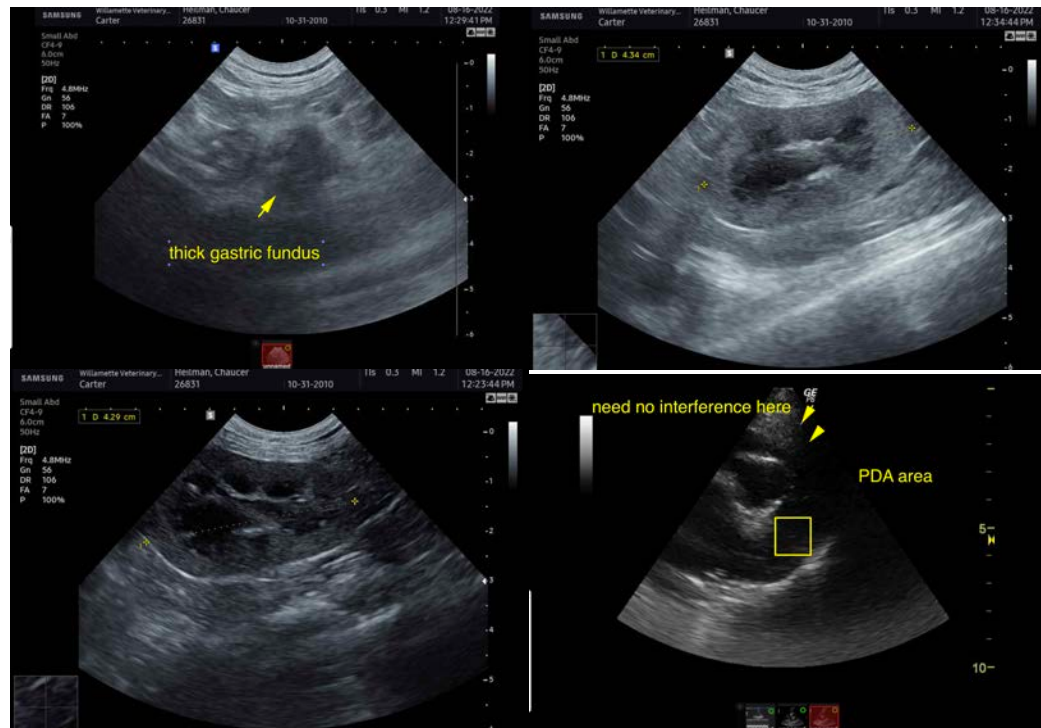
Dr. Jimmerson

**INVOICE**

40481

**DATE**

8/16/22



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](mailto:info@SonoPath.com)