



PATIENT

Sebastian Wills

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

6.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

12625

DATE

8/20/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for vomiting, lethargy. O states vomited first time over night Wednesday. P is typically very talkative and hasn't been. Yesterday o noticed decreased urination and no bowel movement noted until over night (very small amount). Vomited 3 times this morning- once while in the litter box straining. Lethargic- not playing. Wouldn't eat regular food this morning; only a few treats.

Abnormal PE/Chem/CBC/UA Results: Extremely tense mid abdomen Bloodwork: GLU 218; HCT 27; NEU 16.92; MCHC 36.4; PLT 99; FIV positive. Rads: abdominal effusion, lack of detail mid abdomen

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 1.0 cm beyond the cystourethral junction.

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 4.57 cm. The right kidney measured 4.64 cm.

Adrenal Glands

The regions of the **adrenal glands** were 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.

Liver

The **liver** was uniform. The gallbladder and common bile duct were unremarkable. No evidence of passive congestion.

Gastrointestinal

The **stomach** itself was unremarkable. Variable gastrointestinal thickening noted in the mid to distal small intestine with an undifferentiated mass in the mid abdomen of lymph node or intestinal origin. The mass measured approximately 3.0 cm x 2.0 cm. Areas of loss of detail noted. Variable other hypoechoic ill-defined changes were noted, likely of lymph node proliferation.

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

Reactive mesentery was noted throughout the mid **abdomen** with slight areas of free fluid.

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- Distal small intestinal infiltrative pattern with regional lymphadenopathy or intestinal necrosis
- Regional free fluid and peritonitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the lymph nodes recommended with cytology and culture. Round cell neoplasia versus FIP are strong potentials. Prognosis is extremely guarded. Secondary free fluid likely owing to lymphatic obstruction and inflammation.

AGE

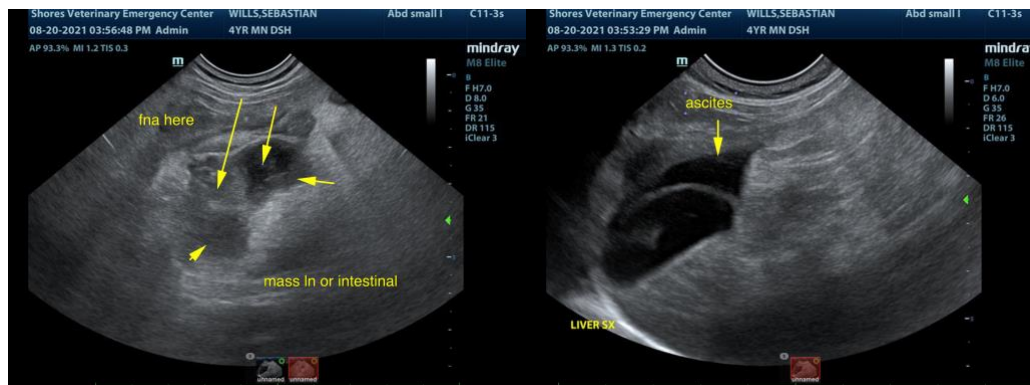
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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info@SonoPath.com

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