

## PATIENT

Neko Leite

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

9 years

## WEIGHT

8.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Denise Bruno, LVT,  
RDMS

## HOSPITAL NAME

Kenilworth AH

## REFERRING VET

Dr. Mansour

## INVOICE

39470

## DATE

9/19/22

## PRESENTING CLINICAL SIGNS

History: Anorexia, weight loss, Icterus Evaluate Liver for neoplasia vs other neoplasia> Labs attached

## 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** were normal in size and contour as well as vascularity. Minor, degenerative changes were noted. The right kidney measured 4.4 cm and the left kidney measured 4.0 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 and measured 2.12 cm. Scalloping, irregular contour was noted as well as subtle, micronodular changes.

### Liver

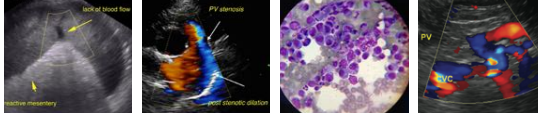
The **liver** presented minor over circulation. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Pleural effusion was noted through the diaphragm. This is most consistent with passive congestion hepatic pattern.

### Gastrointestinal

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### 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



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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.

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**Free Abdomen**

A large amount of ascites was noted.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

Severe splenomegaly with ascites and pleural effusion.

**SEX**

Neutered male

Mild passive congestion hepatic pattern.

**AGE**

9 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I suspect round cell neoplasia with possible paraneoplastic hemolytic anemia. CBC path review, blood transfusion, abdominocentesis and cytospin as well as 25-gauge FNA of the spleen is indicated. However, the hematocrit should be at least 20 prior to splenic FNA. Mast cell disease is a strong potential in this patient. The prognosis is extremely guarded to poor. Splenitis with infectious hemolytic anemia is possible, yet less likely. Bone marrow may also be appropriate.

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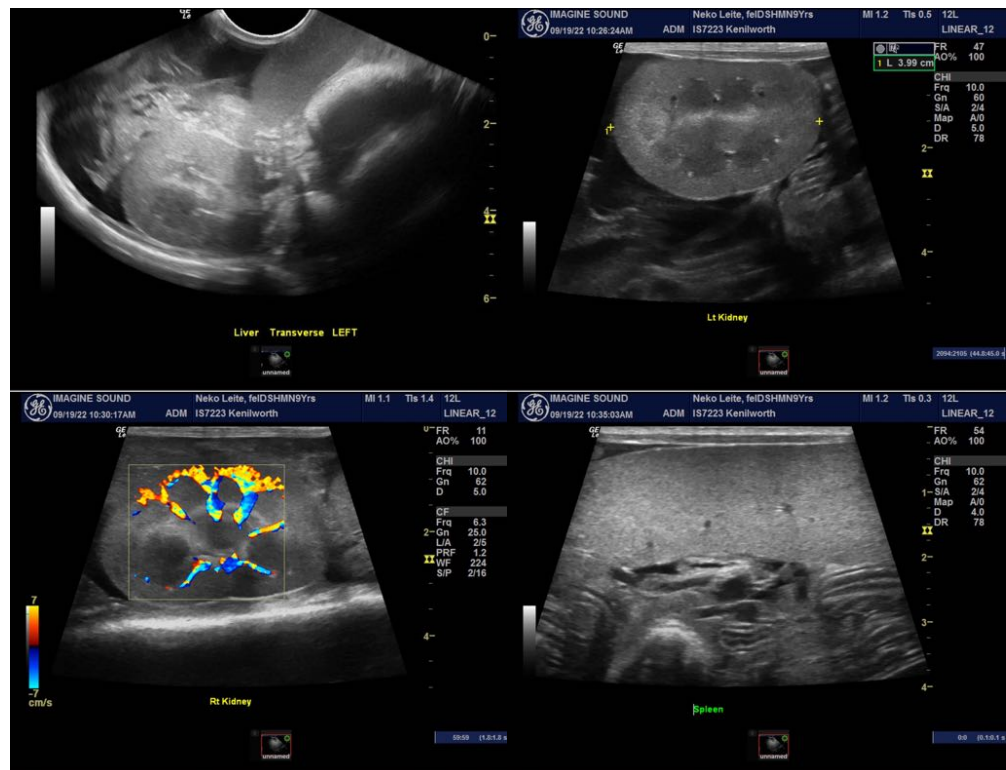
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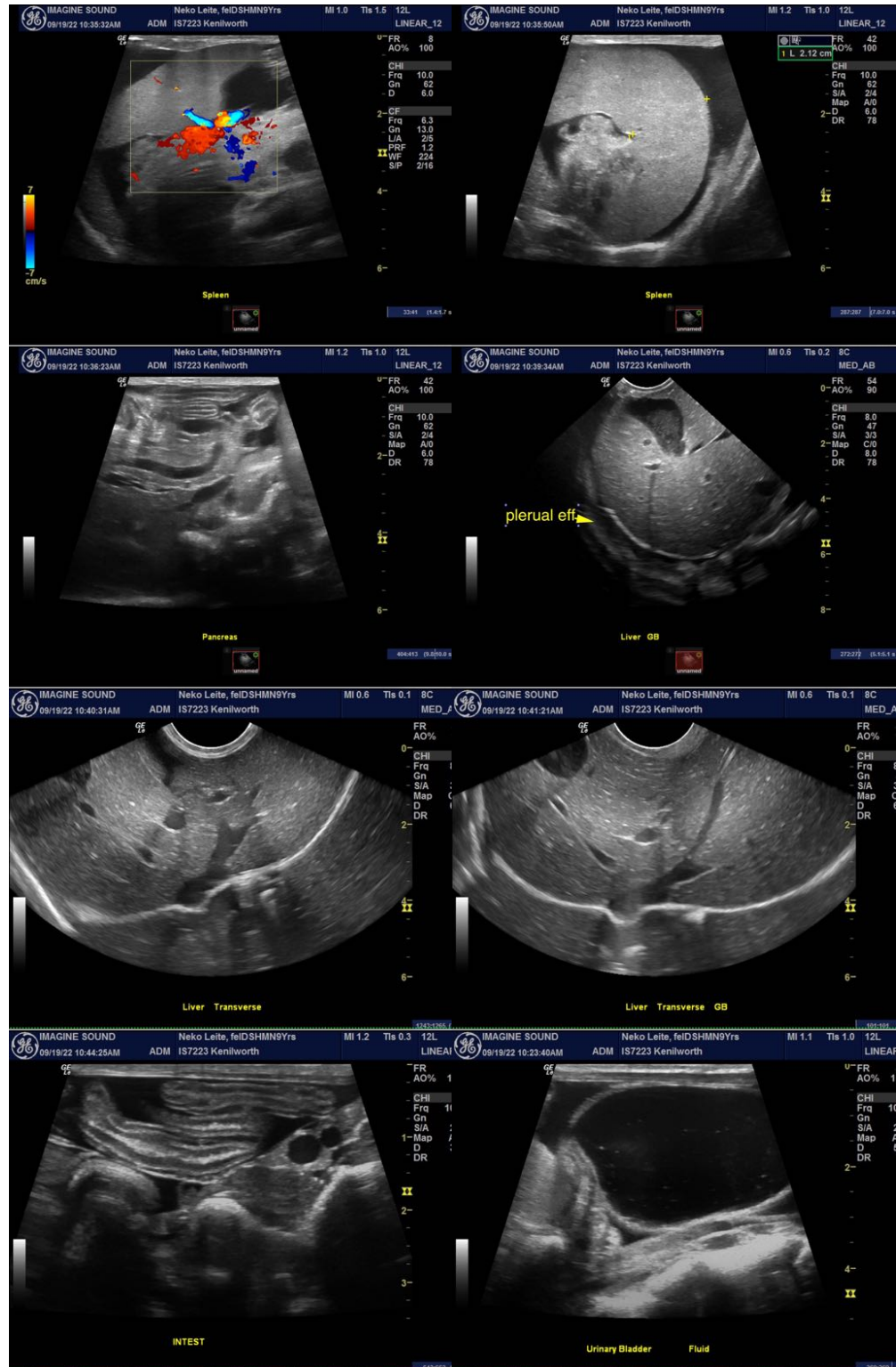
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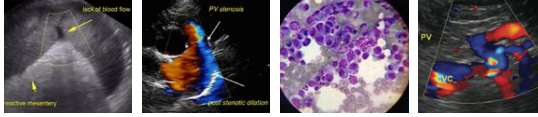
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Neko Leite

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

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