



PATIENT

Bear Lozier

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

17137

DATE

9/3/22

PRESENTING CLINICAL SIGNS

History: Weight loss, lethargic,

Abnormal PE/Chem/CBC/UA Results: Blood WBC 18.3

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.

Both **kidneys** presented slight irregular contour and slight enhanced pericapsular fat. 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 3.62 cm. The right kidney measured 4.41 cm.

Adrenal Glands

The **left adrenal gland** was 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 left adrenal gland measured 0.29 cm.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. Minor heterogeneous parenchymal changes were noted. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. Slight free fluid was noted adjacent to the spleen.

Liver

Hepatomegaly was noted. Diffusely hyperechoic **hepatic** parenchyma was noted, consistent with lipidosis. However, underlying round cell neoplasia is a potential. The gallbladder was congested and bifid. Slight amounts of free fluid were noted.

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



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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.

SPECIES

Feline

Other

Pleural effusion was noted through the diaphragm.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with lipidosis pattern
- Irregular spleen
- Irregular kidneys
- Congested bifid gallbladder
- Pleural effusion throughout the diaphragm

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Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 Years

I'm concerned for round cell neoplasia presentation, obscured by lipidosis pattern. Full coagulation panel, pleurocentesis and cytospin of the free fluid, FNA of the spleen and liver +/- kidney would all be valid. However, I do recommend coagulation panel prior to sampling. 25-gauge needles are recommended.

WEIGHT

9 Pounds



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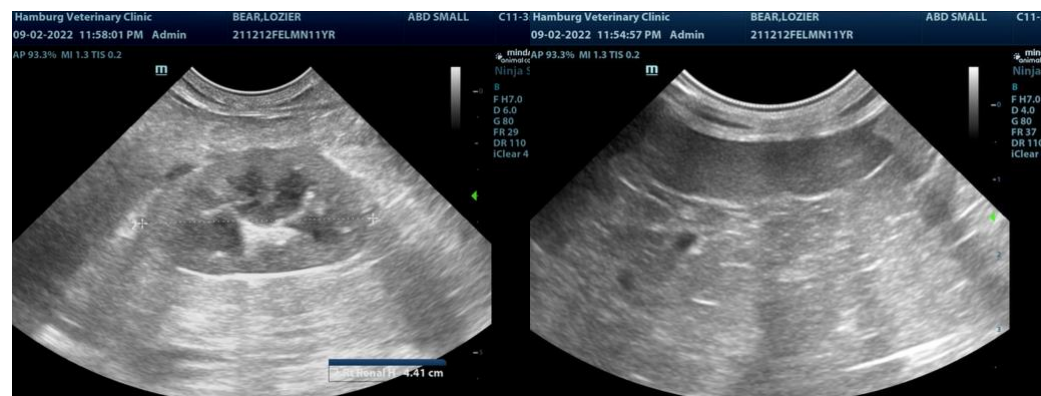
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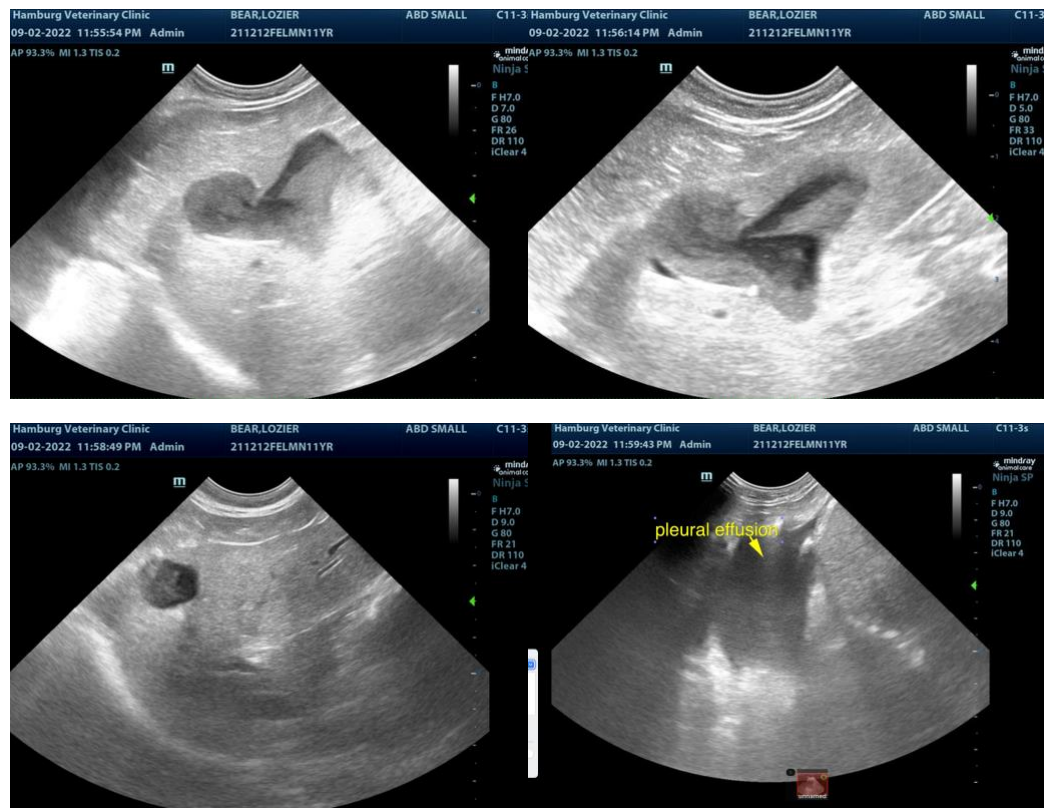
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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