



PATIENT

Cuddles Schiffner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

7.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Green

INVOICE

39543

DATE

9/21/22

PRESENTING CLINICAL SIGNS

History: presented 9/20/22 for inappetence, rapid weight loss over 2 weeks, lethargy
Abnormal PE/Chem/CBC/UA Results: severe anemia: HCT 13.5, TBili 1.0, CBC pending path review, feline triple negative

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** 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 right kidney measured 3.7 cm. The left kidney measured 3.42 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. The left adrenal gland measured 0.29 cm. The right adrenal gland measured 0.25 cm.

Spleen

The **spleen** was moderately enlarged with minor scalloping contour. The spleen measured 1.4 cm in width. Hypoechoic parenchyma was noted.

Liver

The **liver** was mildly enlarged, yet uniform and unremarkable. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction.

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.



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Pancreas

Cuddles Schiffner

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

BREED

Domestic Shorthair

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

SEX

Spayed female

Splenomegaly.

AGE

10 years

Mild hepatomegaly.
Trace amount of free fluid.

WEIGHT

7.5 lbs

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Round cell neoplasia versus reactive spleen. Coagulation panel, blood transfusion and FNA of the spleen and liver is indicated +/- FNA of the bone marrow. An argument can be made for low-grade hemolytic disease secondary to round cell neoplasia as a paraneoplastic manifestation or underlying round cell neoplasia involving the spleen +/- liver to create the current profile. FNA is fairly risky with hematocrit at 13. The hematocrit should be at least 20 prior to sampling.

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Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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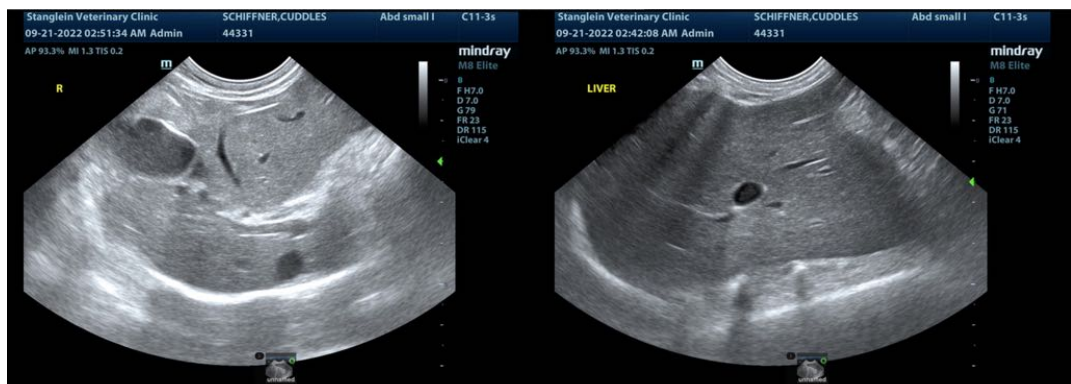
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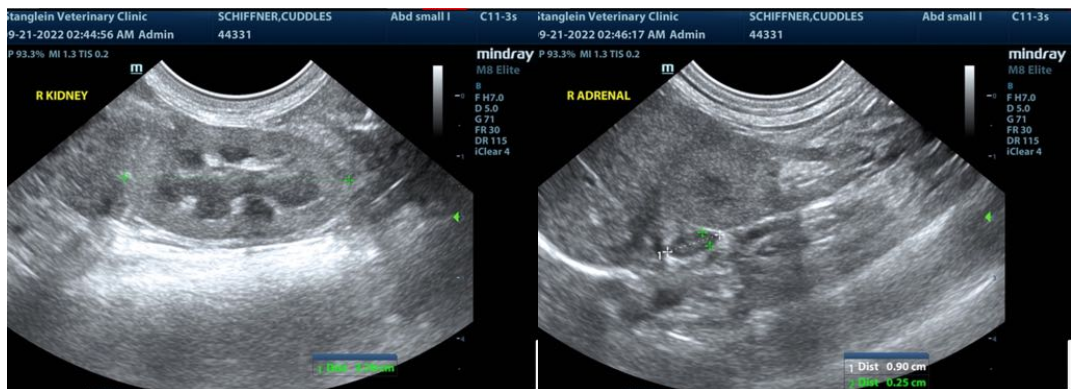
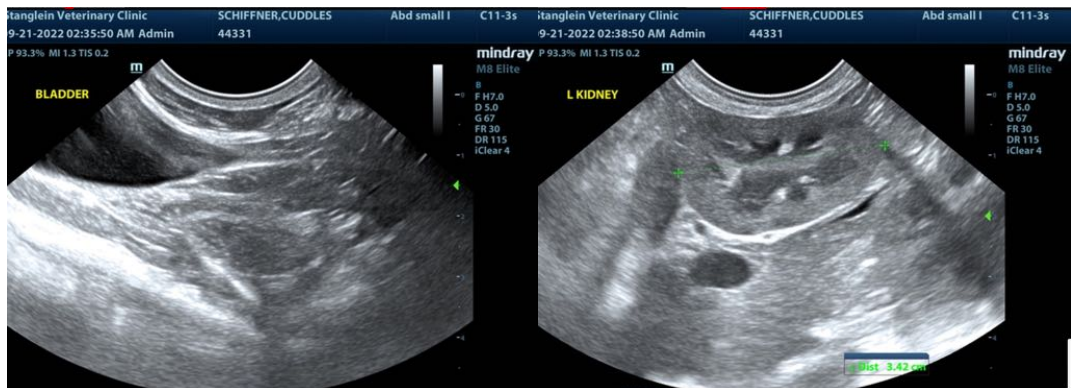
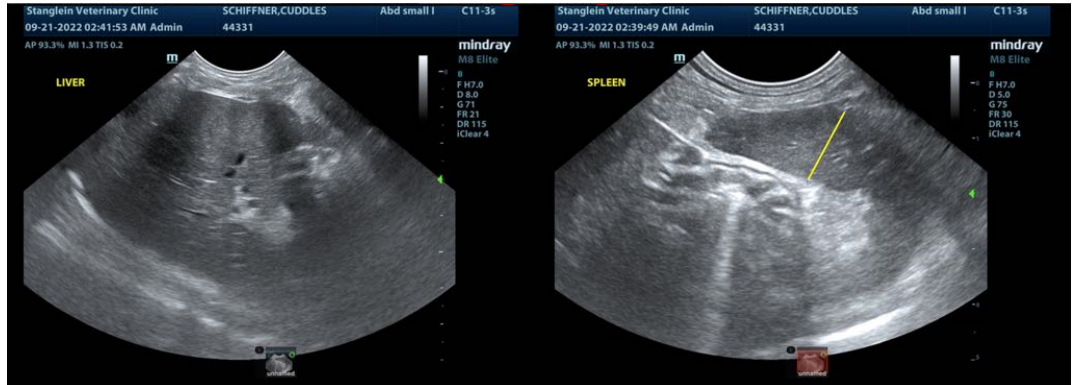
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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