



PATIENT

Dova Clemence

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11 Years

WEIGHT

6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beiderbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Beiderbeck

INVOICE

17465

DATE

9/26/22

PRESENTING CLINICAL SIGNS

History: Clinically normal, doing u/s due to abnormal labwork Outside 50% of the time, may have gotten into something as cause of prev liver enz elevation? Sedated with dexdomitor, midazolam and butorphanol

Abnormal PE/Chem/CBC/UA Results: Dental done Sept 14/22 - BW = RBC 5.43 (6.54-12.2), HCT 25.1%, HGB 8.4 (9.8-16.2) CHEMISTRY: ALT 143 (12-130), ALKP < 10, GGT 5, TBIL 1.4 (0-0.9) Recheck bloodwork done 9/26 RBC 5.81 HCT 26.8, HGB 8.9. Liver values are normal

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 **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 3.5 cm. A cortical infarct was noted at the caudal pole of the left kidney. The right kidney measured 3.5 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with minor 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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. Minor chronic inflammatory bowel



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disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Minor nonobstructive shadowing material was noted in the pylorus, consistent with hairball density.

Pancreas

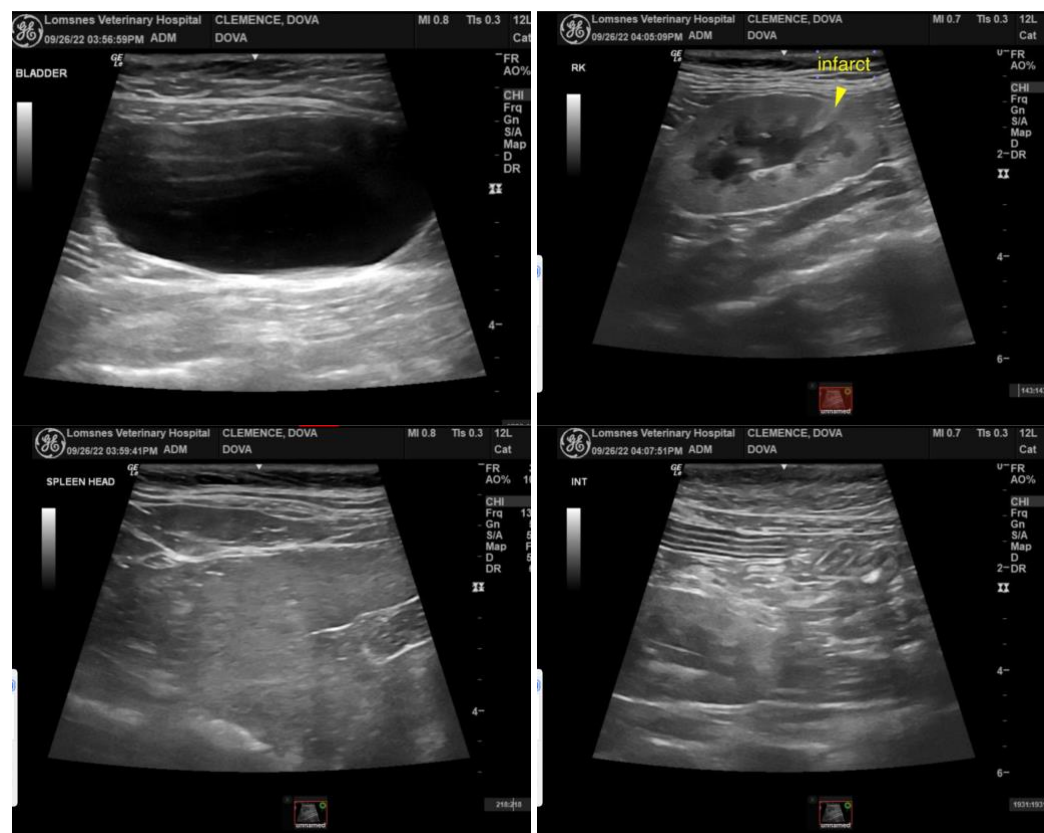
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor left renal infarct
- Minor intestinal thickening with likely minor hairball density in the stomach
- Slight splenic enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If weight loss is an issue, splenic FNA is indicated. Low grade hemolysis may be an issue in this patient, however, the cause of anemia is otherwise unclear. Hairball therapy is warranted. CBC path review +/- bone marrow aspirate and splenic and hepatic aspirates would be appropriate, given that the structure of the liver appears unremarkable.





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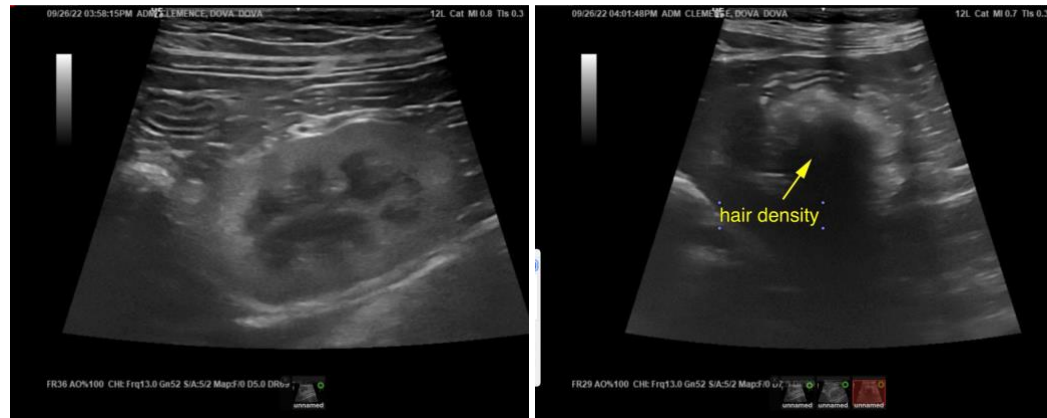
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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