



PATIENT	PRESENTING CLINICAL SIGNS
Neelix Burjan	History: episode of vocalization, altered mentation Very anxious, painful abdomen Abnormal PE/Chem/CBC/UA Results: AFAST free fluid in all four quadrants. FNA reddish brown in color In-house Labs - cbc mild thrombocytopenia, otherwise NSF - chem 17, lytes, LAC = GLU 271, PHOS 2.9, K+ 3.2 - UA USG > 1.050, pH 7.0 protein 100 mg/dl, no UBG no bilirubin. WBC 1/hpf, RBC > 50/hpf no bacteria seen, 1-2 epi cells/hpf rare unclassified crystals. Sample additional fluid for in-house diagnostics - cytology RBCs neutrophils large mononuclear cells - CREA 1.5 - Bilirubin 4.4 - PCV/TS = 3%/3.6 Peritoneal Fluid Analysis from OSU: The sample is predominated by erythrocytes, many of which are poorly preserved with frequent fragments of blood cells noted throughout. Nucleated cells are comprised of approximately 74% neutrophils, 12% large mononuclear cells, 12% small lymphocytes and 1% each mast cells and eosinophils. Mononuclear cells are predominated by phagocytic macrophages many of which contain phagocytized erythrocytes and globular pigment consistent with iron (hemosiderophages). Few reactive mesothelial cells are also noted. Neutrophils are non-degenerated in appearance but several pyknotic cells are seen. Few mast cells are scattered throughout. These are well granulated and overall, appear uniform. No microorganisms are found. Interpretation: Evidence of chronic, ongoing hemorrhage with mixed inflammation The cause of hemorrhagic effusion is not readily evident. Few mast cells may be reactive, although underlying mast cell neoplasia cannot be ruled out particularly if organomegaly (namely splenomegaly) is suspected. Hyperbilirubinemia is stated which has been reported with "autotransfusion" post intracavitary hemorrhage, as well as with hepatic and other prehepatic disorders. Hemolysis resulting in hyperbilirubinemia is unlikely based upon normal CBC results as provided.
SPECIES Feline	
BREED Domestic Shorthair	
SEX Neutered male	
AGE 7 years	
WEIGHT 12.8 lbs	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
INTERPRETED BY Eric Lindquist, DMV DABVP, Cert. IVUSS	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.
IMAGING PERFORMED BY Dr. Kalenius	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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.63 cm with slight pinpoint mineralization. The right kidney measured 3.73 cm.
HOSPITAL NAME Willamette VH	
REFERRING VET Dr. Kalenius	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.
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DATE 9/29/21	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



PATIENT	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 was noted.
Neelix Burjan	
SPECIES	Liver
Feline	The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.
BREED	
Domestic Shorthair	
SEX	
Neutered male	
AGE	Gastrointestinal
7 years	The upper gastrointestinal tract was unremarkable with minor areas of intestinal thickening noted with early loss of mural detail in the jejunum. Localized areas of free fluid were noted.
WEIGHT	Pancreas
12.8 lbs	The left limb of the pancreas revealed an undifferentiated hypoechoic area with regional inflammation. The region in question measured 2.0 cm.
INTERPRETED BY	Free Abdomen
Eric Lindquist, DMV DABVP, Cert. IVUSS	The body wall adjacent to the right kidney revealed an edematous pattern. This measured approximately 1.5 cm.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Kalenius	Undifferentiated left pancreatic region with variable intestinal thickening.
HOSPITAL NAME	Body wall edema.
Willamette VH	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Kalenius	Cytospin of the acquired free fluid as well as FNA of the region in question is recommended. Pancreatic necrosis, inflammatory bowel, emerging round cell neoplasia and carcinoma are all possible in this patient. Full thickness biopsies of the intestinal tract and region of the left pancreatic limb may be necessary for a definitive diagnosis. Chest radiographs are warranted to assess for concurrent thoracic disease.
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PATIENT

Neelix Burjan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

12.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Willamette VH

REFERRING VET

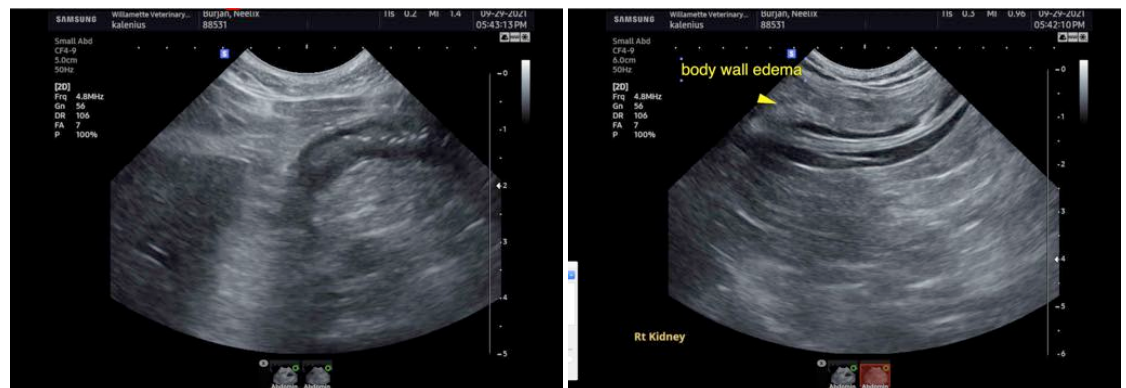
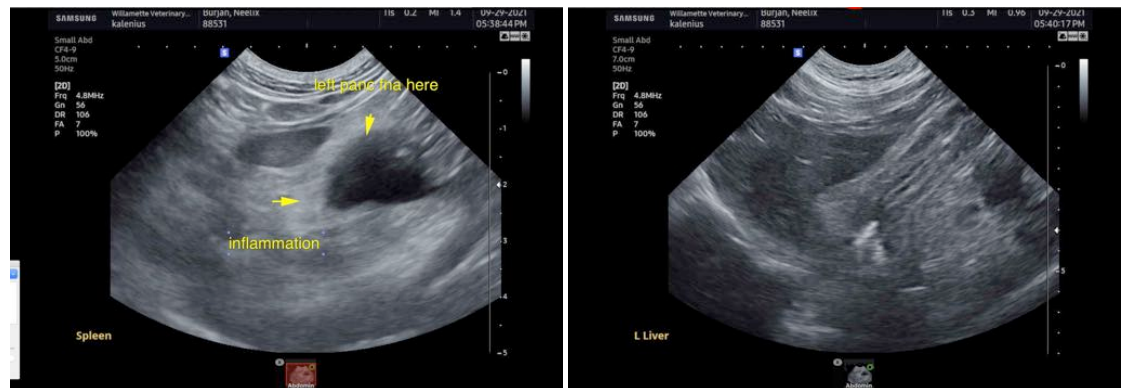
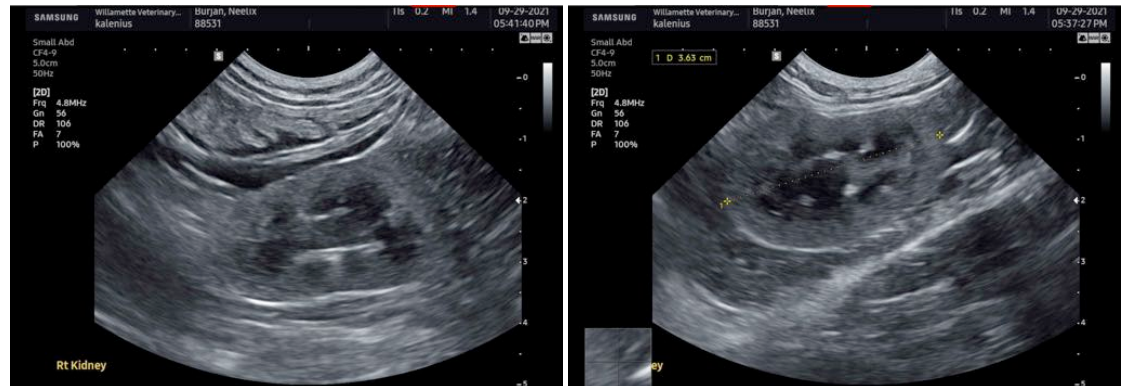
Dr. Kalenius

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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.

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



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info@SonoPath.com

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SEX

Neutered male

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WEIGHT

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