



PATIENT PRESENTING CLINICAL SIGNS

Charlie Gilson

History: Presented at our hospital for not eating, not drinking, less social. Urinated next to litter box yesterday. Weight loss. Previous Health Concerns: none Appetite/When did they eat last: not eating for 24 hours Vomiting: 2-3 times noted last week Was hospitalized and received a blood transfusion. PCV post transfusion 22%

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Radiographs: no obvious mass, loss of detail cranial abdomen with ST opacity dorsal to stomach, gas at ascending colon Chemistry: Cholesterol 65 H CBC: stress leukogram, HCT 11.2 L, Platelets 74 L, HGB 4 L, MCV 24.5 L, MCH 8.7 H EPOC: Lactate 3.42 H, HCT 12% fPL: normal

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

8 years

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 dilatation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.27 cm with slight pinpoint mineralization. The right kidney measured 4.3 cm.

WEIGHT

4 kg

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.3 cm. The right adrenal gland measured 0.4 cm.

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Spleen

Shores VEC

The **spleen** was uniformly enlarged and measured 1.4 cm. The spleen was folded upon itself cranially.

REFERRING VET

Liver

Dr. Zippay

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.

INVOICE

91647

DATE

9/6/21



PATIENT

Gastrointestinal

Charlie Gilson

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.

SPECIES

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with splenomegaly.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

4 kg

Differentials include round cell neoplasia versus hyperplasia. Blood transfusion with FNA of the spleen and bone marrow aspirate is indicated. There is a strong concern for round cell neoplasia. Structurally the gastrointestinal tract was unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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REFERRING VET

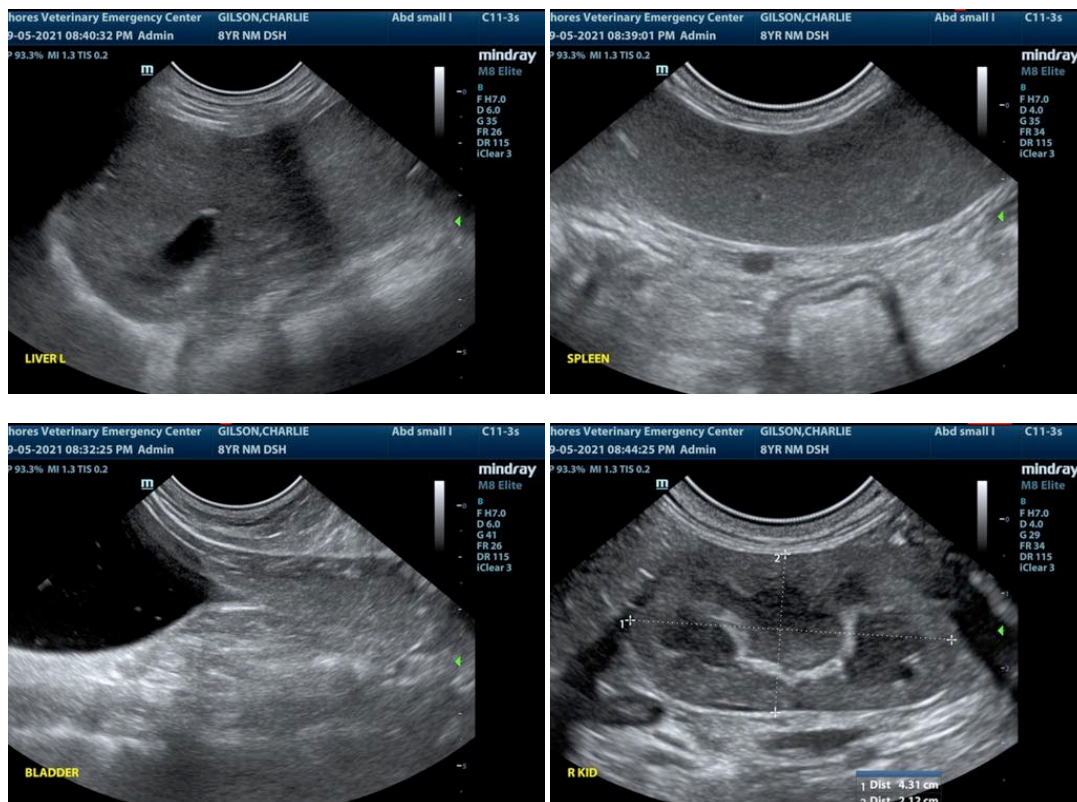
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SEX

Neutered male

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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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