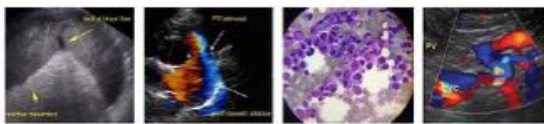
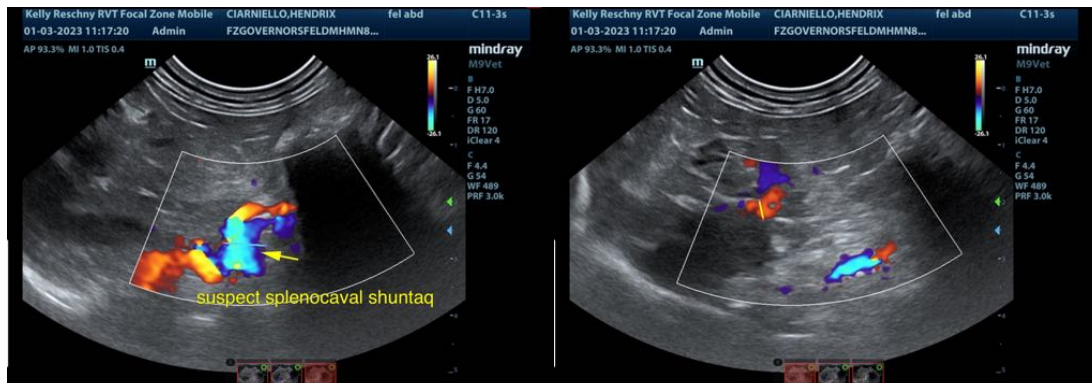
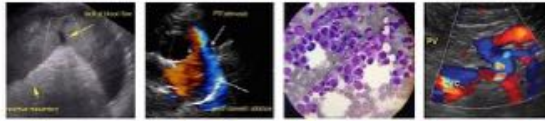


PATIENT	PRESENTING CLINICAL SIGNS
Hendrix Ciarniello	History: concern for possible liver shunt Abnormal PE/Chem/CBC/UA Results: HCT: 23.3% low hemoglobin/MCH/MCHC Slightly low CREAT, slightly elevated ALKP and PHOS Pathologist's Review INTERPRETATION: Examination of the blood film is for PCOMM. There is moderate microcytic non-regenerative anemia. The MCHC is falsely elevated (eg. hemolysis). There is no evidence of Mycoplasma organisms. Rule outs for non-regenerative anemia include anemia of chronic disease/inflammation, anemia of chronic renal disease, iron deficiency, non-regenerative immune mediated anemia, anemia due to decreased erythrocyte production (eg. viral, toxic, drug reaction, neoplasia, myelofibrosis, PRCA) or acute loss with insufficient time for regeneration (eg. acute hemorrhage or hemolysis). The results indicates FeLV and FIV are negative by ELISA. The findings are similar to the results on Nov 28, 2022. Microcytosis is persistent and may reflect short sampling, iron deficiency or liver shunt. The reticulocyte hemoglobin is mildly decreased which may occur with microcytosis, iron deficiency and inflammation. If the cause of the anemia is not identified with underlying disease, recheck the CBC in 5-7 days for to trend the changes. A 100-cell count differential consist of 50% neutrophils, 48% lymphocytes and 2% monocytes. The lymphocytes are small to intermediate. No atypical cells. There is no left shift and no toxic change. The leukocytes are unremarkable. There is moderate platelet clumping. The platelets are adequate.
SPECIES	
Feline	
BREED	
Domestic Shorthair	
SEX	
Neutered male	
AGE	
8 months	
WEIGHT	
6 lbs	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
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. The kidneys were normal in size and contour with hyperechoic medullary rim sign and corticomedullary and pelvic mineralization in the right kidney. The left kidney measured 3.59 cm. The right kidney measured 3.42 cm.
IMAGING PERFORMED BY	Adrenal Glands
Kelly Reshny, RVT	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 right adrenal gland measured 0.23 cm. The left adrenal gland measured 0.34 cm.
HOSPITAL NAME	Spleen
Governors Road AH	The spleen was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. The spleen measured 1.2 cm in width. If the patient was sedated for the sonogram this may be related to the sedation.
REFERRING VET	Liver
Dr. Farooq	The liver revealed coarse architecture with mildly increased portal markings. The vena cava was enlarged at 0.68 cm, portal vein was subnormal in size and measured 0.33 cm. An extrahepatic abnormal
INVOICE	
DATE	
1/3/23	



PATIENT	vessel measuring 0.75 cm in width was noted. This was in the position of a splenocaval shunt measuring approximately 1.5-2.0 cm caudal to the portal hilus. The gallbladder and common bile duct were unremarkable.
Hendrix Ciarniello	
SPECIES	Gastrointestinal
Feline	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.
BREED	
Domestic Shorthair	
SEX	Pancreas
Neutered male	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.
AGE	
8 months	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
6 lbs	Medullary rim kidneys with mineralization.
	Abnormal, extrahepatic vessel, consistent with splenocaval shunt.
	Mild splenic enlargement. Reactive spleen versus splenitis.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Eric Lindquist, DMV DABVP, Cert. IVUSS	CT with contrast is recommended as well as bile acid profile. 25-gauge FNA of the spleen is indicated. Hyperplasia, splenitis and round cell neoplasia is possible. Bile acid profile, CBC path review, splenic FNA and CT with contrast is all indicated.
IMAGING PERFORMED BY	
Kelly Reshny, RVT	
HOSPITAL NAME	
Governors Road AH	
REFERRING VET	
Dr. Farooq	
INVOICE	
DATE	
1/3/23	





PATIENT

Hendrix Ciarniello

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 months

WEIGHT

6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Governors Road AH

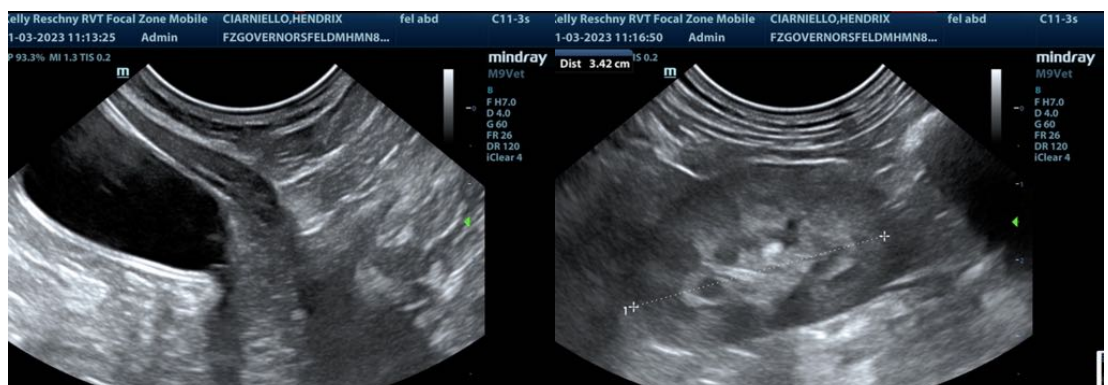
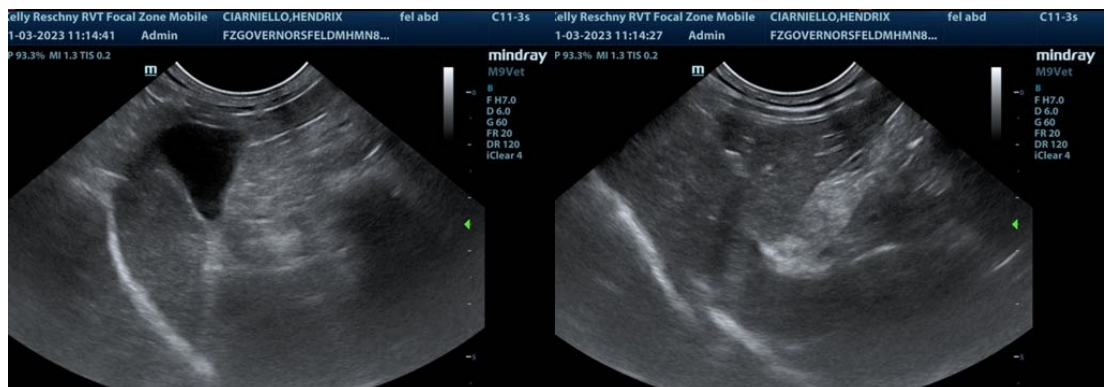
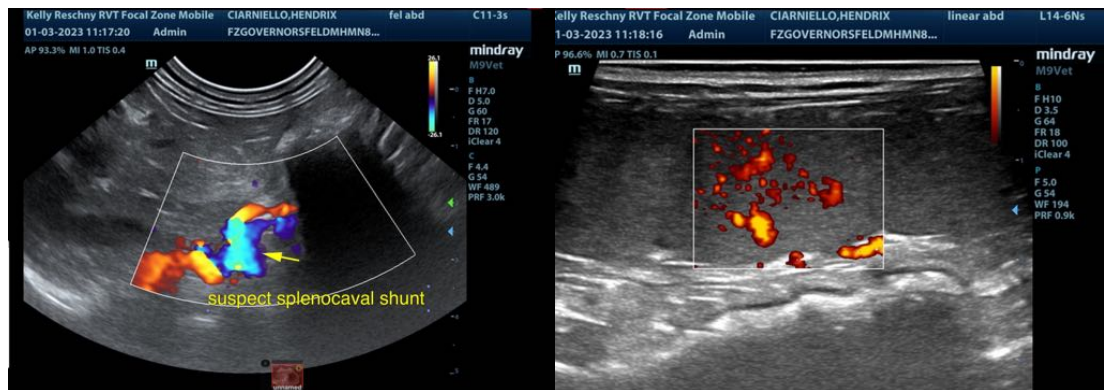
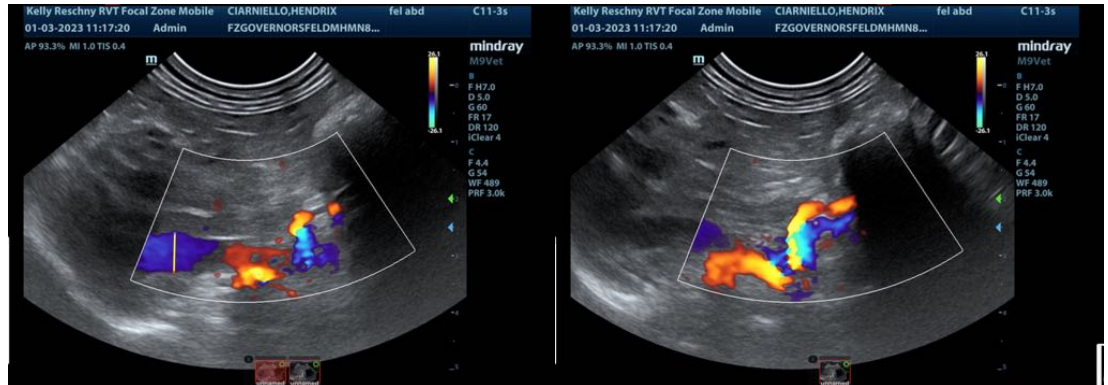
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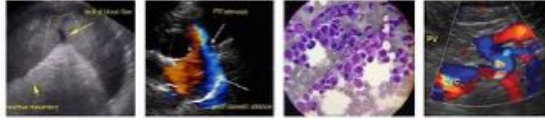
Dr. Farooq

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DATE

1/3/23





PATIENT

Hendrix Ciarniello

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 months

WEIGHT

6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Governors Road AH

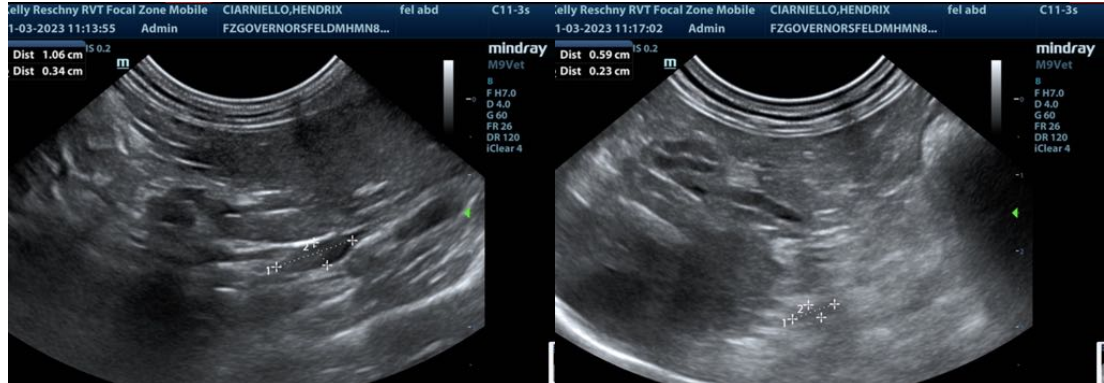
REFERRING VET

Dr. Farooq

INVOICE

DATE

1/3/23



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
Eric.Lindquist@SonoPath.com