



PATIENT	PRESENTING CLINICAL SIGNS
Weasley Wilbanks	P came into clinic laterally recumbent and moribund. Temp 94.5, Anorexia, weight loss, vomiting, severely dehydrated. Hospitalized on IV Fluids, ampicillin, cerenia.... suspect liver failure
SPECIES	Abnormal PE/Chem/CBC/UA Results: WBC 20.84, neut 19.34, ALKP 350(H), ALT 561 (H), BUN 37 (H), Chol 265 (H), Crea 1.3, GGT 5 (H), GLU 210 (H), Na 173 (H), TBil 15.2(H), TP 11.09(H), Glob 8.5(H), SDMA 33 (H).
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. There is an accumulation of what appears to be mineral debris along the dependent/dorsal wall. Tissue/thick wall/mass cannot be ruled out, but is considered less likely. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Neutered Male	
AGE	The right kidney is normal in size (3.8 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.
15 Years	
WEIGHT	The left kidney is normal in size (3.79 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.
6.35 Pounds	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.23 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	The left adrenal gland is normal in size (0.27 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Jessica Green	
HOSPITAL NAME	Spleen
Stangelin VC	The spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
REFERRING VET	Liver
Dr. Erin Rothrock	The liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
INVOICE	The gallbladder is difficult to visualize, as it is almost completely empty. However, it is minimally distended with anechoic fluid and primarily mineral echogenic sludge and debris. **See other.
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PATIENT	<i>Gastrointestinal</i>
Weasley Wilbanks	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. It is moderately overdistended with fluid. Pyloric outflow tract appears patent.
SPECIES	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Feline	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
DSH	
SEX	<i>Pancreas</i>
Neutered Male	Pancreas is prominent in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. **See other.
AGE	<i>Free Abdomen</i>
15 Years	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
WEIGHT	Caudal to the liver and dorsal, near the right limb of the pancreas, there is a 1.5 cm x 2.0 cm structure that appears to be a fluid filled tube such as the common bile duct that includes echogenic debris/mucus/a nodule, resulting in common bile duct dilation. This structure can't definitively be identified as part of the biliary system, and other differentials include a pancreatic cyst or abscess as well as potentially bowel associated.
6.35 Pounds	
INTERPRETED BY	PRIMARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> • Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor. • Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered. • Gallbladder debris – Cholecystic debris is of unknown clinical significance. Most of the debris appears mineral in nature. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. • Pancreatic nodular hyperplasia – Infiltrative neoplasia cannot be ruled out. • The lesion in the area of the right pancreas is believed to be a focal dilation of the common bile duct caused by mucus or potentially a biliary tumor such as a carcinoma. Definitive organ orientation cannot be provided, and other options include pancreatic lesion or even focally dilated bowel.
IMAGING PERFORMED BY	
Jessica Green	
HOSPITAL NAME	
Stangelin VC	
REFERRING VET	
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PATIENT

Weasley Wilbanks

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

6.35 Pounds

SECONDARY FINDINGS

- Urinary bladder debris with some consideration given to thickened dorsal bladder wall. However, the thickening is believed to be dependent debris.
- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- Non-obstructive bilateral nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's spleen and liver appearance, top differential is infiltrative neoplasia combined with possible biliary neoplasia such as carcinoma as well. Recommendations include:

- Fine needle aspirate of the liver and spleen once the patient is stabilized and if the patient's coagulation status is appropriate.
- The lesion of unknown origin would be difficult to aspirate. Therefore, recommendations include aggressive medical management of pancreatitis, cholangiohepatitis, etc. with fluid therapy, antiemetics, gastroprotectants, pain management (if indicated), broad-spectrum antibiotics, etc. with close monitoring of liver values, total bilirubin, and potentially the structure noted here on ultrasound. If improvement does not occur within 24 hours, and/or liver enzymes and/or bilirubin progress, surgical intervention is recommended for an explore of the area and potentially biliary obstruction removal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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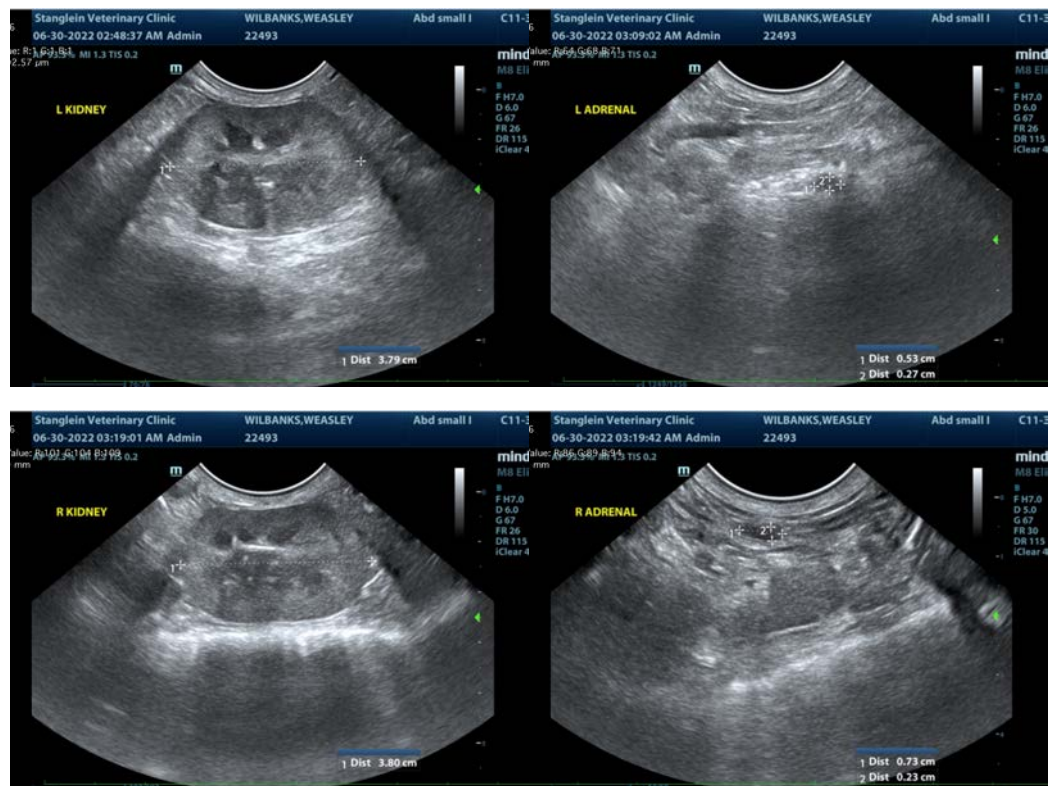
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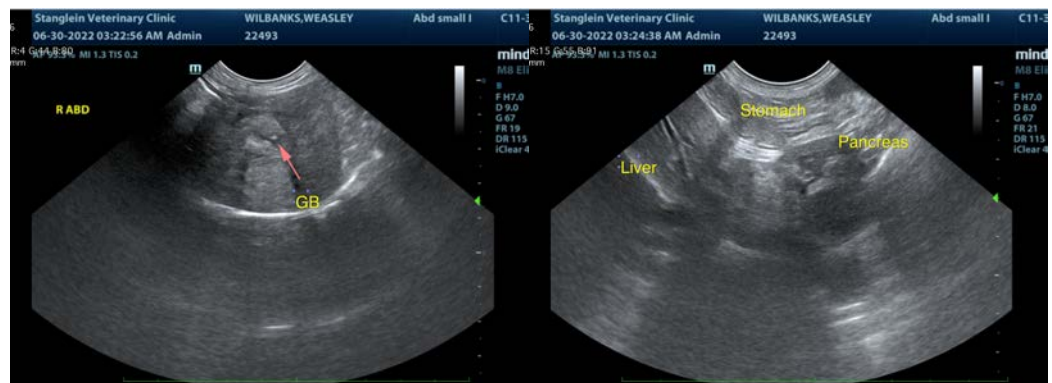
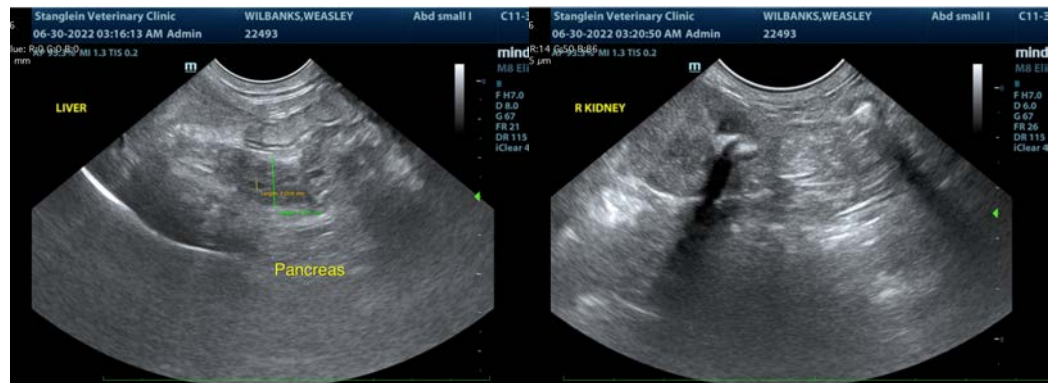
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PATIENT

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SPECIES

Feline

BREED

DSH

SEX

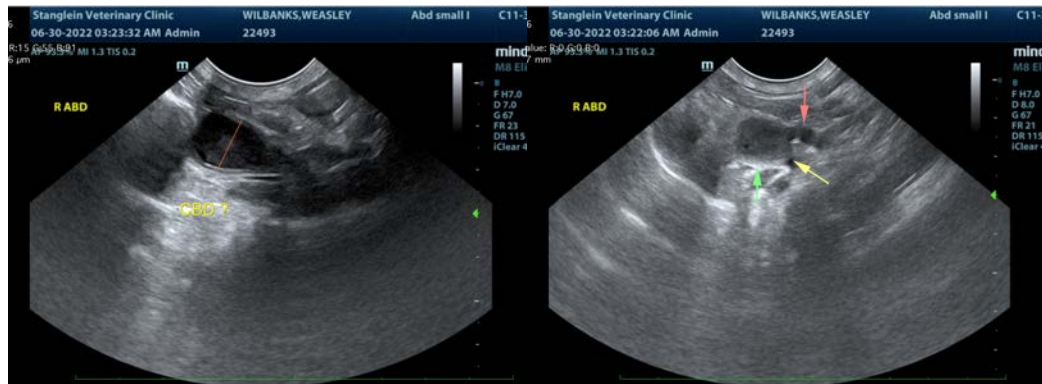
Neutered Male

AGE

15 Years

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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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com