



**PATIENT**

Benny Quijano

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Melissa DaSilva

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

Dr. Thompson

**INVOICE**

42884

**DATE**

2/20/23

**PRESENTING CLINICAL SIGNS**

History: Presented for weight-loss. Pt was watched by a friend in a barn (unknowingly) for about 1 month and was picked up last night. O noticed significant weight-loss, lethargy, and what seemed to be piles of vomit. O noticed pt reluctant to eat dry food but ate wet food readily and immediately vomited while hospitalized this afternoon. Pt also polydipsic and drank w/in hour of imaging. (prior to planning ultrasound)

Abnormal PE/Chem/CBC/UA Results: mm: pale, slightly icteric. Ear pinnae & skin icteric. BCS 5/9. OS developed iris discoloration (dark brown ring). Abdominal palp nonremarkable. FIV/FelV negative. CBC wnl, Decreased Crea 0.6mg/dL, elevated ALT 732 U/L, ALKP 1852 U/L, GGT 7U/L, TBIL 3.1 mg/dL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Mobile debris present in the urinary bladder. Correlate clinical significance with urinalysis findings. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm and the right kidney measured 4.5 cm.

**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. The left adrenal gland measured 1.17 cm in length and 0.44 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 1.39 cm in length, 0.29 cm at the cranial pole and 0.33 cm at the caudal pole.

**Spleen**

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**Liver**

The liver is subjectively enlarged in size with slight rounding of lobes and homogenous hyperechoic parenchyma with no specific nodules or masses. Common bile duct is proximally dilated but tapers normally. Vascular tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally



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**Gastrointestinal**

The stomach contains a large volume of fluid consistent with reported drinking just prior to exam. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**Pancreas**

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

**Lymph Nodes**

No clinically significant lymphadenopathy or abnormalities noted.

**Free Abdomen**

No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

1. Hyperechoic liver, subjectively enlarged
2. Stomach distended with fluid, otherwise normal GI tract
3. Urinary bladder debris
4. Degenerative renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hepatic parenchymal changes are a common finding in with hepatic lipodosis, infectious or inflammatory hepatitis (toxic, bacterial, viral, auto-immune other), and neoplasia. In light of lack of anemia and no evidence of hemolytic disease, the bilirubin elevation must be owing to hepatic parenchymal disease. Liver FNA is indicated.

Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs. Correlate clinical significance of urinary bladder debris with blood work/urinalysis findings and clinical signs.



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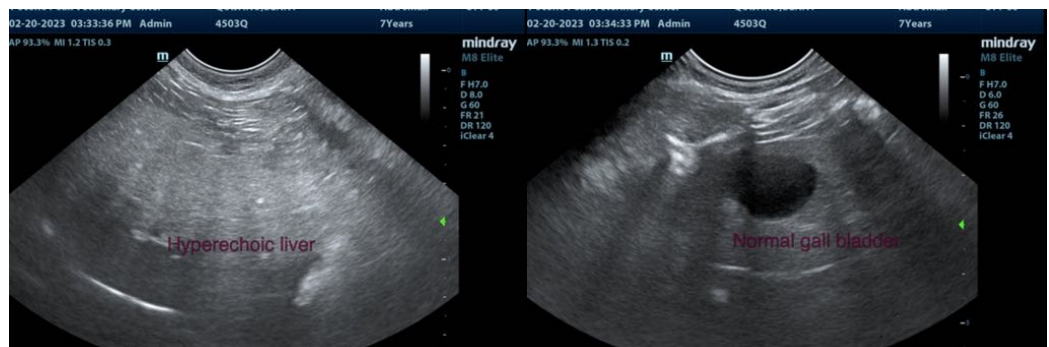
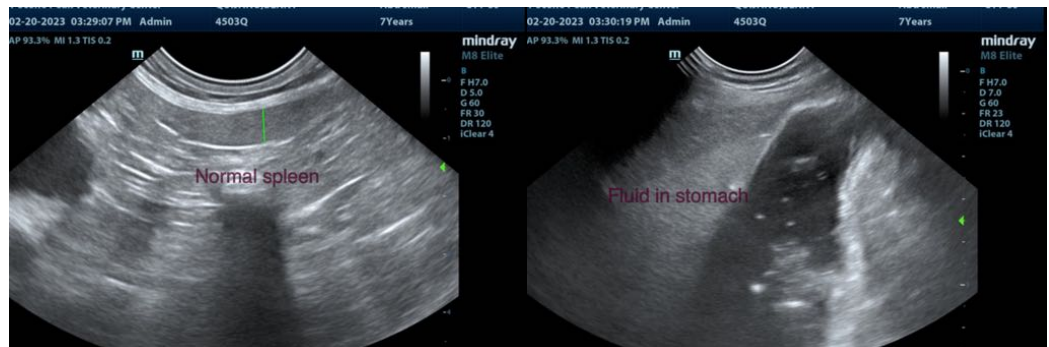
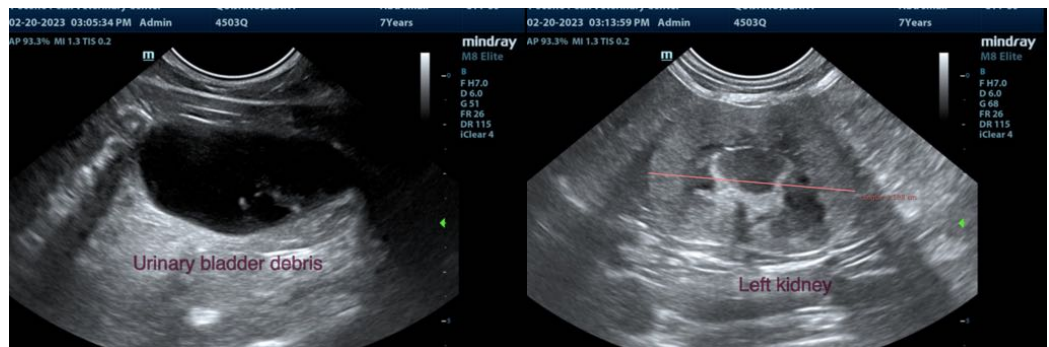
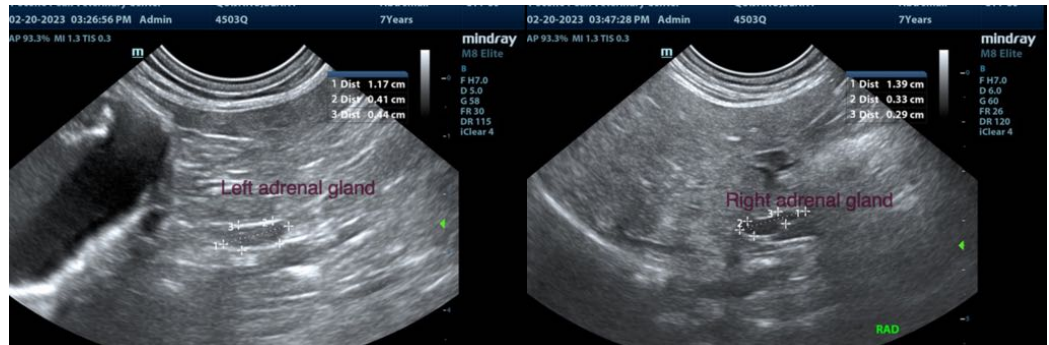
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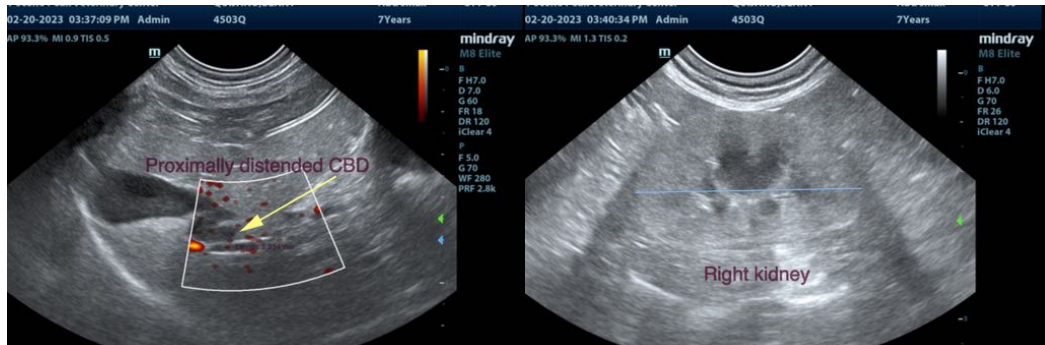
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC  
info@SonoPath.com