



PATIENT

Annie McVarish

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

5.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Bailey

INVOICE

34274

DATE

1/15/22

PRESENTING CLINICAL SIGNS

Patient presents for: Lethargic, vomiting, weak, difficulty jumping up/down in past 24 hours. Started last night. Got in fight with cat outside through glass. Vomiting clear liquid. No food intake since last night or water. No interest in treats. Litterbox normal until last night, no urinating since. History of: Indoor only No known medical issues or sensitivities Medications: Vetricyn for ears; Diet = Vegan with taurine added

Abnormal PE/Chem/CBC/UA Results: PE pretty unremarkable; coat a bit oily/unkept; has appearance of recent wt loss with sl thinner topline and pendulous abd - Rads = Unremarkable - Bloodwork = Mild hyperglycemia 177, T. bili 1.5, Lipase 4,308, ALT 1,935, CBC NSF - U/A = USG 1.040, pH 7.0, +++ blood, no crystals, no obvious bacteria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 were noted. Ureteral papillae were normal.

The **left kidney** was severely dystrophic with cortical infarcts, multifocal cortical collapse and loss of corticomedullary definition. The left kidney measured 2.9 cm. Active inflammatory pattern noted around the left kidney.

The **right kidney** presented mild degenerative changes with normal size and contour. Minor loss of corticomedullary definition and mild increased cortical echogenicity. The right kidney measured 4.7 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 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 were noted.

Liver

The **liver** presented multifocal parenchymal biliary calculi, non-obstructive at the time of the sonogram. However, the patient may be passing biliary calculi periodically. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction at this time. However, this may be episodic. Increased portal markings noted in the liver.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The descending colon was filled with dense stool material. Hydration status should be evaluated.

Pancreas

The **pancreas** was enlarged, irregular and hypoechoic with enhanced mesentery.



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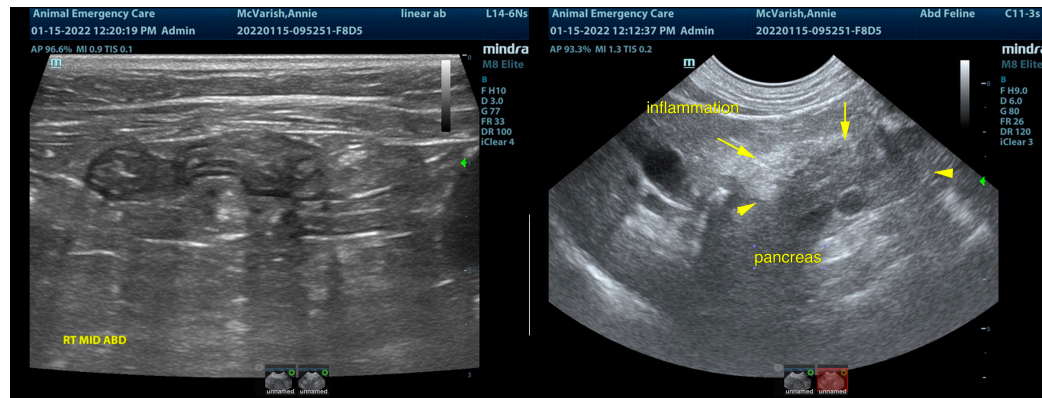
5.7 kg

ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory hepatopathy with biliary calculi, non-obstructive
- Subacute on chronic nephritis pattern
- Acute on chronic pancreatitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying infectious disease should be considered in this patient such as bartonella, toxoplasmosis as it may have a role in this case. FNA of the liver indicated. Zithromax/Metronidazole or similar combination recommended as well as pain management and IV fluid support. No overt evidence of neoplasia. Toxoplasmosis/Bartonella titers recommended. Recheck 48-72 hours after therapy. No suspicion of neoplasia.



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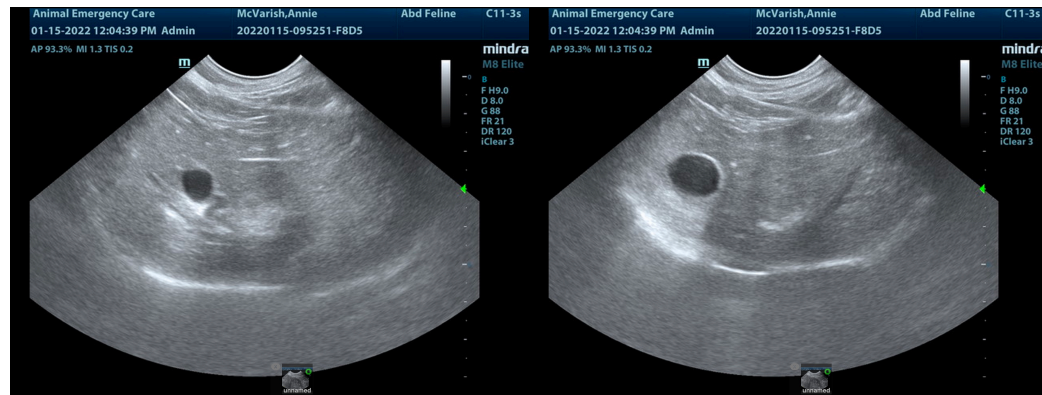
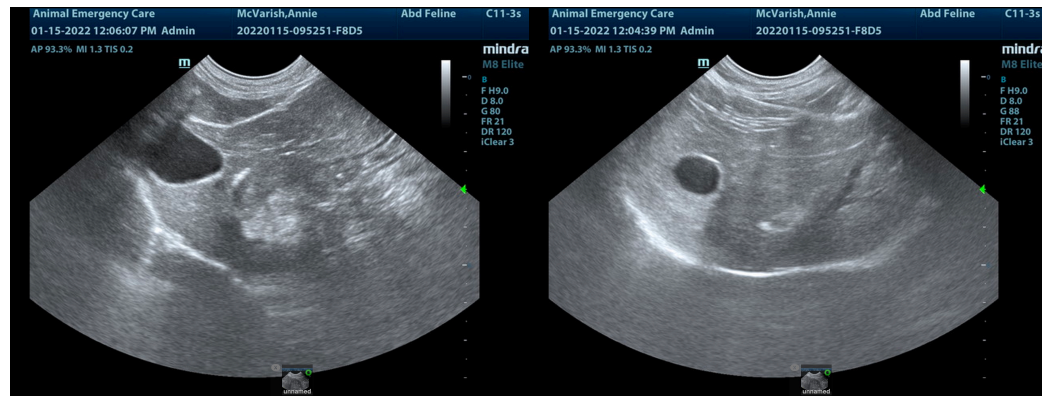
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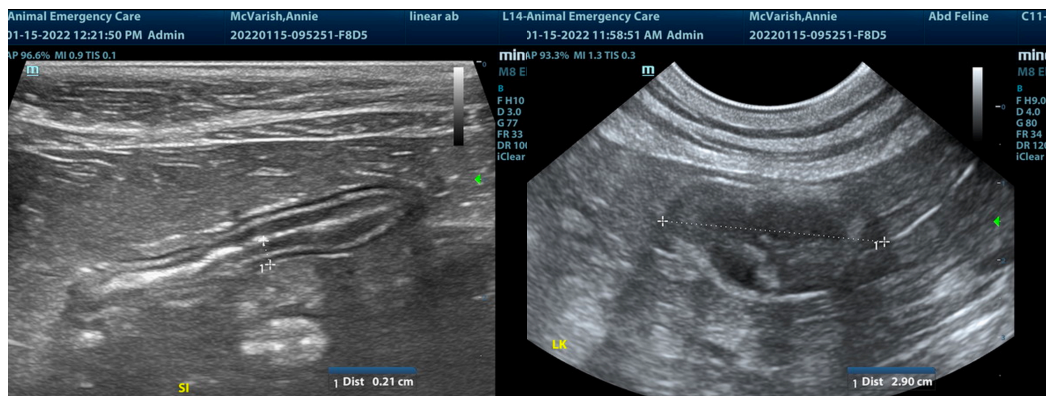
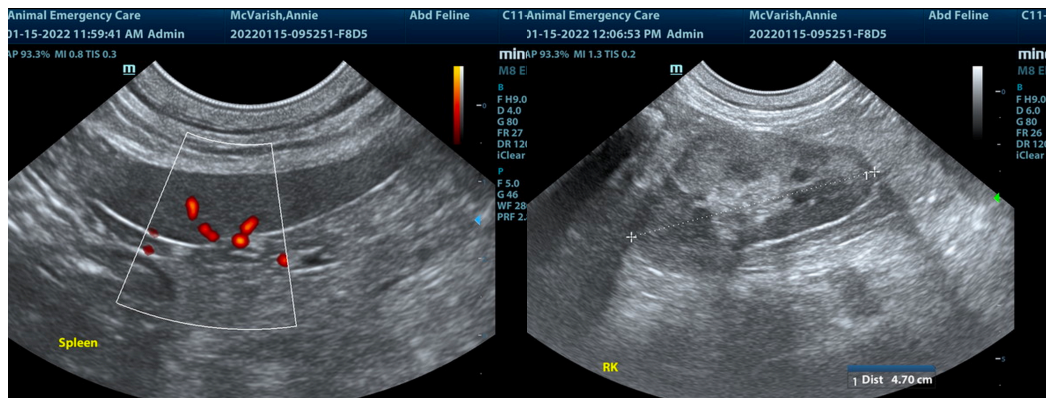
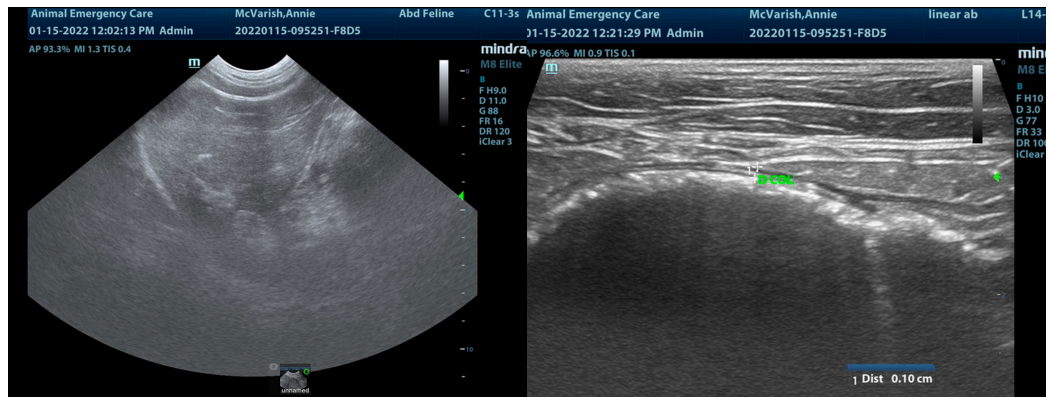
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com