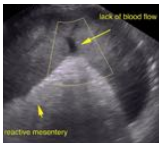

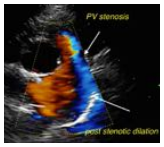

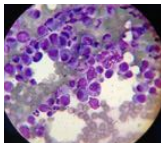
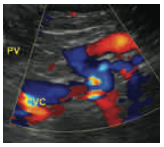

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1-800-838-4268 info@sonopath.com

PATIENT
Scout Neville

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
14 years

WEIGHT
9 Lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Diane McFadden, RVT

HOSPITAL NAME
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INVOICE
95287

DATE
1/17/22

PRESENTING CLINICAL SIGNS

Urinary obstruction, wt loss, bilirubin crystals in urine. Urinary catheter in place for collection of urine
Abnormal PE/Chem/CBC/UA Results: ALT 144, ALKP 129, t bili 1.5, MCV 33; USPG 1.024

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented minimal urine. The catheter was in place.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.28 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 right adrenal gland measured 0.3 cm. The left adrenal gland measured 0.3 cm.

Spleen

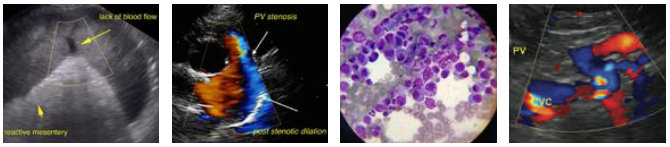
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was diffusely hyperechoic to the falciform fat with coarse architecture and increased portal markings. A 1.3 x 0.9 cm cyst was noted in the left medial liver. The gallbladder was unremarkable. The common bile duct was at the upper limits of normal and measured 0.4 cm.

Gastrointestinal

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.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

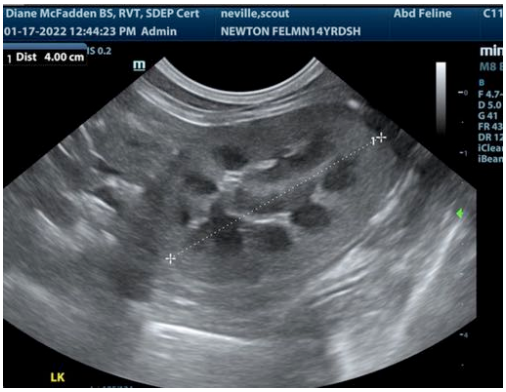
Inflammatory hepatopathy/lipidosis pattern.

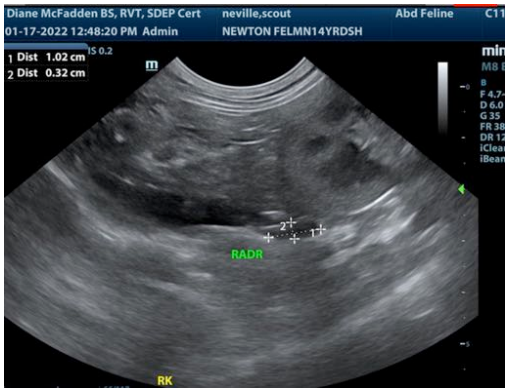
Prominent common bile duct, yet no overt evidence of post hepatic obstruction.

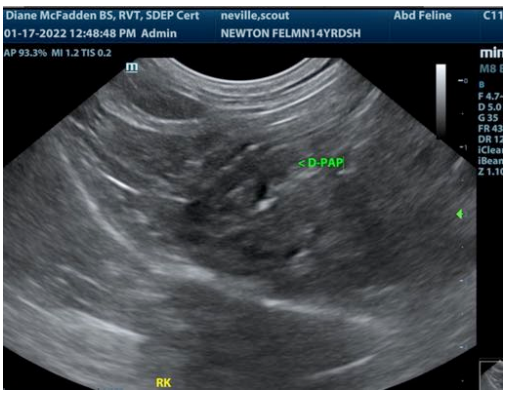
Minor bladder sediment.

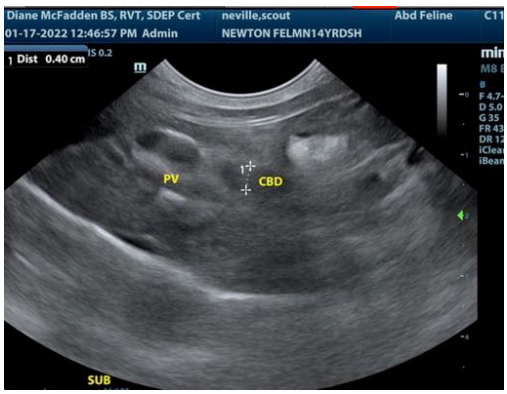
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is warranted to assess for further definition as well as treatment for cholangiohepatitis. Treatment for cholangiohepatitis/lipidosis is indicated. Subxiphoid palpation is recommended to assess for pain-solicited response given the minor heterogenous changes. If pain is noted low grade pancreatitis is suspected. The bladder sediment should be resolvable with medical management.









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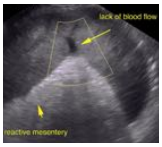
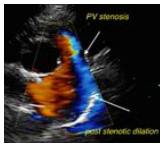
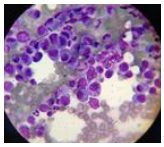
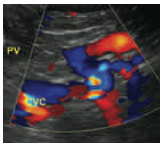

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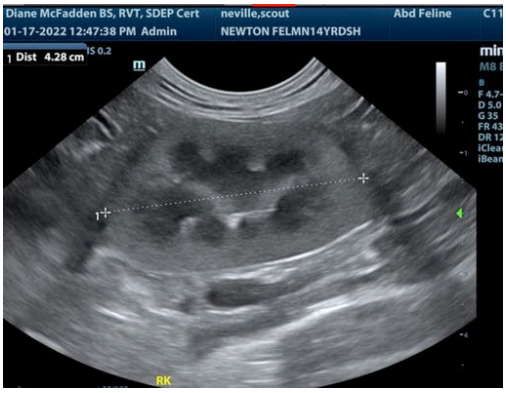

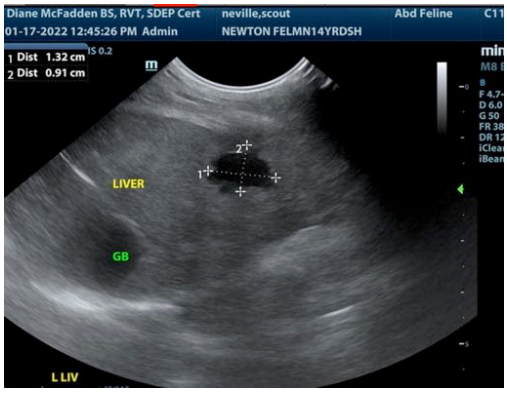

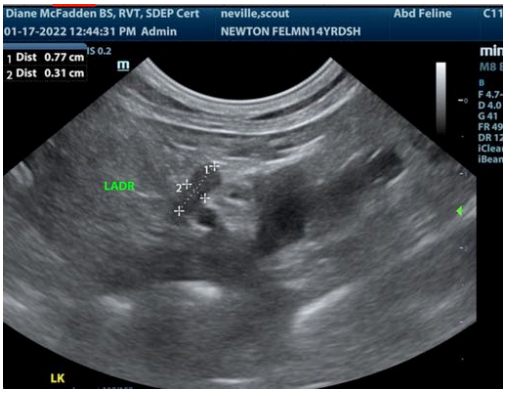

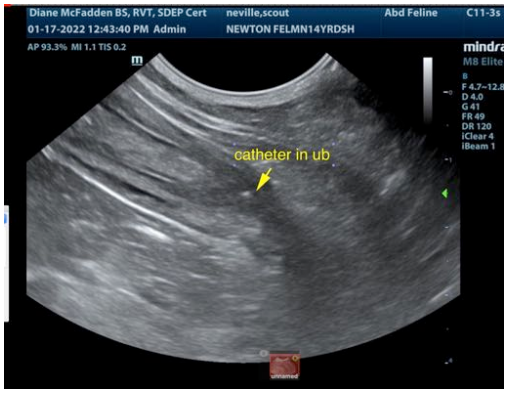

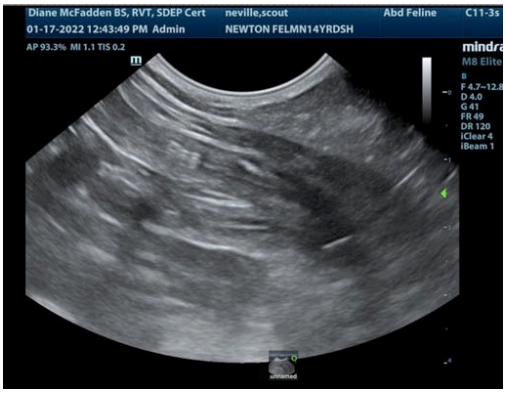

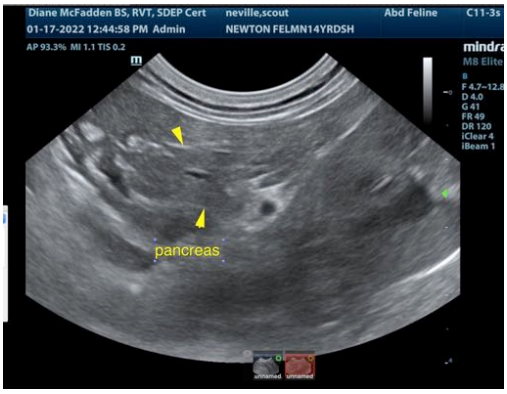

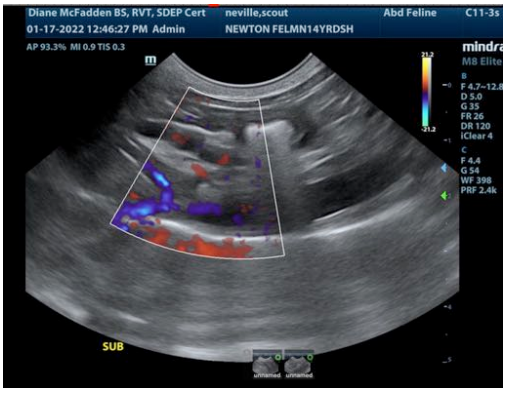

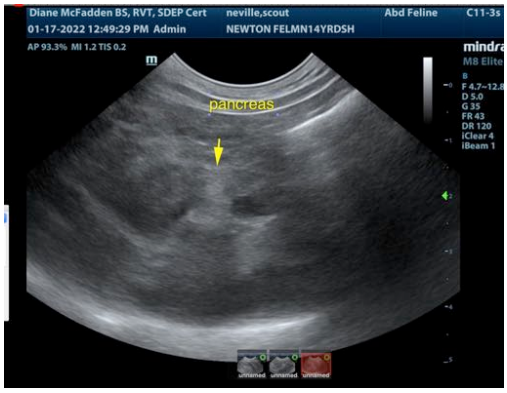

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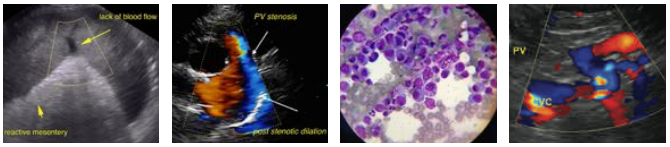

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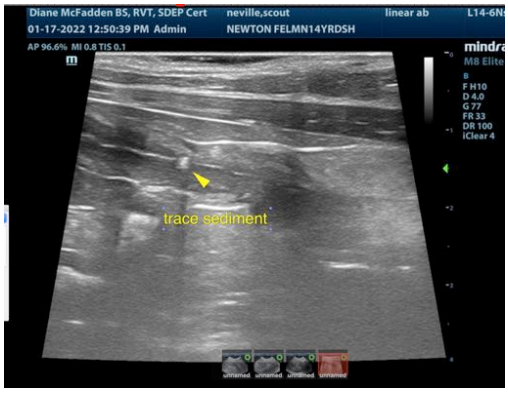

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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