



PATIENT

Patch Schwartz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

7.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Roche

INVOICE

DATE

10/13/21

PRESENTING CLINICAL SIGNS

History: Drastic weight loss, picky appetite, lethargy. U/S done in mid July showed signs of pancreatitis and bile duct obstruction. Cat "maybe" improved on amoxi/flagyl temporarily per owner but has been declining since.

Abnormal PE/Chem/CBC/UA Results: not repeated

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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.87 cm. The right kidney measured 4.27 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.

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. Increased portal markings were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct and pancreatic duct were both dilated in this patient. At the duodenal papilla a 1.0 x 0.5 cm irregular tissue thickening was noted. This is either inflammatory or neoplastic in nature. This appears to be causing post hepatic obstruction. Lobar biliary duct dilation was noted.



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Gastrointestinal

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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 **pancreas** was enlarged and irregular with enhanced surrounding mesentery.

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ULTRASONOGRAPHIC FINDINGS

Post hepatic obstruction with tissue thickening at the duodenal papilla.

Diffusely hyperechoic liver with lobar duct dilation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical exploratory is recommended +/- coagulation panel and 25-gauge FNA of the liver to assess general parenchyma.

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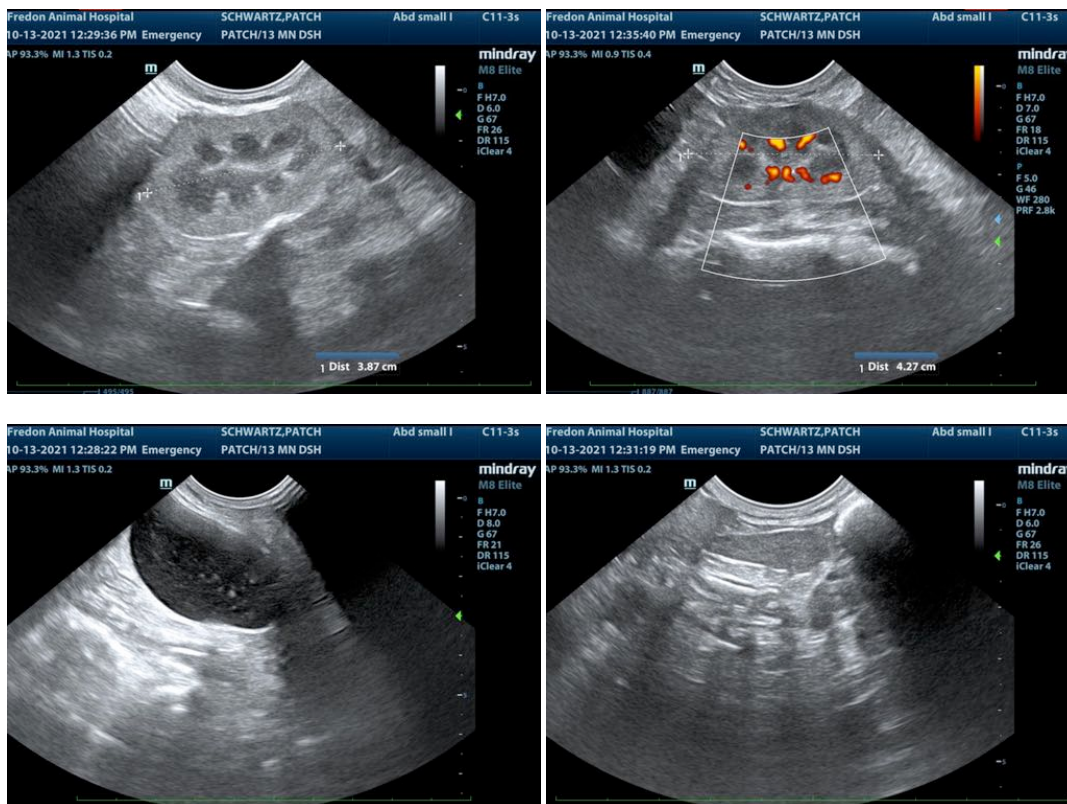
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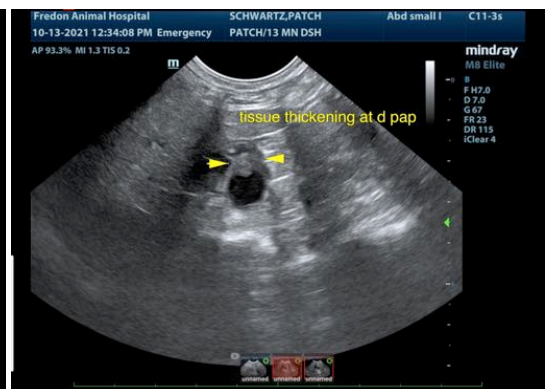
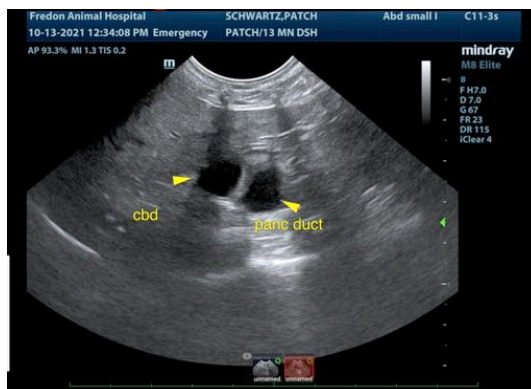
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com