



PATIENT

Kandy Noakes

PRESENTING CLINICAL SIGNS

Elevated liver enzymes, anorexia, weight loss over 2 weeks. No current meds, high fiber diet
Abnormal PE/Chem/CBC/UA Results: ALKP 105, ALT 203, AST 92, BUN 10, TP 6.2

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Maine Coon

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

SEX

Spayed Female

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.7 cm. The right kidney measured 4.73 cm.

AGE

9 Years

Adrenal Glands

WEIGHT

17.4 Pounds

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 0.44 cm. The left adrenal gland measured 0.29 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jessica Miller

Liver

The **liver** revealed lobar biliary duct dilation and CBD dilation. The common bile duct measured 0.5 cm in width. Uniform hepatic swelling present. The gallbladder was overdistended. No evidence of neoplasia.

HOSPITAL NAME

Newton Vet Hospital

Gastrointestinal

REFERRING VET

Dr. Chabora

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.

INVOICE

26316

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat.

DATE

10/15/21

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



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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

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Feline

- Post-hepatic obstruction owing to common bile duct calculus
- Possible minor pancreatitis, yet not the primary issue

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

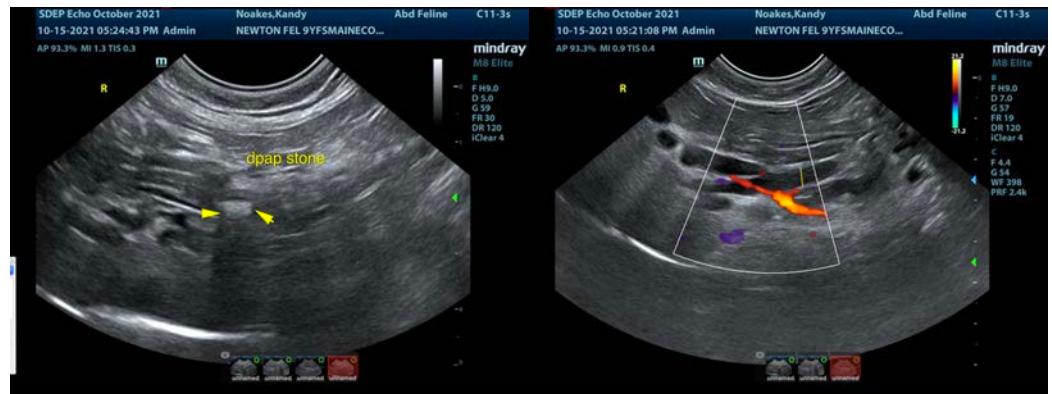
BREED

Maine Coon

Surgical intervention, stone removal and liver biopsy indicated. The calculus appears to be large to pass into the duodenal papilla and intestine.

SEX

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WEIGHT

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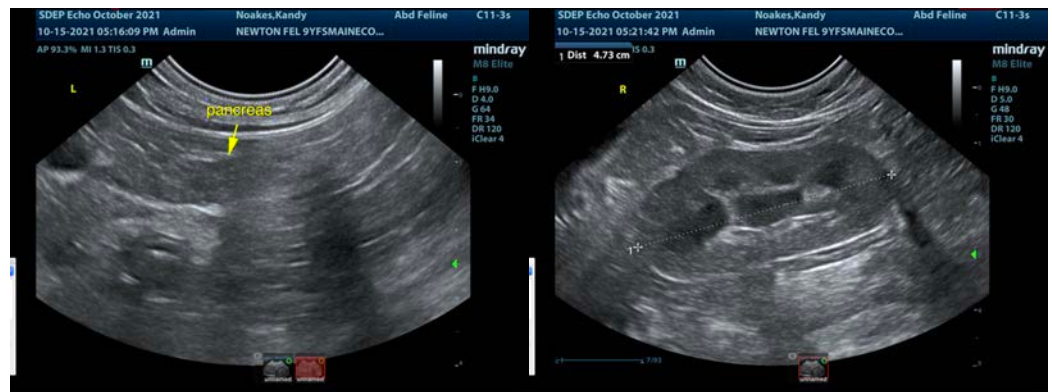


IMAGING PERFORMED BY

Jessica Miller

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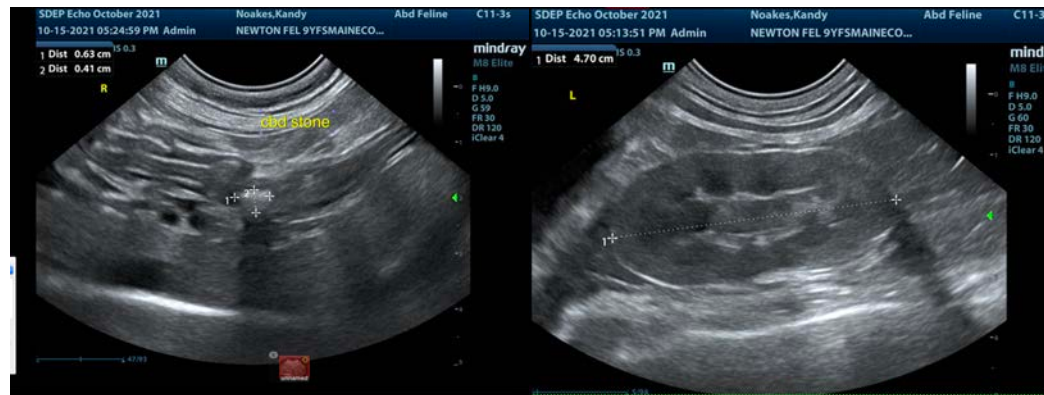
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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