



PATIENT

Silky Hoffert

SPECIES

Feline

BREED

Burmese

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.22 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

13828

DATE

10/16/21

PRESENTING CLINICAL SIGNS

History: Previous history of Feline Gastric Eosinophilic Sclerosing Fibroplasia that responded to steroids. (2016). Last Jan 2021 had episode of EHBDO, Chronic cholangitis, cholecystitis, CBD calculi. Treated with IVF, Antibiotics, cerenia, pantoprazole, prednisolone, Vit k and buprenorphine. Improved with treatment. Two days ago, started vomiting, went off food

Abnormal PE/Chem/CBC/UA Results: Increasing TBIL 78(N 0-15), Alt 2317 (N 12-130), GGT 32 (N 0-4), Repeat AUS, (last scan Jan 6, 2021)

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 3.54 cm. The right kidney measured 3.5 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 right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.21 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed increased portal markings (consistent with remodeling), coarse architecture and echogenic thickening of the gallbladder with excessive debris. Slight free fluid was noted adjacent to the gallbladder. The common bile duct was dilated (8.0 mm) with echogenic debris and thickened wall. Some level of post hepatic obstruction as well as chronic inflammatory disease of the biliary tree noted.

Gastrointestinal

Fluid filled **gastric** lumen noted. The small intestine and colon were unremarkable.

Pancreas



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

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ULTRASONOGRAPHIC FINDINGS

- Chronic cholangitis pattern with trace free fluid and dilated common bile duct
- Age-related renal changes
- Volume contracted spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Distal obstruction of the common bile duct cannot be completely ruled out, however, mucoduct and chronic cholangitis appears to be present. The slight free fluid adjacent to the gallbladder is concerning. Cholecystectomy and common bile lavage with liver biopsy may be in this patients' best interest, however, there is a significant amount of hepatic remodeling. If the prednisolone therapy may be suppressing a more significant presentation. Passage or lodging of calculi is likely in this patients' history. Guarded prognosis.

AGE

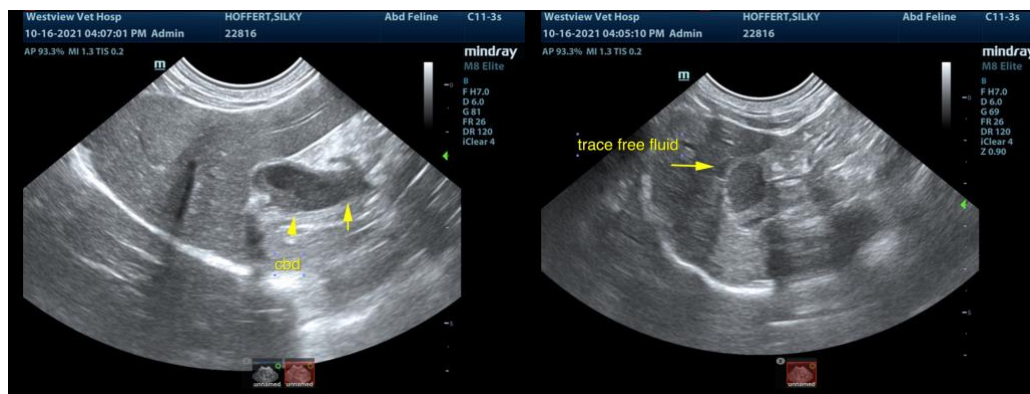
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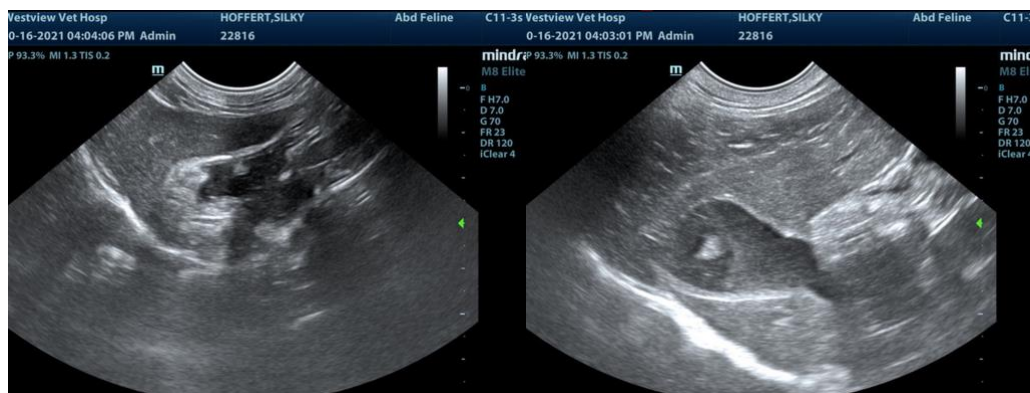
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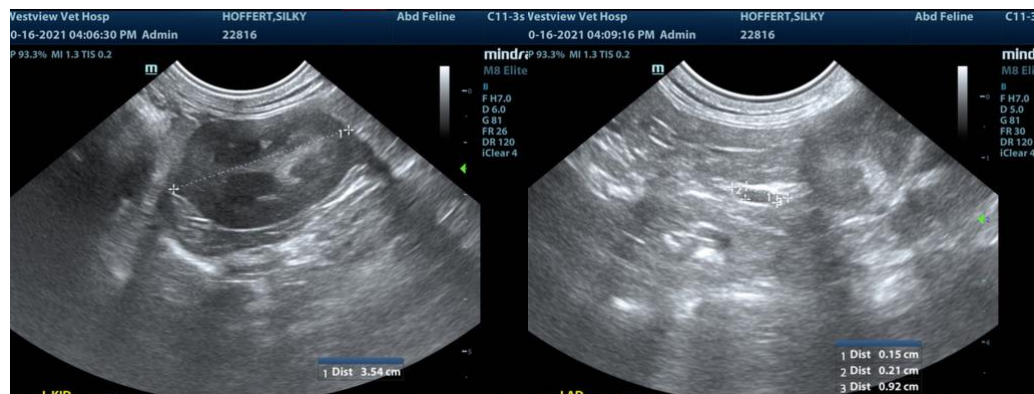
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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