



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Gremlin Scala History: 12 yo FS DSH presented for lethargy, anorexia, malodorous oral drainage.

SPECIES Abnormal PE/Chem/CBC/UA Results: -Icterus -Oronasal fistula 104, 204 -Anorexia -Dehydration -Lethargy -Fleas HCT: 37% Stress leukogram Stress hyperglycemia-218 Total bilirubin: 6.5 ALT: 400 ALP: 25 T4: -0.7, fT4-pending USG: 1.051, bilirubinuria, proteinuria Heart murmur; normal snap BNP Hospitalized on IVFs, buprenorphine, orbax, cerenia, mirtazapine

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED DSH **Urinary System**

SEX 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.

Soayed Female

AGE The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 right kidney measured 4.43 cm. The left kidney measured 3.85 cm.

12 Years

WEIGHT 10.8 Pounds

Adrenal Glands

INTERPRETED BY The regions of the **adrenal glands** revealed no evident pathology.

Eric Lindquist, DMV
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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

Elaina Petrone

Liver

HOSPITAL NAME

Long Branch AH

The **liver** revealed increased portal markings. The gallbladder was thickened with echogenic debris and calculi with tortuous cystic duct. The common bile duct was dilated to 7.0 mm. Mucus debris was noted in the common bile duct. The exact definitive cause of bile duct dilation at the duodenal papilla, likely calculi. Mild lobar biliary duct dilation noted within the parenchyma indicative of chronic obstruction.

REFERRING VET

Elaina Petrone

Gastrointestinal

INVOICE 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.

13896

DATE

10/20/21

Pancreas



PATIENT

The pancreas was enlarged, irregular and hypoechoic. Concurrent pancreatitis is likely.

Gremlin Scala

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Cholangitis and posthepatic obstruction with biliary sand, debris, calculi and mucoduct formation
- Concurrent pancreatitis
- Age-related renal changes

Feline

BREED

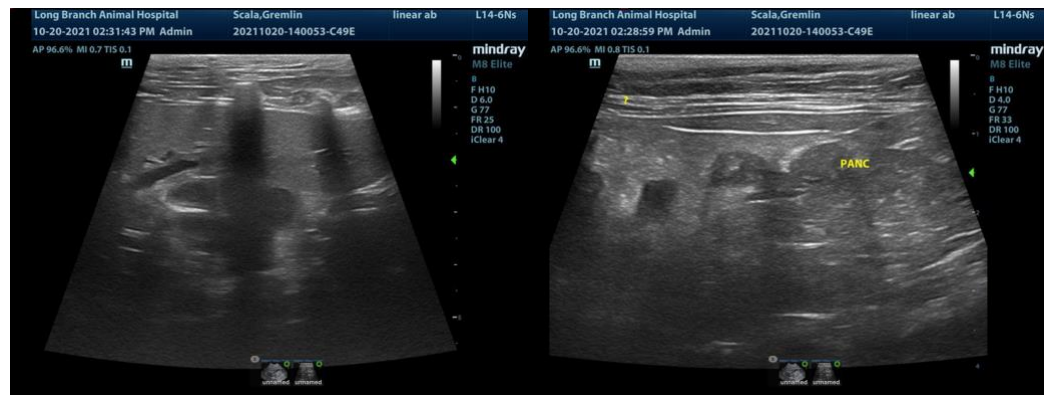
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

Surgical intervention with bile duct deviation procedure and lavage recommended. Cholecystectomy may be necessary as well.

SEX

Soayed Female



AGE

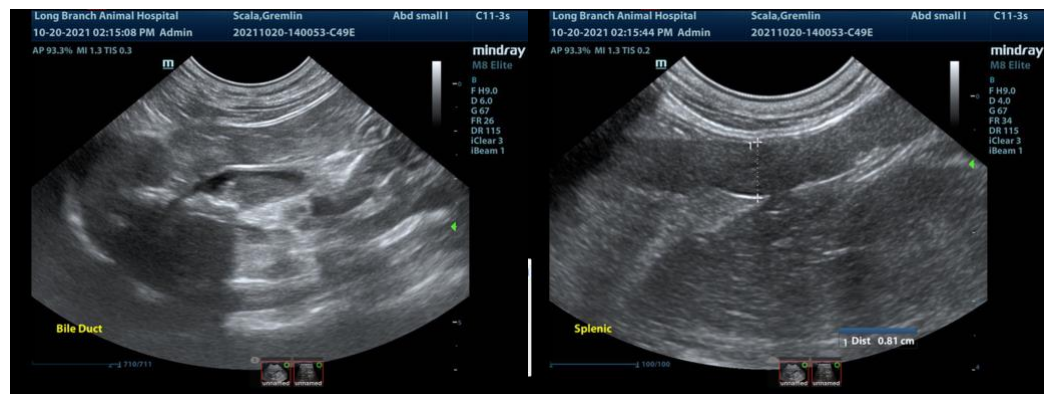
12 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

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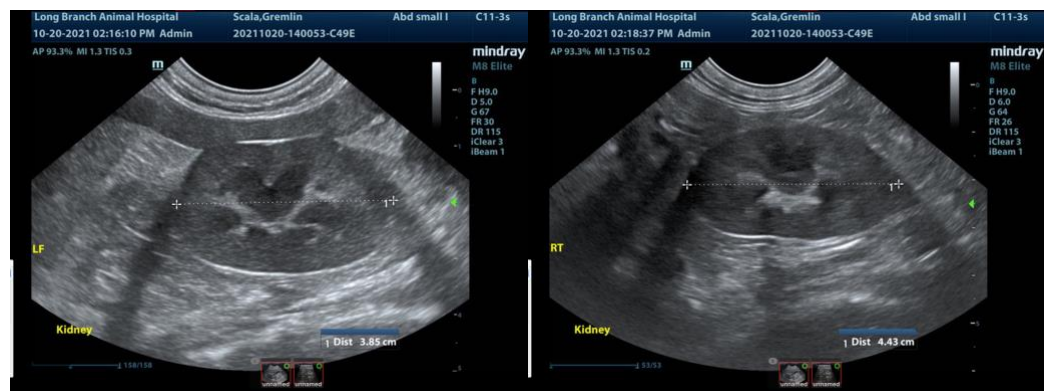


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PATIENT

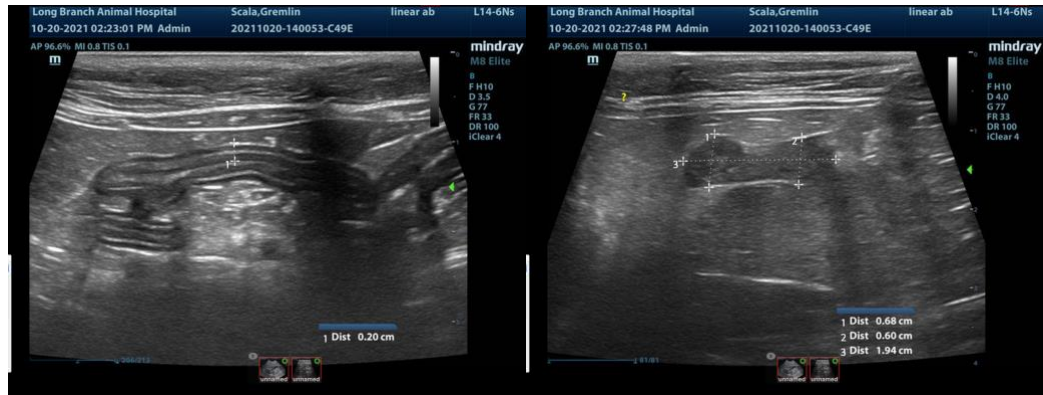
Gremlin Scala

SPECIES

Feline

BREED

DSH



SEX

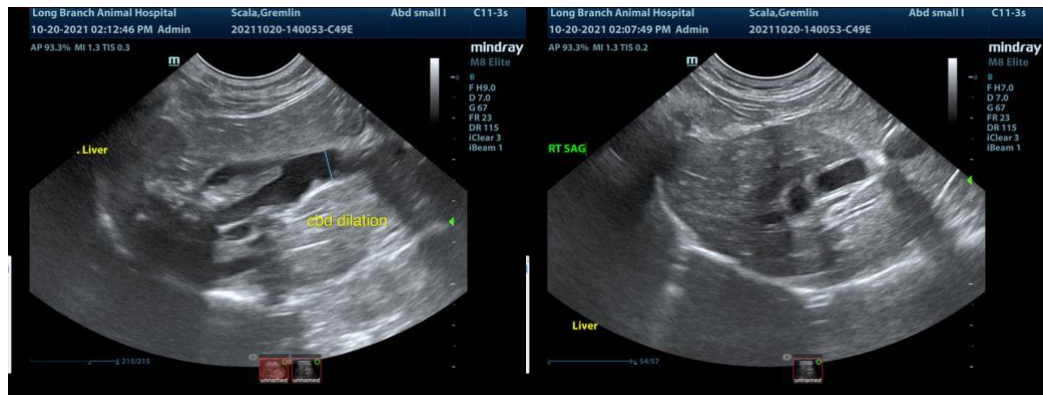
Soayed Female

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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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