



PATIENT

Max Shughart

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

8 Years

WEIGHT

9.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

26556

DATE

10/21/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for decreased appetite for about a week. O has 2 cats. She noticed that some urinated a large amount of dark yellow urine. Skin is jaundice. Pet was hospitalized on IVF since. Previous Health Concerns: none Current Medications: none Appetite/When did they eat last: deceased Diet: can/dry friskies Vomiting/Diarrhea: dry heave but no vomit, no diarrhea Abnormal PE/Chem/CBC/UA Results: MM/CRT: severe icterus Abdominal: very tense in cranial abdomen Tests and treatments could not be completed without sedation (ketamine 0.15ml, dexdom 0.2ml, butorphanol 0.2ml im) Cbc: sl low wbc (5,000) Chem: alt > 1000 alp 559 ggt; bili 9.8 Epc: nr 10/21/21 ALT 712, ALP mildly improved; GGT mildly improved, Bili 9.3 Rads; rounded liver, enlarged spleen, thickened stomach wall

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 4.6 cm. The right kidney measured 4.01 cm. Pyelectasia, cortical infarcts and remodeling noted.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

Liver

The **liver** was diffusely hyperechoic to falciform fat with lobar biliary dilation. The gallbladder was overdistended and turgid. Slight areas of free fluid noted between the liver lobes. The cystic duct was followed to the common bile duct, which was dilated at approximately 0.7 cm. However, further imaging of the common bile duct to the duodenal papilla was not able to be performed owing to obscuring shadowing material in the stomach, likely hairball accumulation or similar. However, there is evidence of post-hepatic obstruction.

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

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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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Post-hepatic obstruction pattern with lipidosis and lobar biliary dilation
- Full stomach – likely hairball accumulation
- Moderate chronic degenerative renal changes with infarcts and interstitial nephrosis pattern

BREED

DLH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

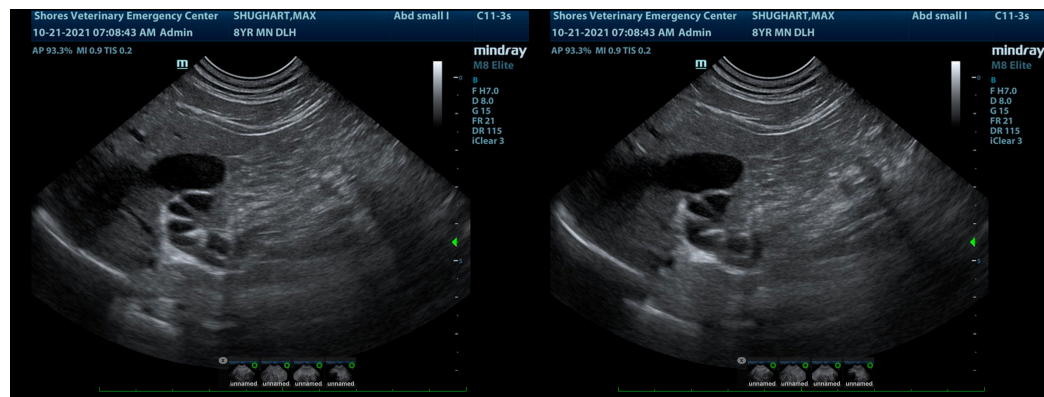
SEX

Recommend exploratory surgery in this patient to inspect the common bile duct, obtain liver biopsy, and evacuate the stomach. Bile duct deviation procedure may be necessary. No obvious biliary neoplasia, yet cannot completely rule it out.

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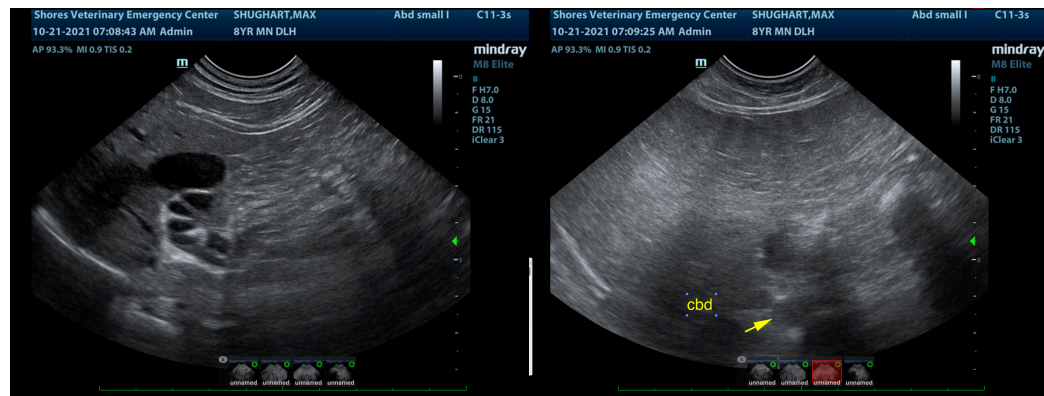
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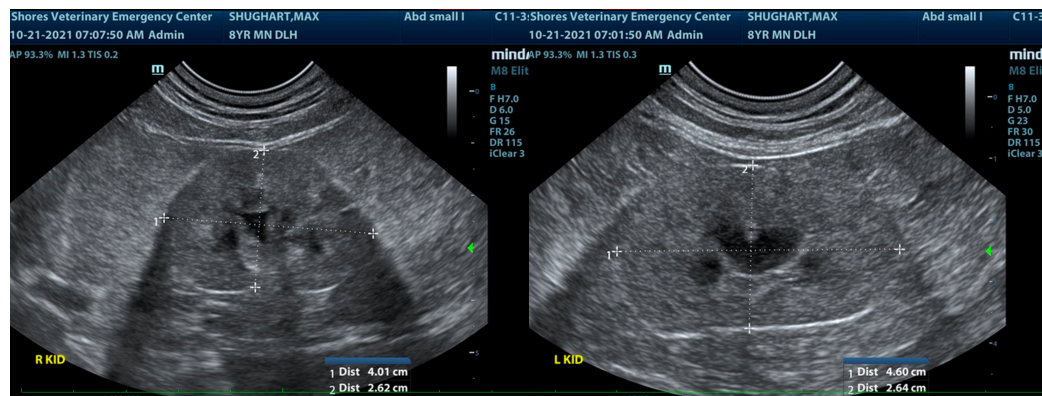
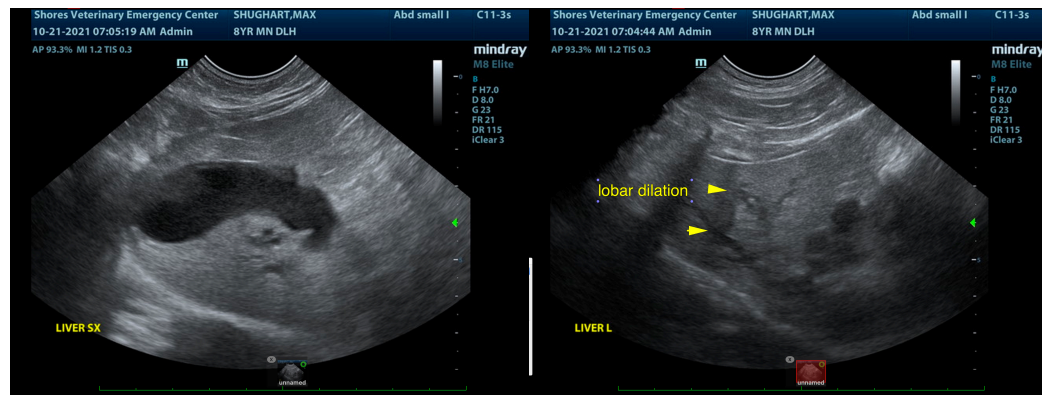
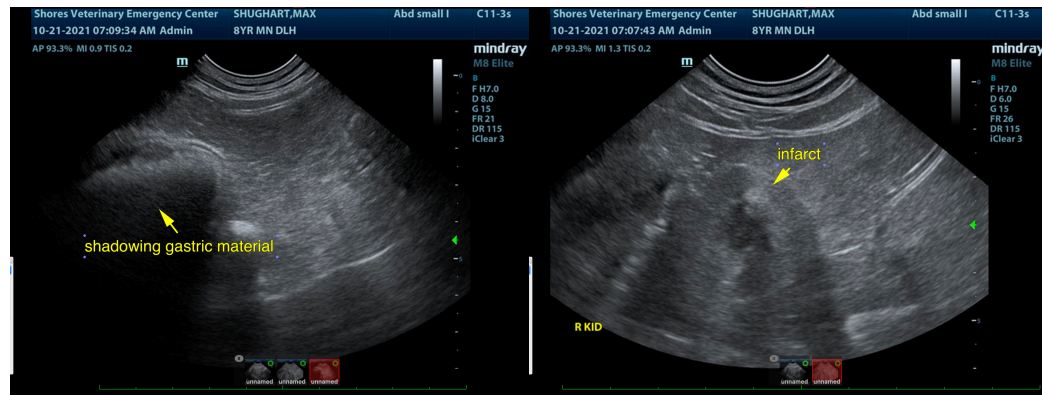
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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