**DATE**

10/21/22

**PRESENTING CLINICAL SIGNS**

ATO has had P for 2 months, is not known to vomit but does not have any previous medical history: - P vomited once 5 days ago and then again today - P normally eats can food but hasn't eaten anything in 5 days - P seems constipated There is one other cat in the house, they are indoor only

**PATIENT**

Clyde Schreiber

Current Medications: Cerenia, Famotidine, Vitamin B 12, Elura.

Lab Results: See attached.

Radiographs: 2 gas distended loops of colon, P not constipated, bunching of small intestines with gas, stomach wall subjectively thickened and gas filled

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**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.

**SEX**

Neutered male

**AGE**

6/3/12

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 4.5 cm. The right kidney measured 5.08 cm.

**WEIGHT**

14.9 lbs

**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.

**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 was noted.

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Hicks

**Liver**

The **liver** was mildly swollen with mild, lobar biliary duct dilation. The gallbladder was over distended. The common bile duct was at the upper limits of normal and measured 0.3 cm at the duodenal papilla; however, the common bile duct was dilated to 0.75 cm. The cystic duct was congested and tortuous with echogenic debris. Regional, mixed, hypoechoic pancreatic pathology was noted around the common bile duct.

**INVOICE**

40231

**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. The mesenteric lymph nodes were enlarged, hypoechoic, irregular and cystic measuring 2.9 x 0.47 cm.

### **Pancreas**

The **pancreas** revealed an extensive, mixed hypoechoic parenchymal changes with undulating contour. Enhanced surrounding mesentery was noted. Dilated pancreatic duct was also noted.

### **Free Abdomen**

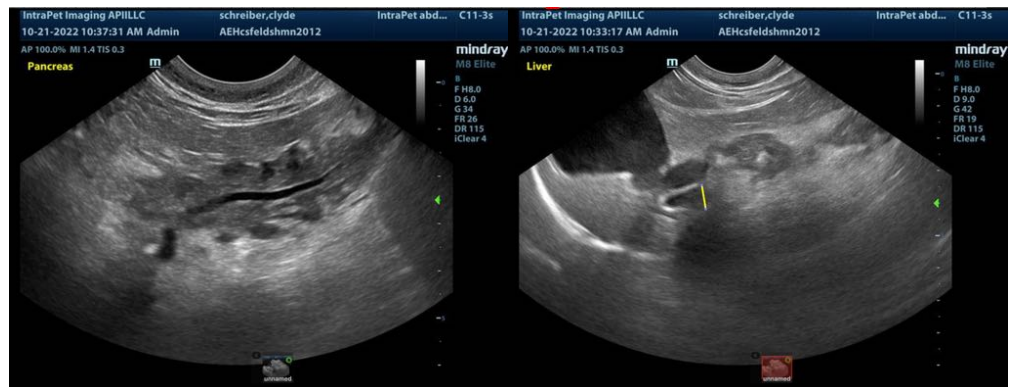
Regional, hyperechoic fat was noted around the pancreas. There are slight areas of free fluid.

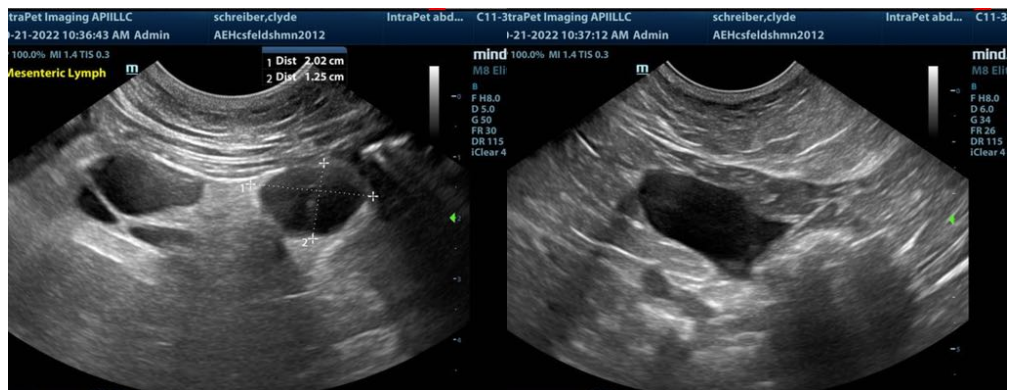
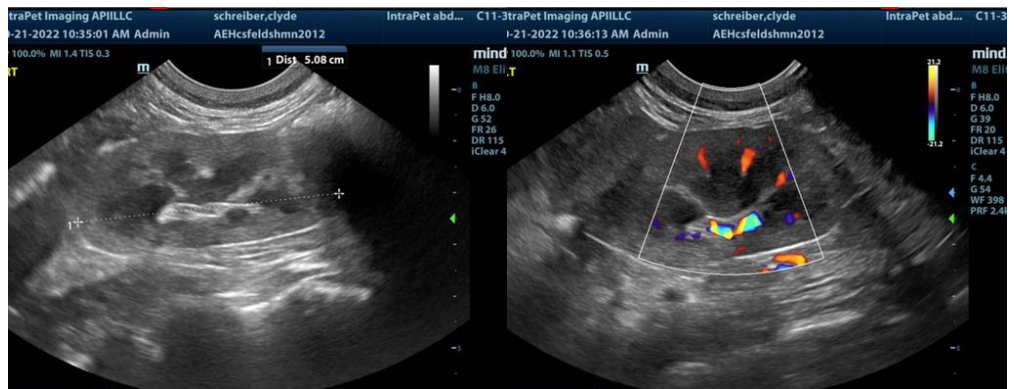
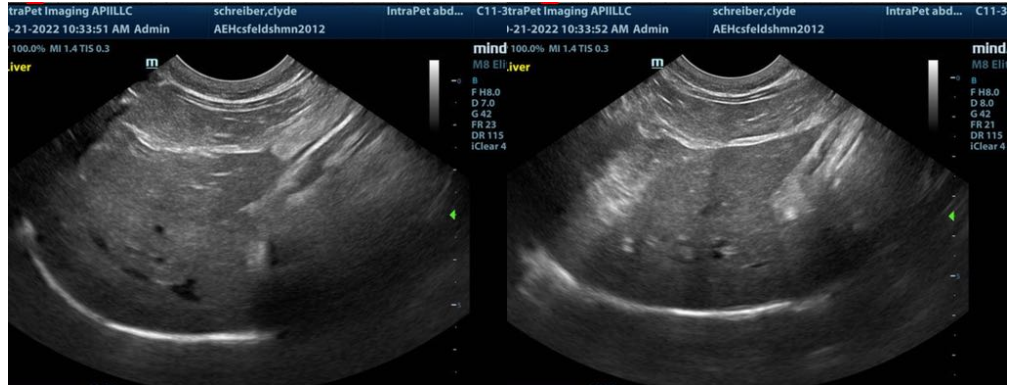
### **ULTRASONOGRAPHIC FINDINGS**

Extensive pancreatitis with post hepatic obstruction and cholangitis.  
Slight areas of free fluid.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no obvious evidence of neoplasia, yet this cannot be completely ruled out. Surgical intervention with debridement of the pancreas and possible redirection of the common bile duct is likely necessary. FNA of the mesenteric lymph nodes, pancreas and liver are also indicated from a cursory evaluation to ensure that occult neoplasia is not an issue. Cytology and culture of the pancreatic and lymph node aspirates as well as liver are all indicated.







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  
 Eric.Lindquist@SonoPath.com