



PATIENT

Amber Holloman

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

13 years

WEIGHT

9.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Green

INVOICE

92591

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Lethargy, anorexia and vomiting 3 days duration
Abnormal PE/Chem/CBC/UA Results: CHEM: ALP=156 (10-90) U/L, ALT= 1800 (20-100) U/L, amylase= 1265 (300-1100) U/L, Tbili=9.4 (0.1-0.6) mg/dL, glucose=158 (70-150) mg/dL CBC: lymphocytes=490 (1500-7000) /uL, MPV=11 (12.0-17.0) fl

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.

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 3.0 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.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was enlarged and coarse in architecture with scalloping contour. Enhanced surrounding mesentery was noted. Multi-focal, hyperechoic nodular changes were noted in the right cranial liver. Congestion of the gallbladder was noted as well as dilated common bile duct. The common bile duct was also thickened.

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



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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

The **pancreas** was enlarged, hypoechoic and nodular changes. Ultrasound-guided FNA is warranted. Regional inflammation was noted around the right limb of the pancreas. The right limb of the pancreas appeared to be obstructing the common bile duct. Pancreatic lymph node was enlarged, rounded and hypoechoic measuring 0.75 cm.

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ULTRASONOGRAPHIC FINDINGS

Extensive pancreatic pathology with post hepatic obstruction. Concurrent cholangitis in the liver. Irregular hepatic contour.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend ultrasound guided FNA of the pancreas and liver in this patient for screening purposes. If only inflammatory disease is noted then single dose Dexamethasone is recommended to reduce inflammation of the liberate the biliary tree. IV fluid support, pain management, broad spectrum antibiotics are all indicated. Recheck sonogram is recommended in 48-72 hours. The prognosis is guarded. Underlying pancreatic/hepatic lymphoma is also a potential in this case.

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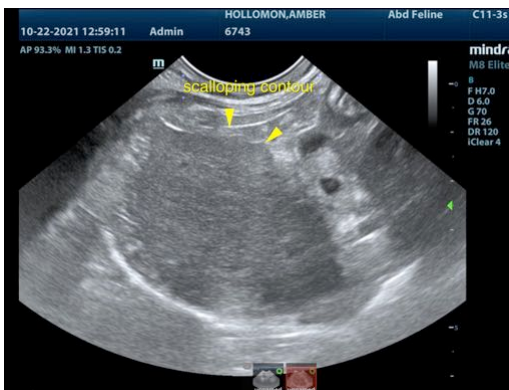
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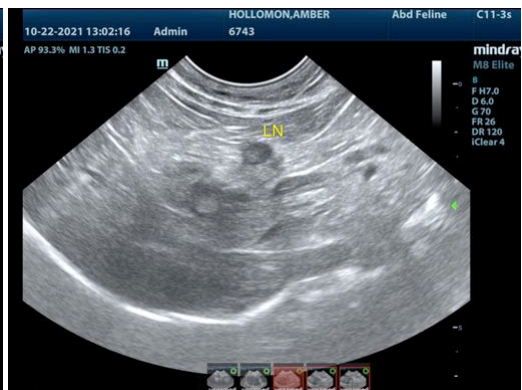
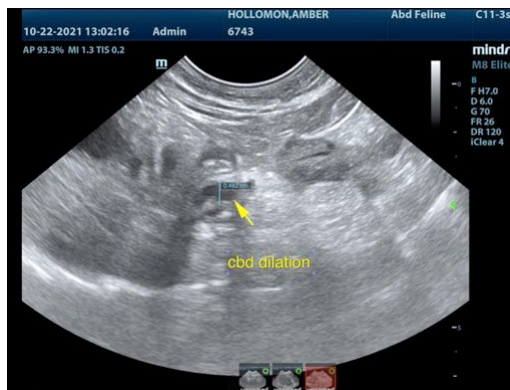
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dr. Green

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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