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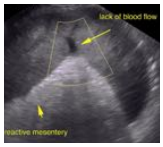

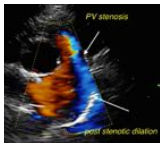

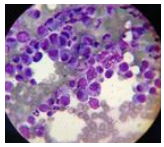
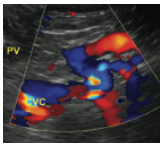

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1-800-838-4268 info@sonopath.com

PATIENT

Loki Martucci

SPECIES

Feline

BREED

Feline

SEX

Neutered male

AGE

14 years

WEIGHT

10.1 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Shemer

HOSPITAL NAME

Tolland VH

REFERRING VET

Dr. Shemer

INVOICE

39954

DATE

10/3/22

PRESENTING CLINICAL SIGNS

History: Loki presented for a 5 day history of hyporexia; on bloodwork, we identified severely elevated ALT (>1,000), elevated Alk Phos (306), GGT (8), Tbili (5.8), chol (341). We hospitalized Loki for supportive care and performed an abdominal ultrasound. On ultrasound, I am predominantly concerned about a possible structure located in the caudal aspect of the right middle lobe of the liver medial the gall bladder that is anechoic and has suspected gas. There is also a hypoechoic pancreas with peripancreatic hyperechoic fat and several hyperechoic splenic masses. Loki developed severe ataxia after one day of hospitalization and before starting metronidazole therapy (r/o hepatic encephalopathy, toxoplasmosis, etc).

ULTRASONOGRAPHIC EXAMINATION

Urinary System

The **urinary bladder** revealed a minor amount of concentric wall thickening. A minimal amount of urine was noted at the time of the sonogram.

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 4.3 cm. The right kidney measured 3.95 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** revealed multi-focal, hyperechoic, lipogranulomatous changes noted, yet was otherwise normal in size and contour.

Liver

The **liver** revealed increased portal markings were noted throughout the liver with lobar biliary duct dilation. This is consistent with cholangitis. The right cranial liver revealed either a hepatic cyst or accessory gallbladder. This appeared to be unremarkable. A trace amount of fluid was noted between the liver lobes. Minor lobar biliary mineralization was also noted. The common bile duct was followed to the duodenal papilla where it tapered into a uniform thickening. No overt masses were noted; however, biliary congestion was present. The gallbladder wall was thickened with debris and sand.

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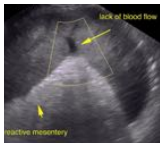
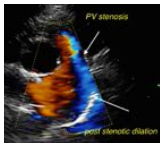
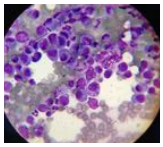
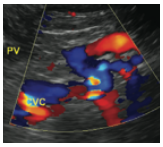

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Gastrointestinal

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.

Pancreas

The **pancreas** was heterogenous, irregular and hypoechoic with undulating contour.

ULTRASONOGRAPHIC FINDINGS

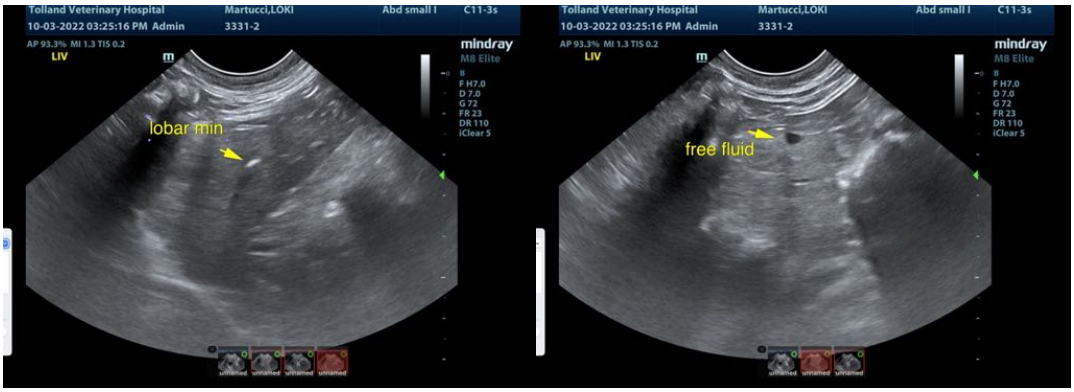
Cholangitis pattern with potential for biliary carcinoma, yet no obvious masses.

Chronic active pancreatitis.

Lipogranulomatous splenic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA is indicated as a cursory evaluation or direct exploratory surgery with expectations towards liver inspection, biopsy, cholecystoduodenostomy is likely necessary. The cause of the biliary dilation is likely chronic inflammation. There are no overt masses noted at the termination of the common bile duct, yet neoplastic disease cannot be completely ruled out. The prognosis is very guarded. Cholecystectomies can be considered with culture and sensitivity; however, given the history of free fluid adjacent to the gallbladder, the gallbladder wall is likely compromised.



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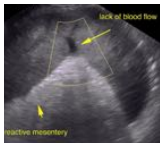
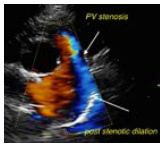
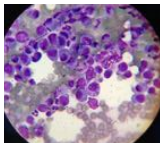
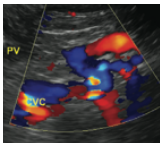

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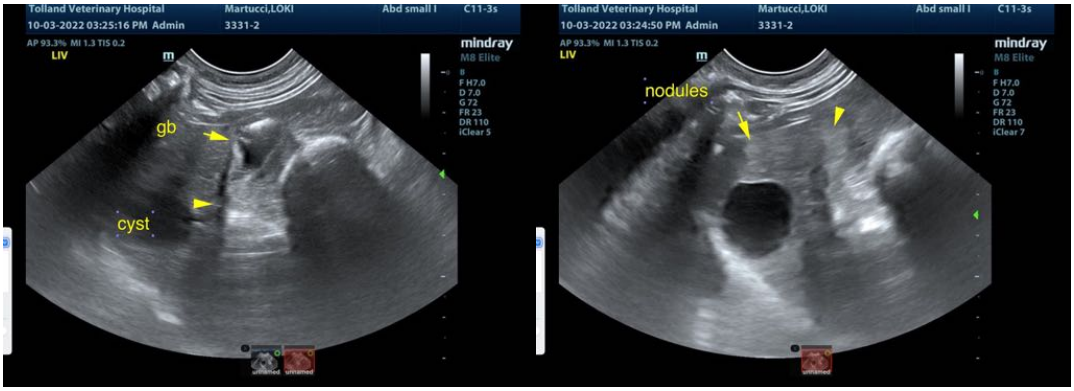

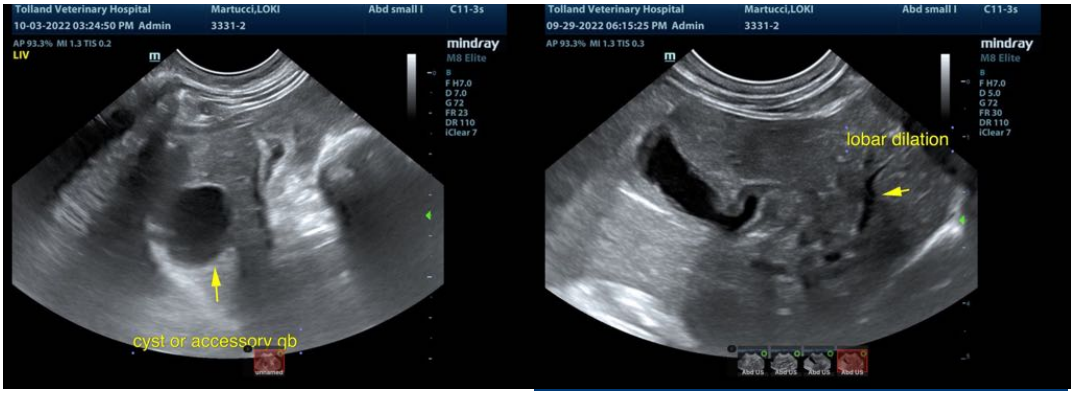

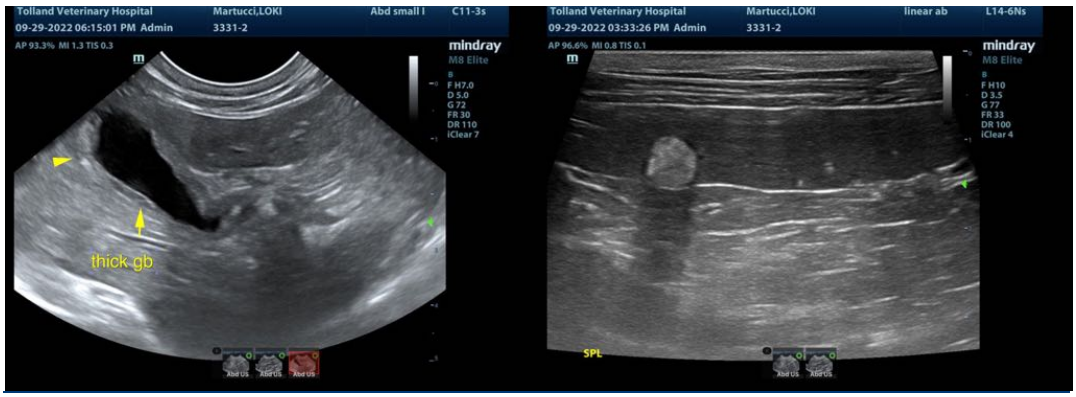

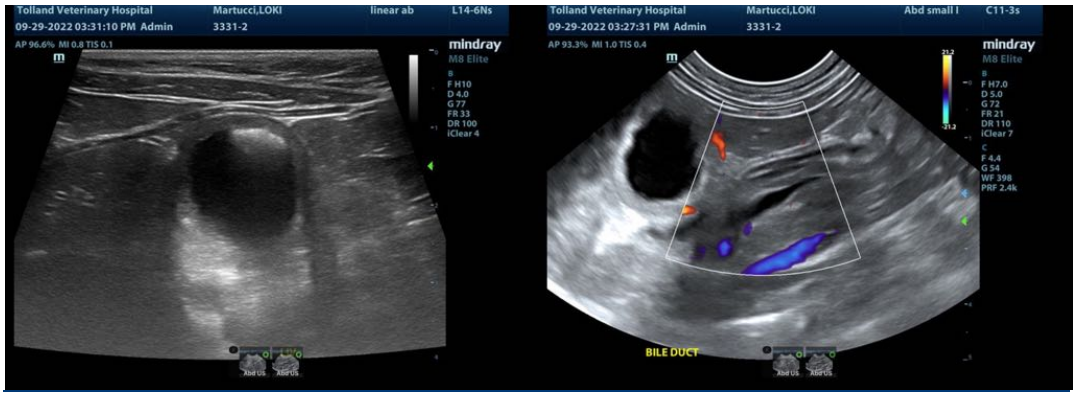

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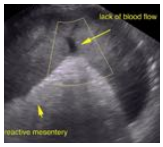
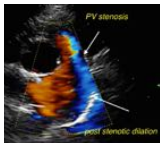
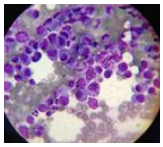
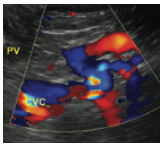

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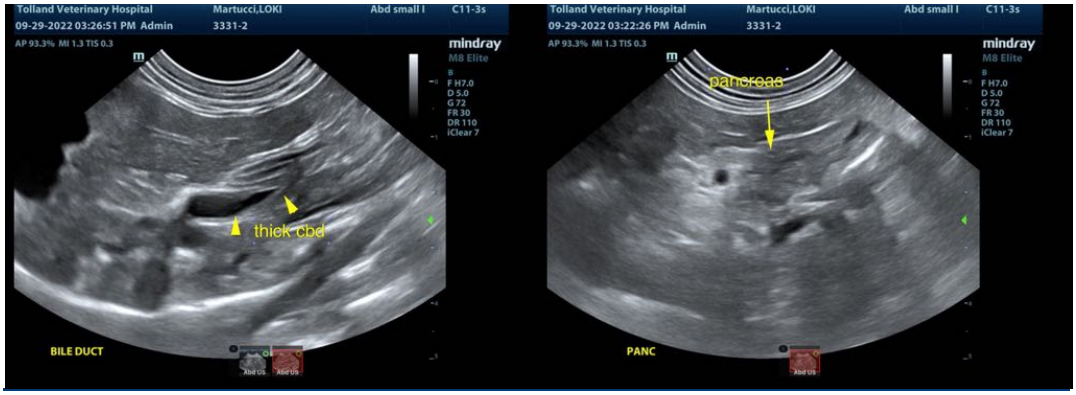

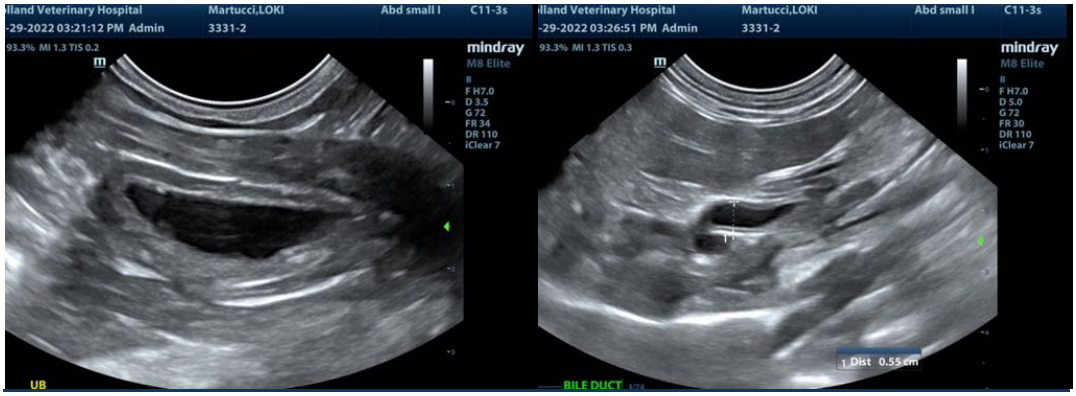

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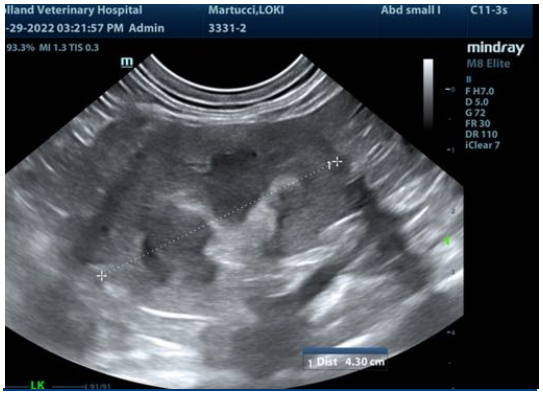

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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