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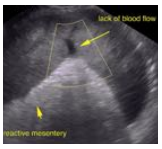
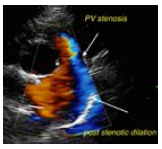
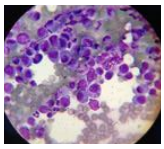
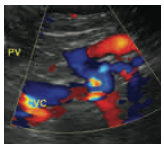
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Cole Matthews

SPECIES
Feline

BREED
Siamese

SEX
Neutered male

AGE
11 years

WEIGHT
6.08 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Biederbeck

HOSPITAL NAME
Lomsnes VH

REFERRING VET
Dr. Biederbeck

INVOICE
92197

DATE
10/5/21

PRESENTING CLINICAL SIGNS

History: No eating/drinking for last 48 hours. Very lethargic. Vomited once on Sunday. No stools in the past few days but not eating well. Prone to constipation so gets restoralax and works well for him. On RC hypo HP diet and Rayne rabbit Painful on u/s cranial abdomen
Abnormal PE/Chem/CBC/UA Results: CBC: Low WBC 1.58 (N:2.87-17.02, neutrophils 0.12 (N:2.3-10.29), lymphocytes 0.57 9N: 0.92-6.88) Elevated Monocytes 0.83 (N:0.05-0.67) CHEM: High glucose (stress), Low Phosphorus 2.4 (N:3.1-7.5), ALKP 13 (N:14-111) Chloride 108 (N: 112-129) Elevated TBil 1.8 (N:0-0.9) Euthyroid sick U/A: SG > 1.050 Bilirubin crystals, some cocci bacteria, abnormal transitional epithelial cells noted.

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** 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys each 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** 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.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable with coarse architecture.

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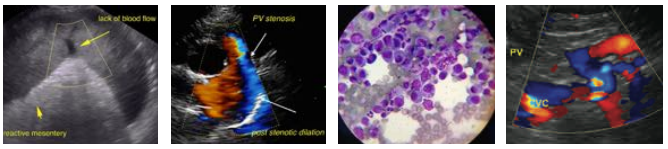

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Areas of adhesions were noted associated with portions of the small intestine.

Pancreas

The **pancreas** revealed undulating contour with hypoechoic parenchyma with enhanced surrounding mesentery. This is suggestive for pancreatitis.

Free Abdomen

Slight free fluid was noted adjacent to the bladder and spleen.

ULTRASONOGRAPHIC FINDINGS

Pancreatitis.

Hepatic lipidosis pattern with potential underlying lymphomatosis or carcinomatosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adhesions were noted throughout the mid cranial abdomen with coalescing nodular omental changes. Either exploratory surgery in order to obtain hepatic, pancreatic and omental biopsies would be warranted or abdominocentesis and cytospin of the free fluid +/- FNA of the liver are all indicated. Coagulation panel is warranted prior to FNA of the liver. Guarded prognosis.

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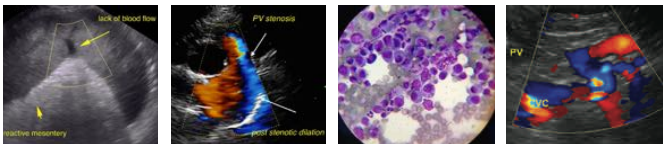

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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