

**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: Yellow Skin, Gums, Eyes / Jaundice, Constipation, Referral for Continued Care.  
 Date: 11-12-2021 Notes: referral anorexia and increase LE liver large/ possible irregular on US.

**PATIENT**

Peaches Calwell

Current Medications: Vitamin B Complex Injection (Per mL), Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Ampicillin 125mg/vial Injection (Per mL), Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL)

**SPECIES**

Feline

Lab Results: Attached.

PCV 39 % 30 45

TS 8.0 g/dL 5.0 8.0

**BREED**

DSH

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV midazolam and butorphanol.

Stat Report: Not requested.

**SEX**

Spayed Female

**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.

**AGE**

2010

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 3.84 cm. The right kidney measured 3.34 cm.

**WEIGHT**

8.1.lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**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.

**HOSPITAL NAME**

Animal Emergency H

**Liver**

The **liver** was coarse in architecture with minor increased portal markings. Slight free fluid was noted between the liver lobes. The gallbladder and common bile duct were unremarkable.

**REFERRING VET**

Dr. Kalwa

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured up to 0.29 cm. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by

**INVOICE**

12504

intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

### **Pancreas**

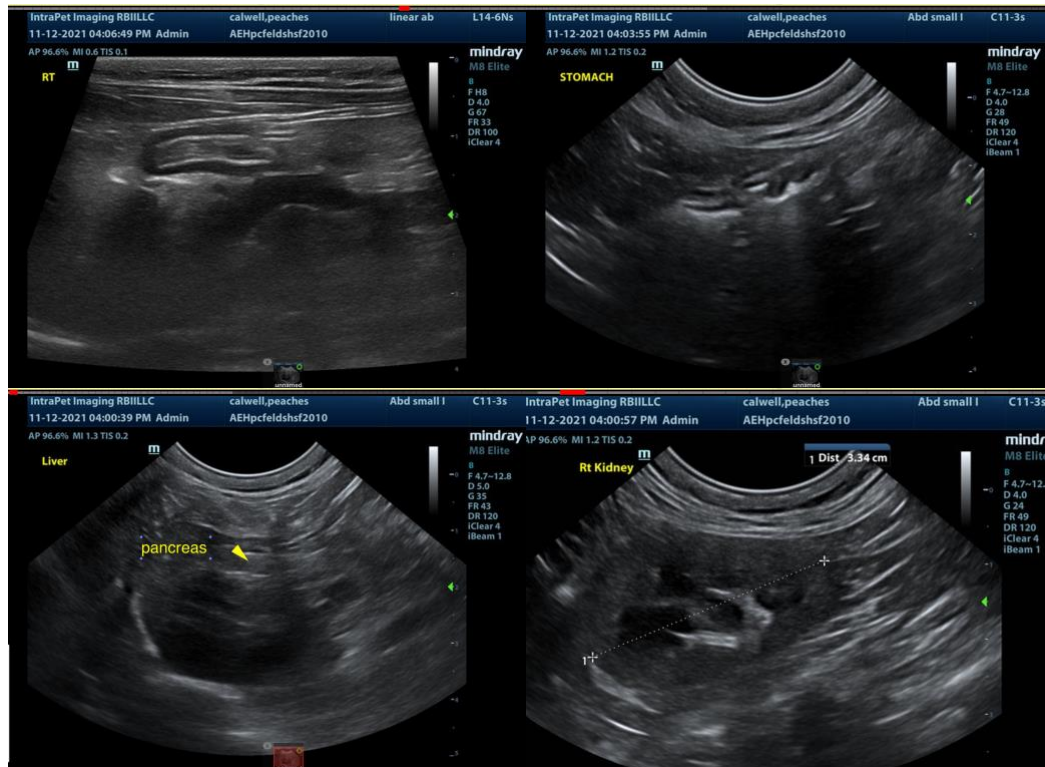
The **pancreas** revealed mixed echogenic changes consistent with a history of pancreatitis. However, the changes were fairly minor.

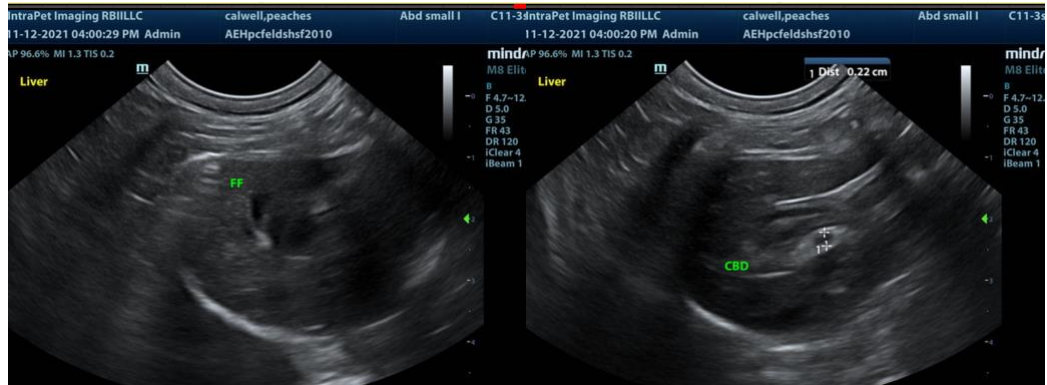
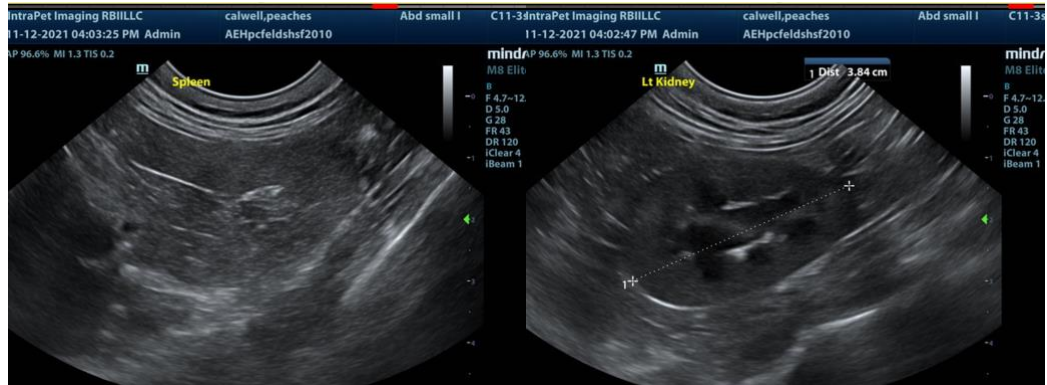
### **ULTRASONOGRAPHIC FINDINGS**

- Mild hepatic remodeling
- Minor intestinal thickening
- Pancreas, mixed echogenic changes
- Undefined trace free fluid adjacent to the liver, likely deriving from the pancreas
- Geriatric abdomen

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

Given the liver enzyme elevation, I recommend ultrasound guided FNA or surgical biopsies of the intestinal tract and liver. Cholangiohepatitis likely. No obvious evidence of neoplasia. Expected changes for this age patient.





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.

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