



PATIENT

Topanga Wojcik

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

6.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Leal

INVOICE

93085

DATE

11/15/21

PRESENTING CLINICAL SIGNS

History: Cat presented ADR. Not eating well and quiet. Radiographs do not show any significant findings. Clinically cat is jaundice
Abnormal PE/Chem/CBC/UA Results: Bloodwork shows ALT(116), Alk Phos (189), GGT (5), Bilirubin (total - 3.9). UA shows specific gravity - 1.045

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 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 right kidney measured 3.55 cm. The left kidney was subnormal in size and measured 2.87 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. The right adrenal gland measured 0.81 x 0.5 cm. The left adrenal gland measured 0.75 x 0.4 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured up to 1.0 cm in width. Subtle micronodular changes were noted in the spleen.

Liver

The **liver** revealed non specific swelling with increased portal markings. The gallbladder wall was thickened with micropolypoid changes and over distended with echogenic debris. The common bile duct was at the upper limits of normal and measured 0.34 cm. There was no overt post hepatic obstruction present. The hepatic lymph nodes were slightly enlarged and rounded measuring 0.5 cm.



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Gastrointestinal

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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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

Cholangiohepatitis liver pattern with splenic enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

6.7 lbs

There is a potential for emerging round cell neoplasia. Splenohepatic FNA is indicated. Transitional point between cholangiohepatitis and underlying hepatic lymphoma is a potential in this patient. Splenic FNA and core liver biopsy would be optimal. However, initial FNA of both organs is indicated. Toxoplasmosis, Bartonella and other infectious agents that may be affecting the liver should also be evaluated.

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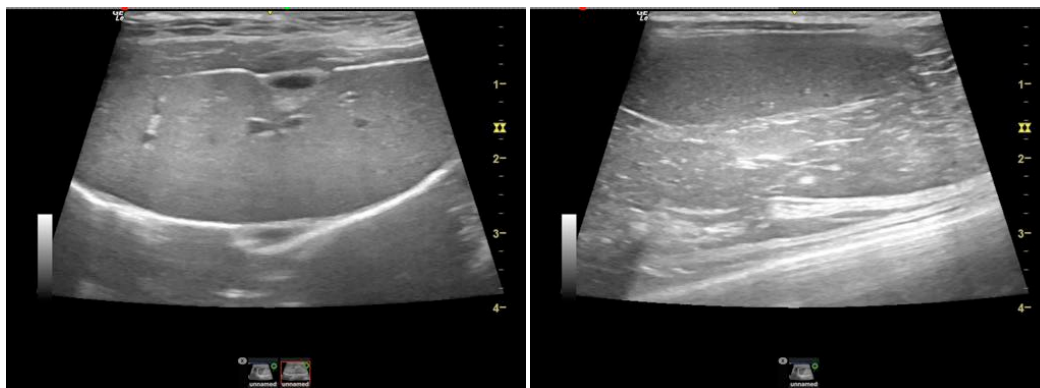
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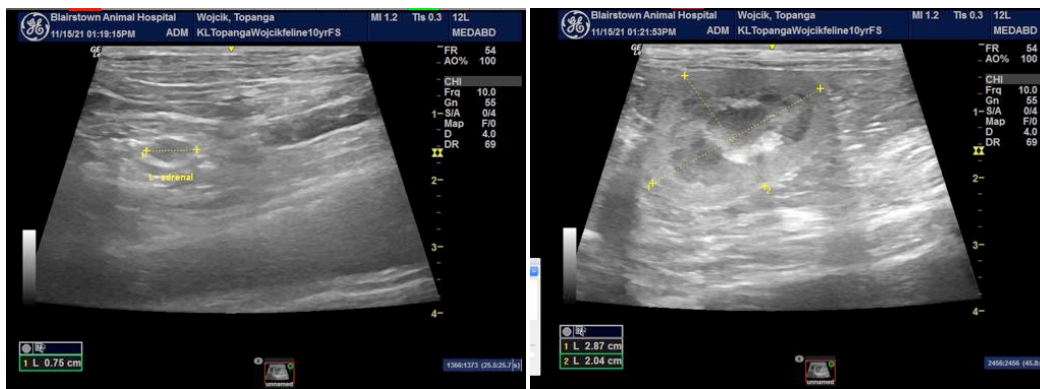
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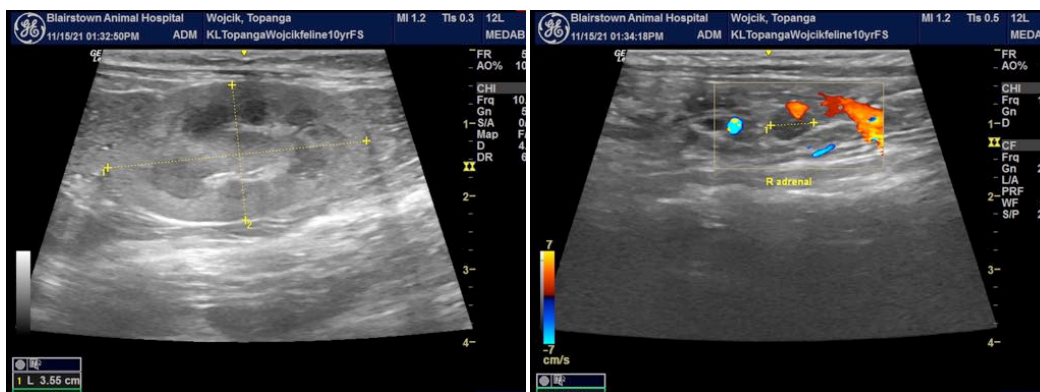
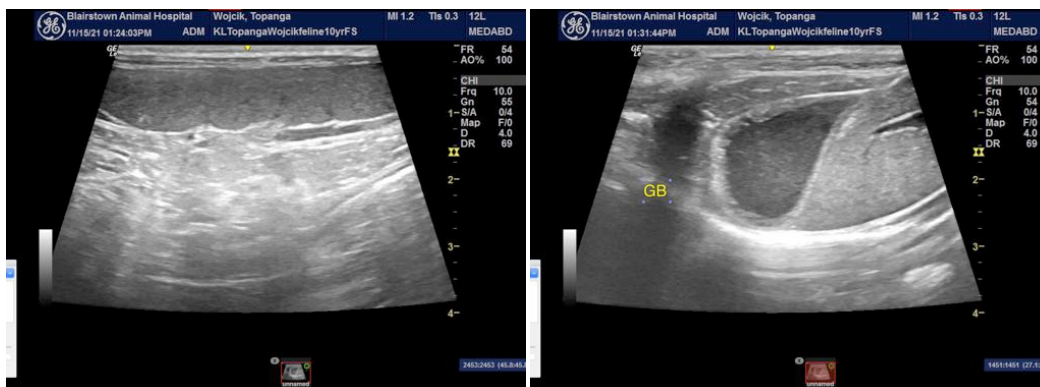
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com