



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Kiki Ekelund

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
9 years

WEIGHT
5.6 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Diane McFadden, RVT

HOSPITAL NAME
Shohola VH

INVOICE
93177

DATE
11/17/21

History: icterus, weight loss, decreased appetite, hx of diarrhea, elevated liver enzymes and bilirubin. not on any meds, is on EN for diarrhea.
Abnormal PE/Chem/CBC/UA Results: decreased retics, neuts increased, gluc 161, SDMA 16 (0-14), CI 109, glob 5.4, ALT 463, AKP 184, GGT 21, T bili 8.6, lipase 2415; UA: protein 3+, bilirubin 6, urobilinogen 12, cocci, bilirubin crystals 6-20 and unclassified crystals, USPG 1.050

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 right kidney measured 3.54 cm. The left kidney measured 3.54 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.21 cm.

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** revealed increased portal markings. The gallbladder was over distended with echogenic debris and thickened wall. The bile was immobile. The gallbladder measured 3.0 x 2.0 cm. Mucous debris appears present in the common bile duct; however, it was poorly visible owing to inflammation. The common bile duct was enveloped by the pancreatitis.



PATIENT *Gastrointestinal*

Kiki Ekelund 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. The epigastric lymph nodes were slightly enlarged, rounded, hypoechoic and irregular.

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Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery. The changes were most significant in the right limb.

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ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis especially in the right limb and enveloped the common bile duct.

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Chronic cholangitis. Some level of post hepatic obstruction is likely playing a role in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

5.6 lbs

Treatment for pancreatitis and cholecystitis is warranted. However, cholecystectomy and common bile duct lavage may be necessary in this patient with epigastric lymph node, hepatic and GI and pancreatic biopsies. IV fluid support, pain management, Enrofloxacin or similar antibiotic is recommended. Ursodiol therapy is warranted. I recommend a recheck sonogram in 3-5 days. Otherwise, direct cholecystectomy, common bile duct lavage with liver and pancreatic biopsies can be considered as the gallbladder has chronic changes and is unlikely to be significantly functional in the future.

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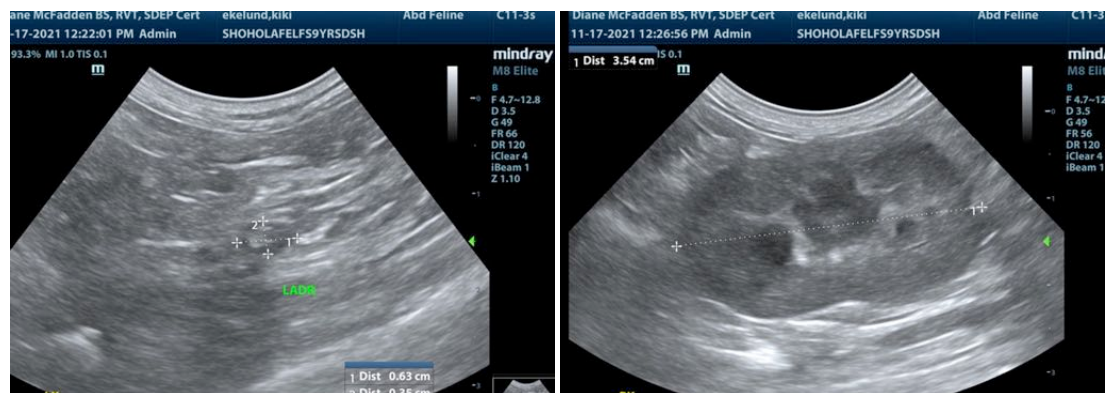
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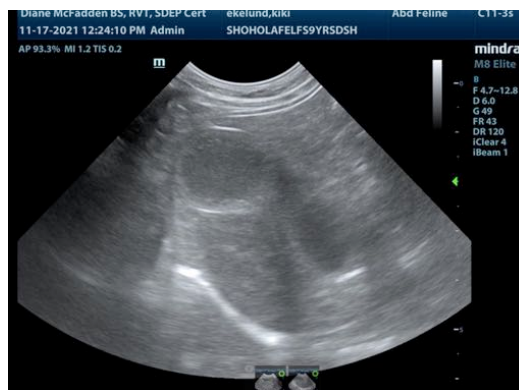
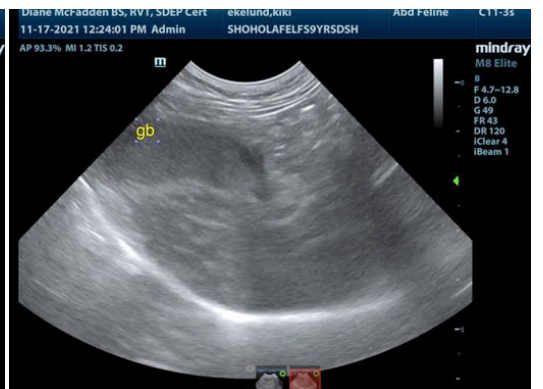
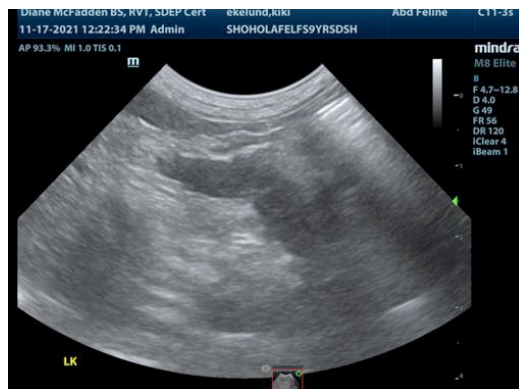
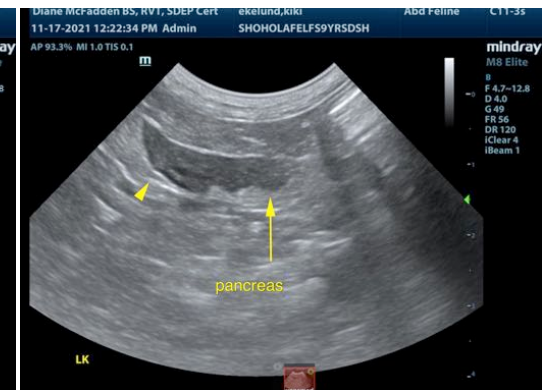
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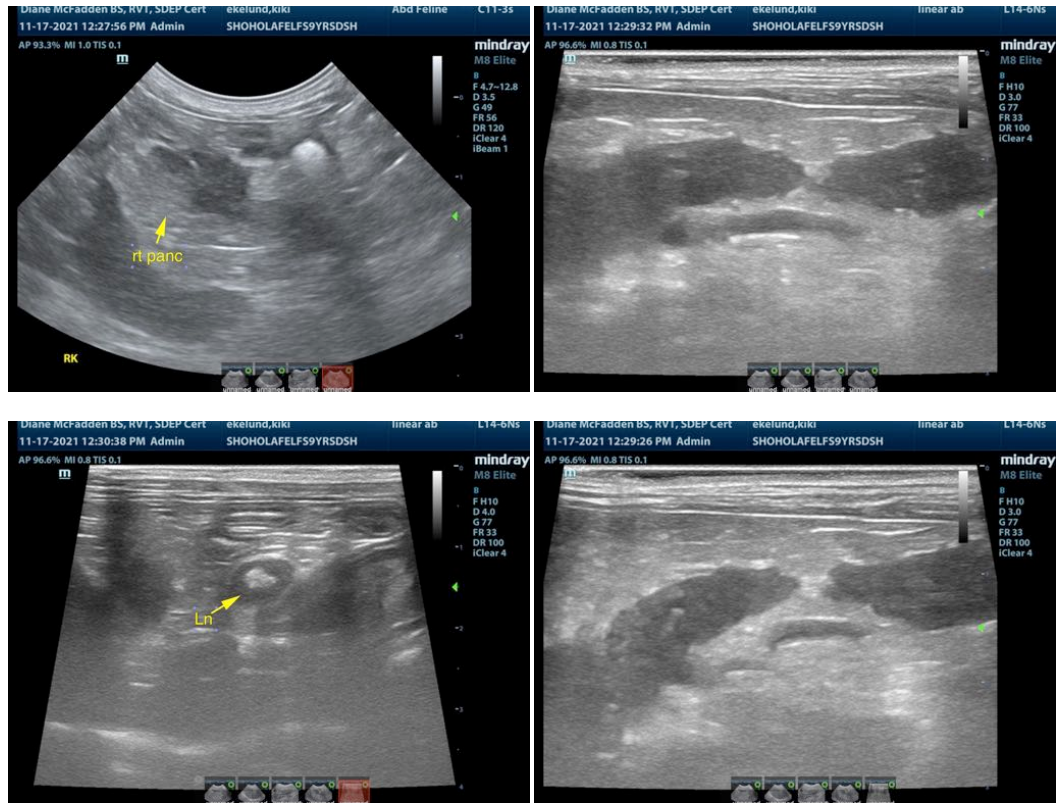
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com