



PATIENT

Jibb Taha

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

8.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Bailey

INVOICE

42689

DATE

11/24/22

PRESENTING CLINICAL SIGNS

History: Patient was seen at AEC 9/20/2022 for triaditis -- home on Denamarin which owner noted he did well on. Past 2 days lethargic and anorexic. Took to primary care Village vet yesterday, bloodwork had increased ALT 779, t. bili 3.4, lipase 3,508. AUS scheduled for 2 weeks. They had meant to start Jibb on Ursodiol, but forgot to call in. History of: Triaditis No known medical issues or sensitivities Medications: Denamarin
Abnormal PE/Chem/CBC/UA Results: Obese; Full labs run yesterday with primary care (see above), only ran lytes today (normal) Aspirates taken of liver, spleen, panc, and GB (sending with owner at discharge to take pt and samples to primary care)

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** were expansively irregular with scalloping contour to both kidneys with bilateral renomegaly. The left kidney measured 5.0 cm. The right kidney measured 5.43 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 0.4 cm. The left adrenal gland measured 0.4 cm.

Spleen

The **spleen** in this patient was volume contracted with slight, irregular, scalloping contour. Hydration status should be assessed. The spleen measured 0.9 cm in width.

Liver

The **liver** was enlarged and hypoechoic to the surrounding mesentery and falciform. The gallbladder was mildly over distended with mildly increased portal markings. The common bile duct was mildly, yet within normal limits at 0.4 cm. Calculus was present at the termination of the cystic duct as it reaches the common bile duct.

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.



PATIENT

Pancreas

Jibb Taha

The **pancreas** was enlarged, hypoechoic and nodular.

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ULTRASONOGRAPHIC FINDINGS

Enlarged irregular liver. Cholangitis liver pattern with 0.3 cm cystic duct calculus at the junction of the common bile duct.

BREED

Scalloping spleen.

Domestic Shorthair

Irregular kidneys.

SEX

Concurrent pancreatitis pattern.

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

I am concerned for underlying neoplasia such as round cell neoplasia in this patient. 25-gauge FNA of the renal cortices are indicated. Assessment of the aspirates is warranted along with treatment for cholangitis and splenitis and pancreatitis. Full urinary work-up is warranted if not already performed. The prognosis is guarded. There is no overt post hepatic obstruction to the liver causing bilirubin elevation given the common bile duct size is still normal with a cholangitis pattern. Therefore, I am concerned for parenchymal disease in the liver causing the underlying issue.

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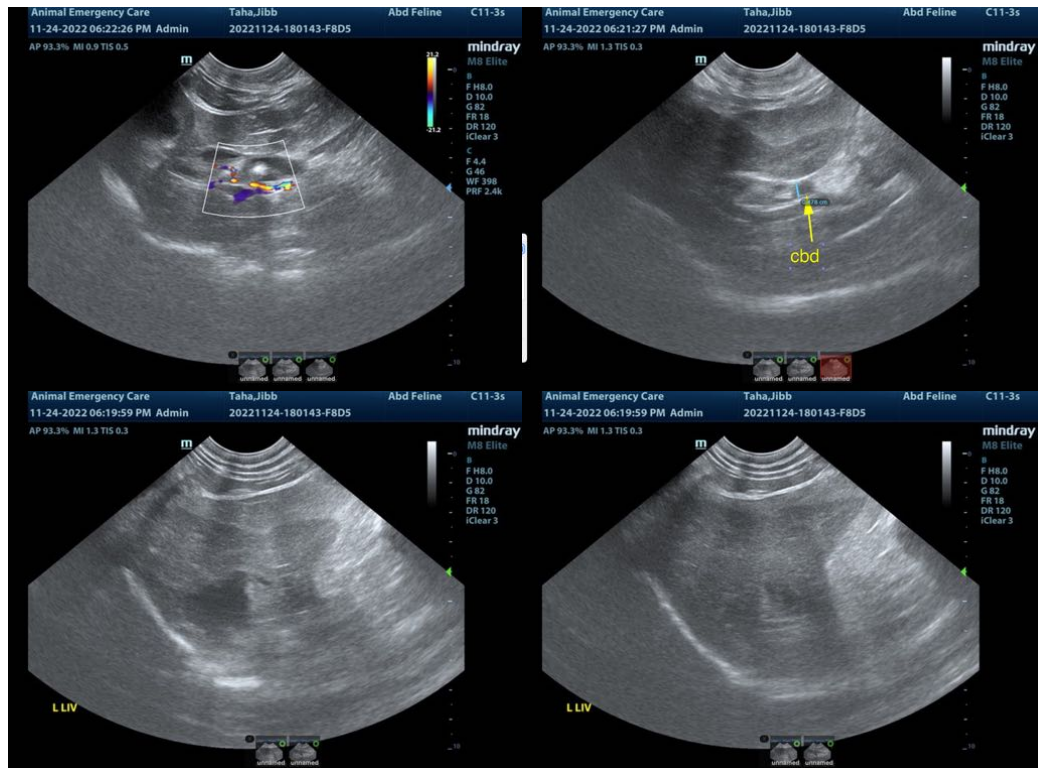
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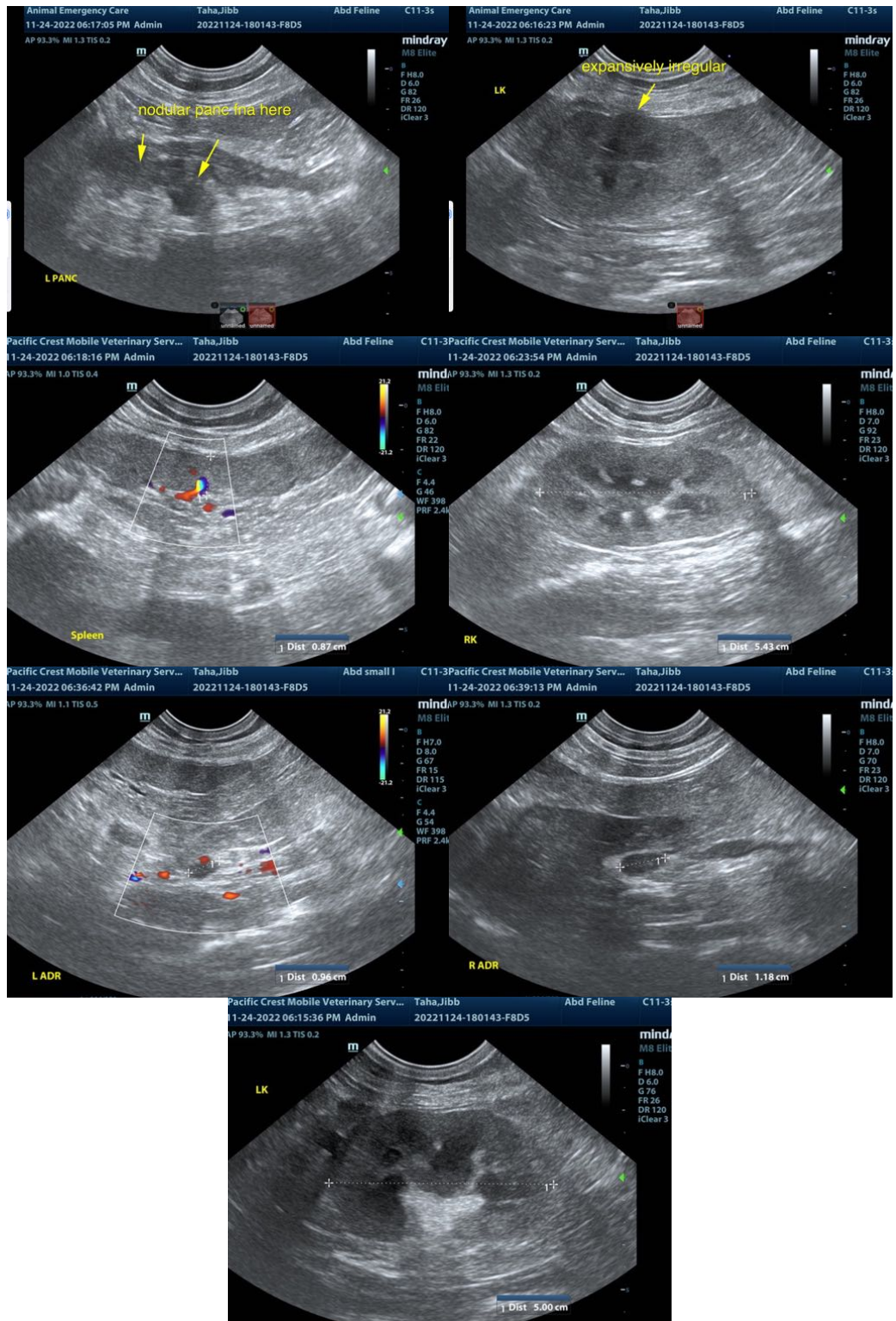
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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