

DATE PRESENTING CLINICAL SIGNS

11/25/22

Reason for initial presentation: defecating outside of the litter box that was clay in consistency - has been eating Since US: has been eating and using the litter box - owner noted that Monday lower canine was poking in abnormal direction, appetite was changed - started giving more wet food and started to eat more

PATIENT

Luna Bloyer

Presented to rdvm 11/7: - triple (-) - Bw: Alp 434, Alt 538, tbil 1.9, tp 9, glob 6, Lym 23.36, mono 1.12, Wbc 38.38, Neu 12.76, Plt 121 - t4 WNL - fpl normal - Ua: bili 3 mg/dl 11/8 Abdominal US: - hypoechoic hepatomegaly (acute hepatopathy vs acute cholangiohepatitis vs infiltrative neoplasia), coarse splenomegaly (congestion vs diffuse infiltrative disease vs extramedullary hematopoiesis, lymphoid hyperplasia vs amyloidosis), acute pancreatitis, IBD pattern (benign inflammatory disease vs infiltrative neoplasia), reactive mesenteric, ringdown - triaditis vs neoplasia Presented to rdvm 11/23: - bw: Alp 317, Alt 408, Phos 2.7, Tbil 1.7, Na 166, Glob 5.7, Lym 15.21, Mono 1.33, Wbc 27.89, Neu 10.55
Current Medications: Gabapentin, Cerenia, Vitamin B.

SPECIES

Feline

Lab Results: See attached.

BREED

Domestic Shorthair

Date of Previous IntraPet Ultrasound: 11/8/22 - Attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Spayed female

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

11/28/10

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.

WEIGHT

6.6 lbs

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.7 cm. The right kidney measured 4.06 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.56 cm.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

REFERRING VET

Dr. Nacke-Horney

Liver

The **liver** revealed coarse architecture with increased portal markings. Increased portal markings were noted in the liver. The gallbladder wall was slightly echogenic.

INVOICE

42712

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted without loss of mural detail. Some mucosal fogging was noted in the small intestine. Multi-focal mesenteric lymph nodes were enlarged, rounded and hypoechoic. Grouping of which measured up to 3.7 cm.

Pancreas

The **pancreas** was enlarged and measured 1.82 cm at the right base with dilated duct and coarse architecture. The pancreas revealed undulating contour. The left and right limbs of the pancreas appeared to be enlarged, heterogenous and irregular.

Free Abdomen

Slight free fluid was noted between the liver lobes.

ULTRASONOGRAPHIC FINDINGS

Chronic cholangitis pattern.

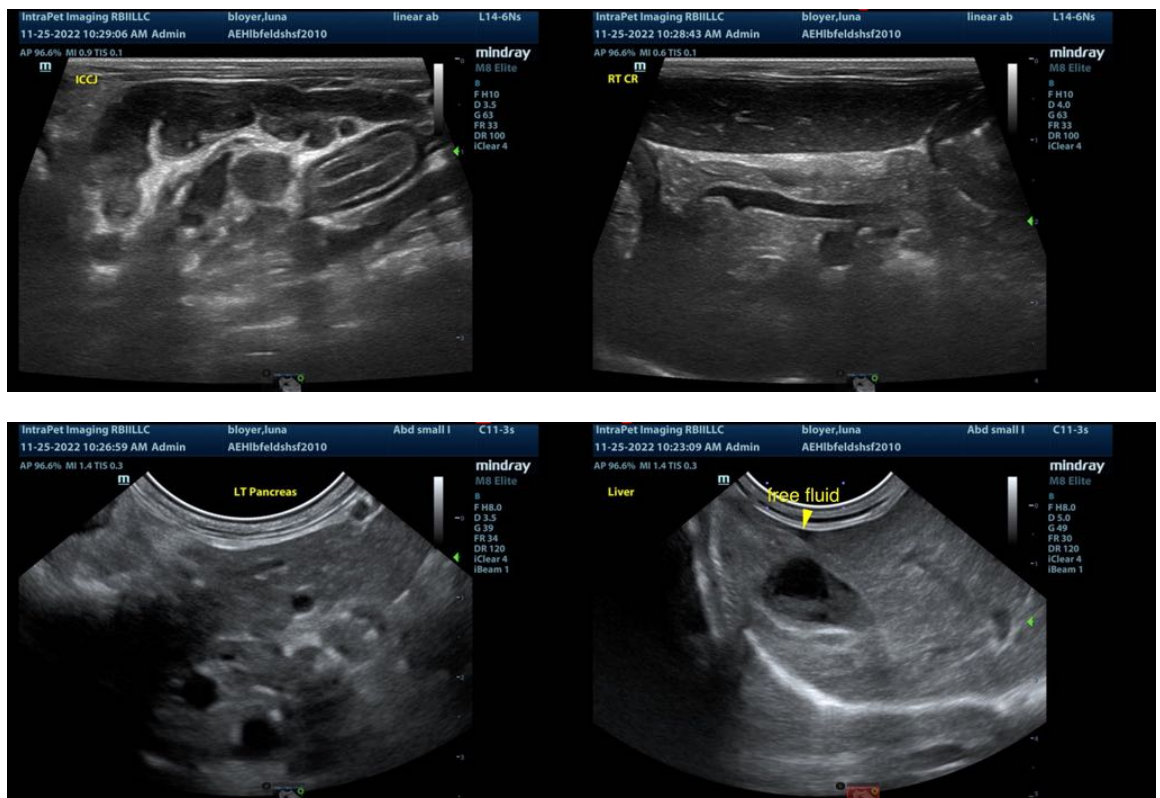
Free fluid between the liver lobes.

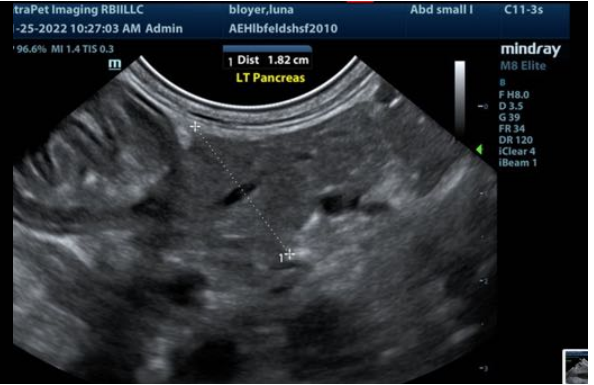
Enlarged mesenteric lymph nodes.

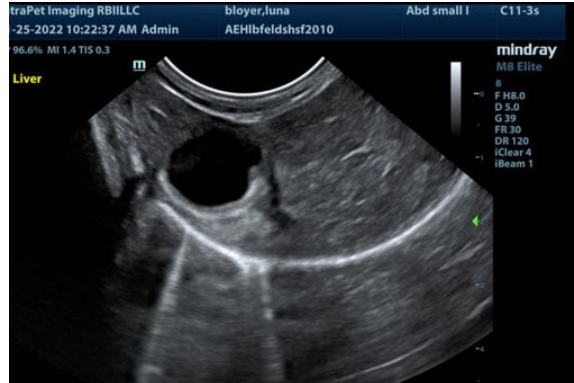
End stage chronic triad presentation with potential for emerging round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The free fluid may be owing to lymphatic congestion. The liver appears to have more progressive cholangitis, cholangiohepatitis pattern with minor free fluid possibly owing to lymphatic congestion or possible portal hypertension. The pancreas appears similar if not more prominent than the prior sonogram. The spleen appears to have partially resolved. The mesenteric lymph nodes are concerning and are more developed than the prior sonogram. Long term viability of the liver, pancreas and mesenteric lymph nodes are of primary concern. FNA of all three organs are recommended. The gallbladder was not particularly over distended, but did have a thickened wall and is likely somewhat friable. The prognosis depends upon cytology results. If not already evaluated chronic infectious disease should be ruled out as potentials such as Toxoplasmosis and Bartonella.







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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