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Clinical Sonography & Telecytology
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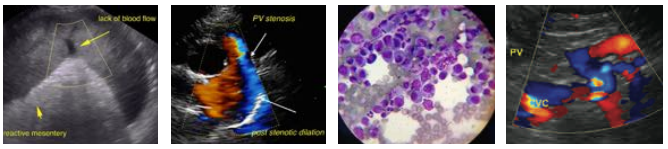

PATIENT
DL Maxfield

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
15 years

WEIGHT
9.6 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Surdam

HOSPITAL NAME
Companion AH Chichester

REFERRING VET
Dr. Surdam

INVOICE
94170

DATE
11/29/21

PRESENTING CLINICAL SIGNS

History: Two episodes, separated by over a year, of inappetence and vomiting. Elevated ALT (>1000) was found on testing and the cat responded to antibiotics, antiemetics. The recent episode showed a continuing rise in ALT over 2 weeks with the addition of a rise in AST and bilirubin. This episode did not resolve with Clavamox. Recently adding prednisolone 5mg daily with Enrofloxacin. Cat is feeling much better per owner.
No visible icterus, abdomen soft/non-painful See attached tests

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 left kidney measured 3.91 cm. The right kidney measured 3.75 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 left adrenal gland measured 0.4 cm and the right adrenal gland measured 0.3 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 biliary calculi and mild coarse hepatic architecture. This is non-specific. Slightly increased portal markings were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct revealed biliary sand with mild dilation of the common bile duct at 0.6 cm.

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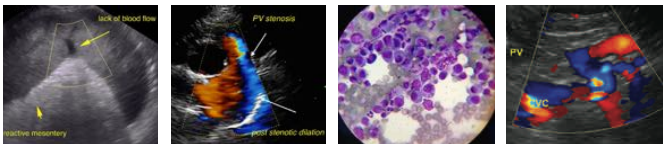

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Gastrointestinal

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.

Pancreas

The **pancreas** was hypoechoic and irregular in the right limb. The right limb measured 1.0 cm.

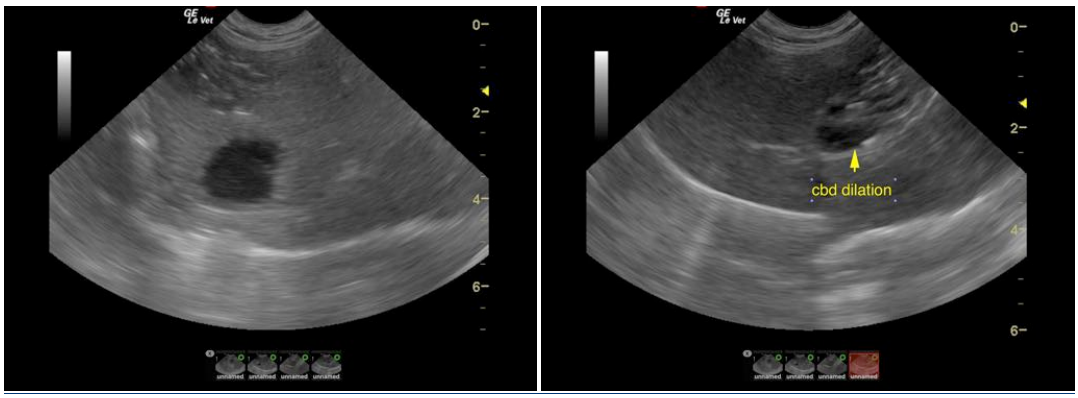
ULTRASONOGRAPHIC FINDINGS

Cholangitis pattern with biliary sand and post hepatic obstruction.

Concurrent pancreatitis. This may be adding to the post hepatic obstruction pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Common bile duct lavage and liver biopsy is warranted. The prednisone may be suppressing a more significant proliferative presentation. Medical management could be considered with Ursodiol, broad spectrum antibiotics to treat for cholangitis such as Enrofloxacin and Metronidazole combination. However, bilirubin values as well as ALT values should be monitored carefully. FNA of the liver would also be warranted. However, surgical intervention with biliary lavage and liver biopsy along with inspection of the pancreas would be ideal in this case.



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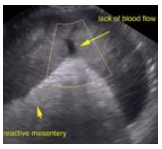
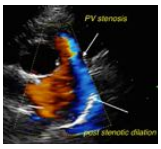
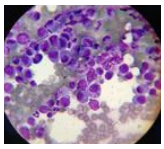
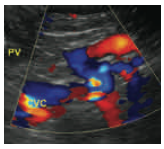

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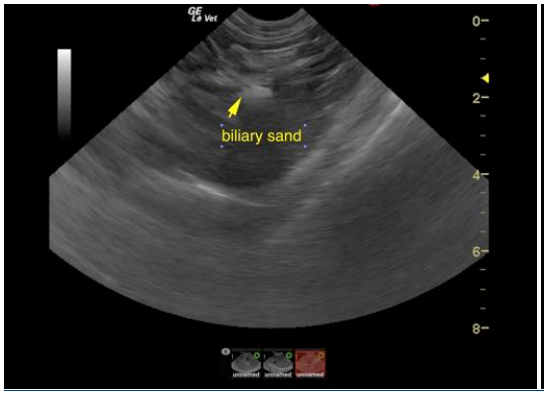

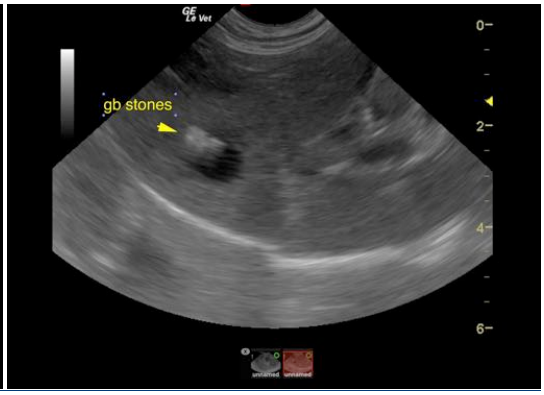

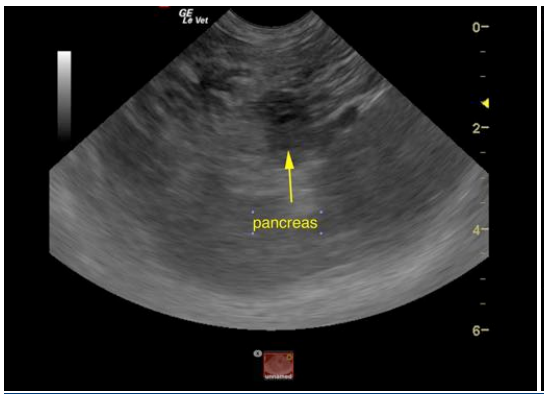

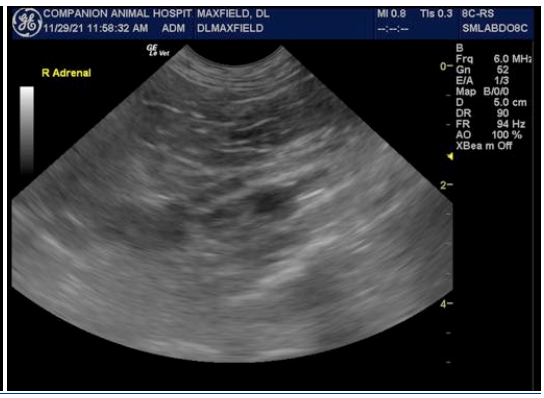

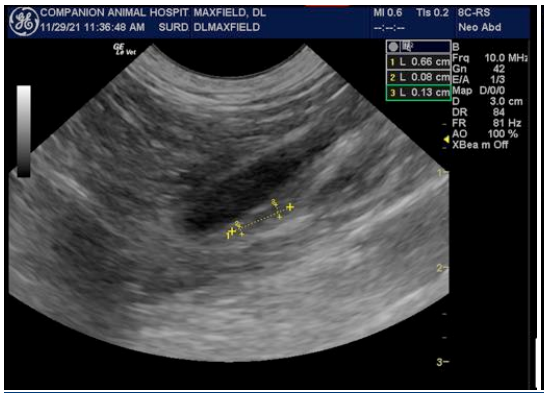

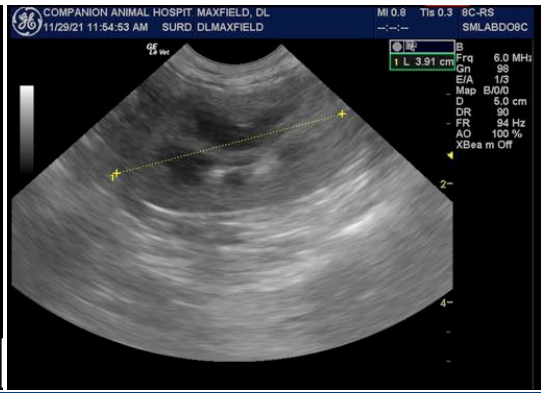

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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