



**PATIENT**

Harley Marantz

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

26794

**DATE**

11/3/21

**PRESENTING CLINICAL SIGNS**

diabetic hepatopathy Current meds Unasyn  
Abnormal PE/Chem/CBC/UA Results: BG 31 at presentation WBC 41K Tbili 10.1 GGT 25 ALP 237 Chol 376

**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 were noted. Ureteral papillae were normal.

The **kidneys** presented slight pyelectasia noted and an interstitial nephrosis pattern with generalized enlargement, consistent with diabetic hepatopathy. The right kidney measured 5.22 cm. The left kidney measured 4.47 cm. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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 were noted.

**Liver**

The **liver** presented lobar biliary mineralization. The gallbladder was unremarkable. Tortuous cystic duct noted. The common bile duct was mildly dilated at 4.0 mm. No common bile duct calculi noted, however recent passage of biliary calculi cannot be ruled out.

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

**Pancreas**

The left limb of the **pancreas** revealed mixed hypoechoic, macronodular changes with irregular swelling and regional hyperechoic inflammation, consistent with pancreatitis. Regional pancreatic inflammation noted, likely causing post-hepatic obstruction.



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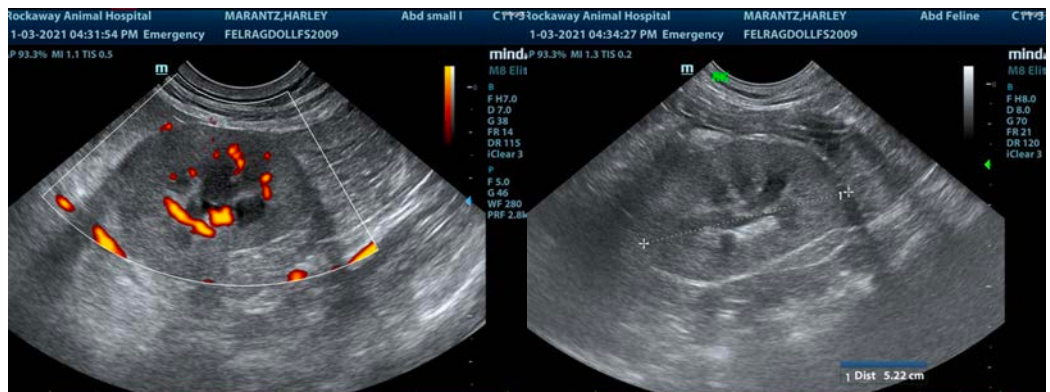
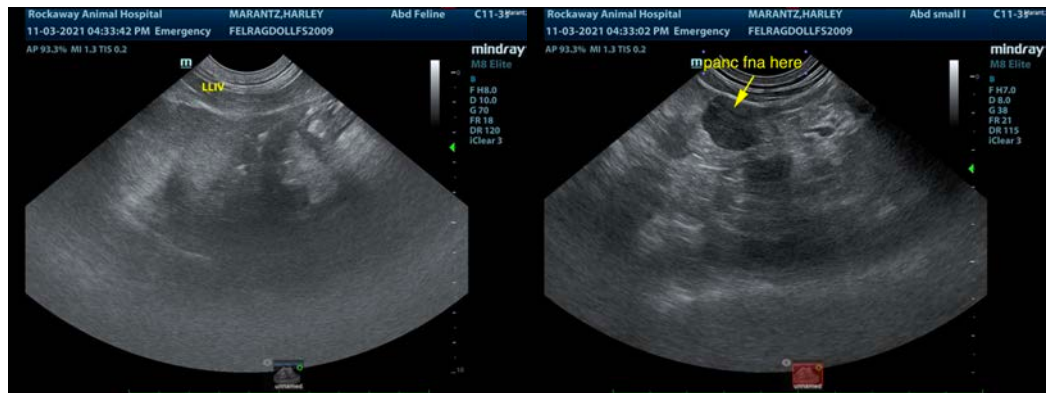
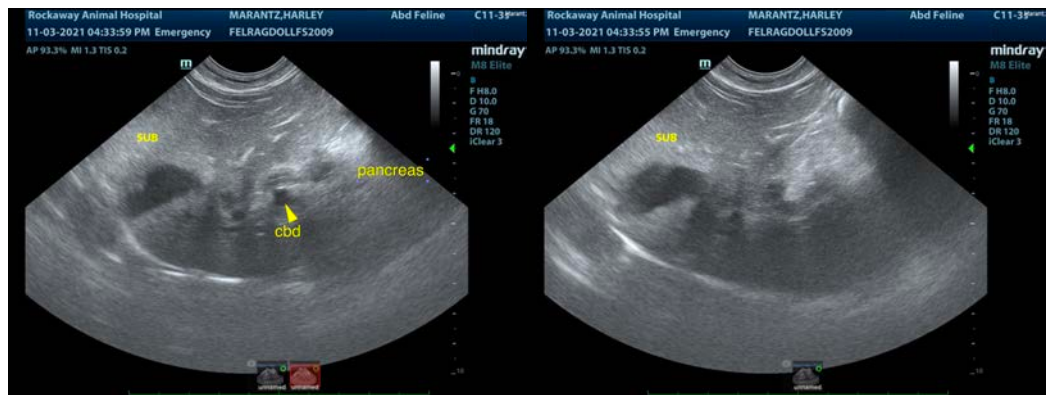
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**ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis
- Mild post-hepatic obstruction pattern with biliary mineralization
- Probable concurrent hepatic lipidosis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aggressive treatment for pancreatitis, ultrasound guided FNA of the hypoechoic portion of the pancreatic changes and liver would be warranted after coagulation panel. No overt evidence of neoplasia, however it cannot be completely ruled out.





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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](mailto:info@SonoPath.com)