



**PATIENT**

Samuel Gering

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

5.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Boley

**HOSPITAL NAME**

Animal Hospital of  
Colorado Springs

**REFERRING VET**

Dr. Boley

**INVOICE**

94479

**DATE**

12/10/21

**PRESENTING CLINICAL SIGNS**

History: Samuel is having issues with weight loss and decreased appetite. Owner also feels possibly PU/PD. Samuel is cachexic. BCS- 3; Scale 1-9 ALT-1117; ALP-1182; GGT-14; T. Bili-1.9; PSL-42 (8-26) UA- USG- 1.055; Bili- 1+

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight mineralization was noted in the right kidney. The right kidney measured 3.5 cm. The left kidney measured 3.45 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.

**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 with coarse architecture. The liver presented a dilated and thickened cystic duct and common bile duct based on resolution. The exact cause cannot be ascertained. However, an irregular tissue structure was noted in the area of the common bile duct as it approached the duodenal papilla. The gallbladder presented acceptably thin walls with primarily anechoic content.



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**Gastrointestinal**

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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.

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**Pancreas**

The visible **pancreas** was unremarkable other than minor remodeling.

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**ULTRASONOGRAPHIC FINDINGS**

Neutered male

Biliary dilation.

Hepatic remodeling. Suspect post hepatic obstruction, yet hi resolution imaging of the common bile duct would be necessary. Chronic cholangitis is possible.

**AGE**

13 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

Exploratory surgery is indicated after coagulation panel.

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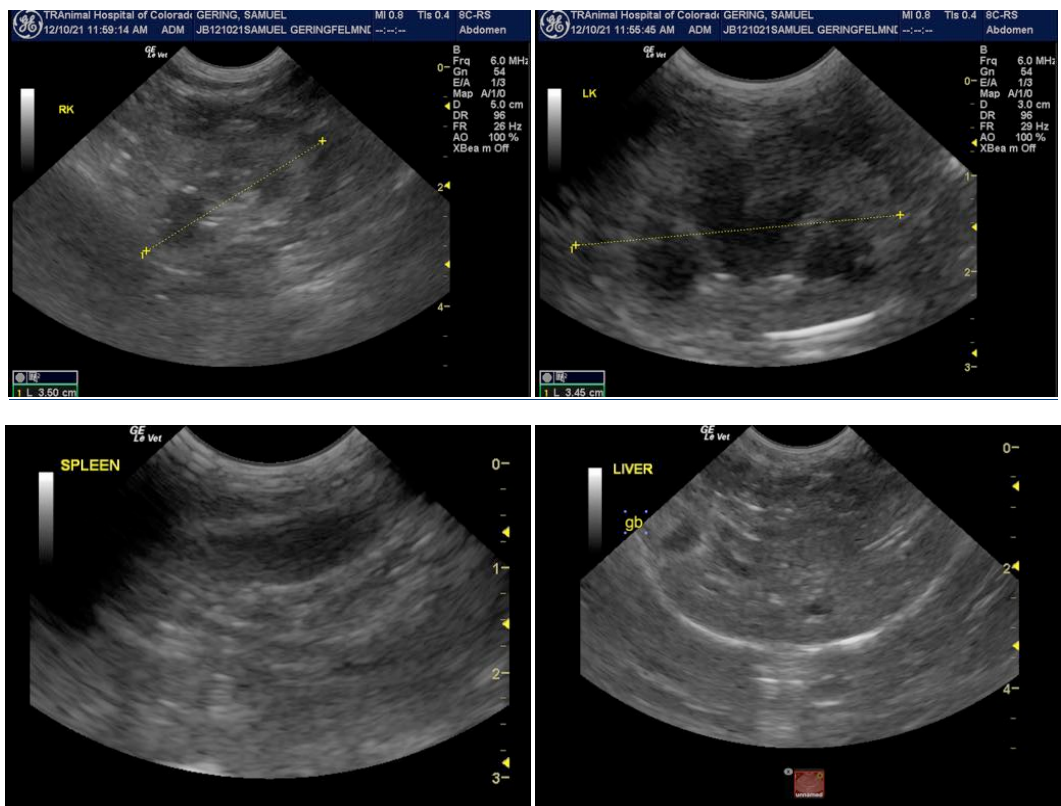
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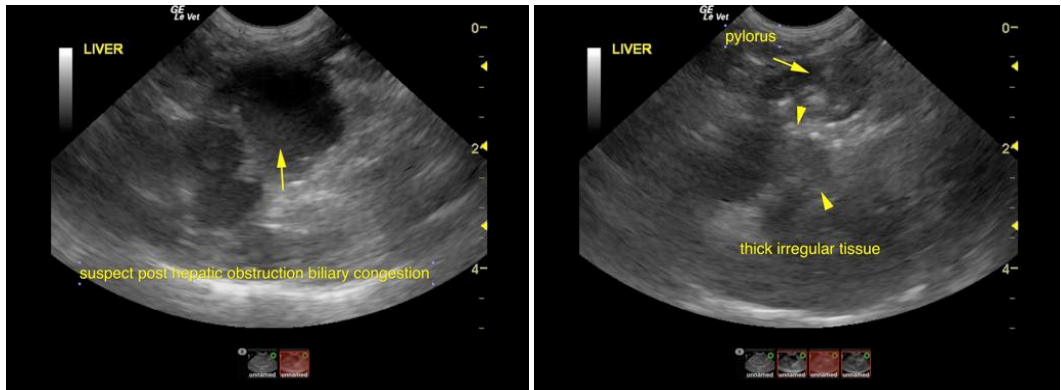
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**WEIGHT**

5.8 lbs

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.

**INTERPRETED BY**

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