



PATIENT PRESENTING CLINICAL SIGNS

Tootsie Burns
History: chronic intermittent vomiting, diarrhea and inappetence. Wt loss/muscle atrophy. On metronidazole
SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 110, WBC 17.9, with neutrophils 15.5, platelets 570; UA: pending

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Domestic Shorthair
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.

SEX

Spayed Female

AGE

12 years

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 3.5 cm. The right kidney measured 4.17 cm.

WEIGHT

lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.46 cm.

IMAGING PERFORMED BY

Diane McFadden, RVT

Spleen

HOSPITAL NAME

Midland ParkVH

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.

INVOICE

94588

Liver

DATE

12/14/21

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was dilated and appeared to be strictured at the duodenal papilla and measured 0.7 cm at maximum width. The duodenal papilla appeared to be thickened. This is likely owing to fibrosis and secondary episodes of inflammatory events.



PATIENT *Gastrointestinal*

Tootsie Burns 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.

SPECIES

Feline

BREED

Domestic Shorthair

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Dilated common bile duct with thickened duodenal papilla, likely stricture and duodenal papilla dysfunction.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

lbs

The bilirubin and ALKP values should be monitored periodically. The pancreatic duct is also dilated to 0.6 cm. Although the bilirubin elevation is not elevated chronic duodenal pancreatic disease with biliary congestion may be contributing to or part of the clinical complex. There was no evidence of neoplasia. Empirical treatment pancreatitis is recommended especially if subxiphoid palpation reveals any discomfort. A clinical trial of the following may prove effective. However, the cause of weight loss is unclear unless hyporexia is driving weight loss. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

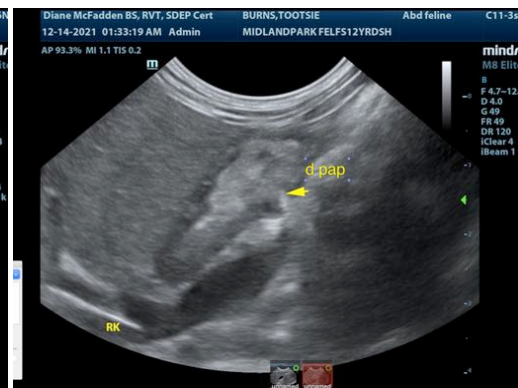
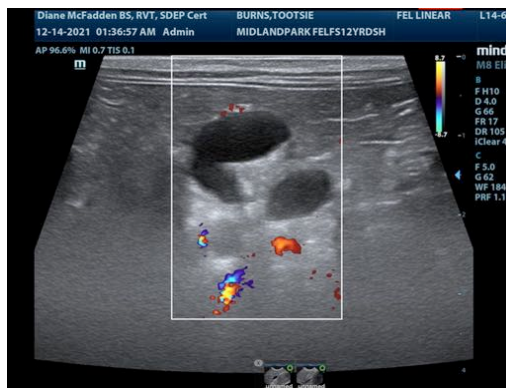
Midland ParkVH

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PATIENT

Tootsie Burns

SPECIES

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Domestic Shorthair

SEX

Spayed Female

AGE

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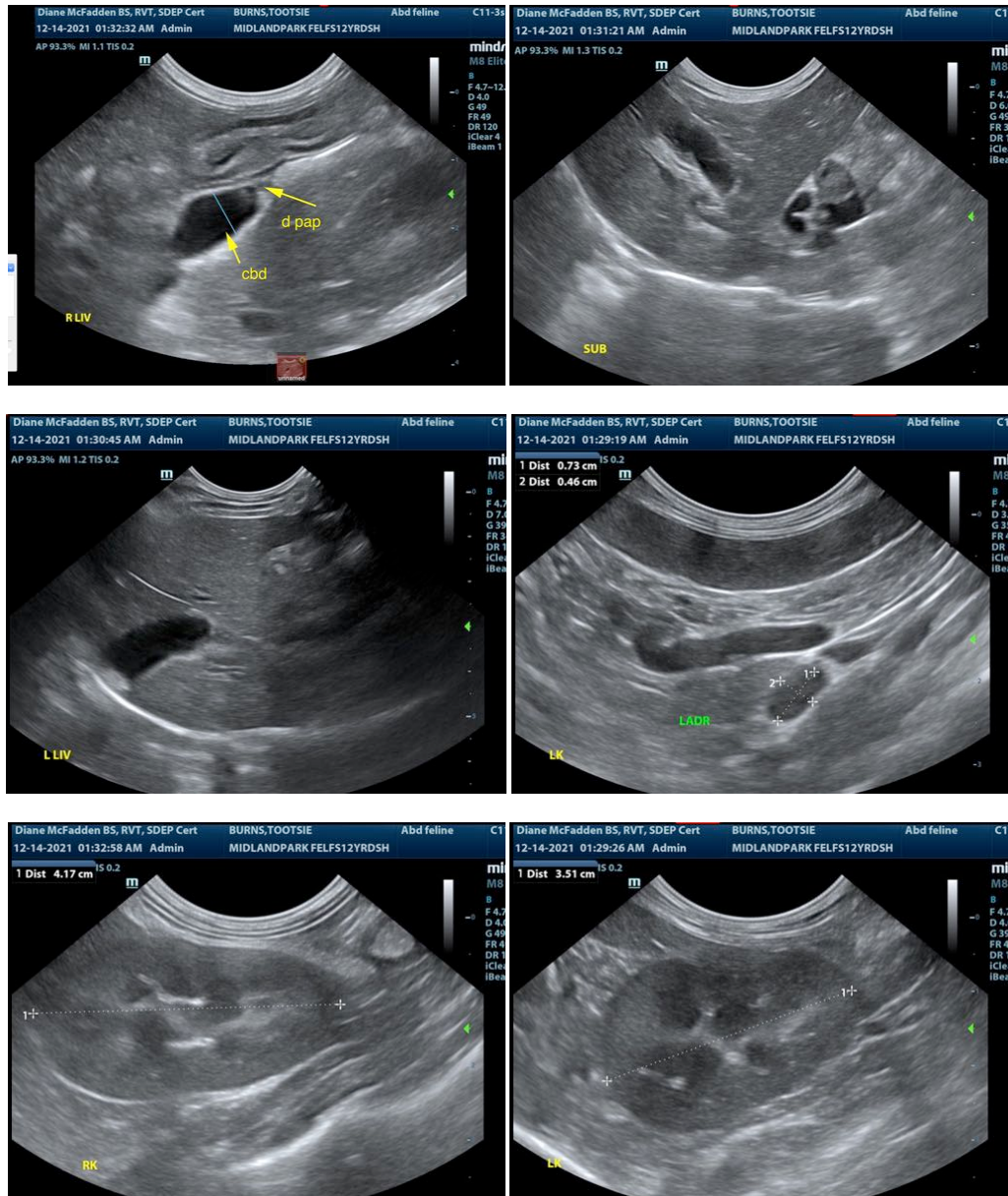
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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