



**PATIENT**

Percy Cirillo-Gilbert

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

19.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Marti Williams

**HOSPITAL NAME**

Limestone Vet Hospital

**REFERRING VET**

Dr. Masha McCarthy

**PRESENTING CLINICAL SIGNS**

A new kitten introduced less than a month ago (couple days before thanksgiving) and has been staying with Percy started with symptoms in the last 6 days. Started with watery eyes, has had conjunctivitis in the past but started to flare up. Squinting. Appetite is decreased (p is always a big eater) but is drinking water. O says cat may have drank Christmas tree water. Cat is obese and jaundiced

Abnormal PE/Chem/CBC/UA Results: SAP 187 ALT 89, T Bili 6.5, TG 195, RBC 10.5, Neuts 12920, UA pending but appears to have bilirubinuria.

**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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** were mildly enlarged and 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. Cortical infarcts noted in both kidneys. A mixed hypoechoic nodule was noted at the caudal pole of the left kidney, consistent with abscess or fresh infarct. FNA indicated. The lesion measured approximately 1.0 cm. The left kidney measured 4.87 cm. The right kidney measured 5.0 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 0.38 cm.

**Spleen**

The **spleen** presented multifocal hyperechoic lipogranulomatous nodules. The spleen was otherwise unremarkable.

**Liver**

The **liver** was mildly hyperechoic to falciform fat. General enlargement. Attenuating sound beam noted. The cystic duct was mildly thickened and tortuous. Excessive gallbladder debris present. Mild increased portal markings present. Mucus debris noted in the common bile duct, consistent with mucoduct. Common bile duct measured at upper limits of normal at 4.0 mm.

**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.

**INVOICE**

43437

**DATE**

12/14/22



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**Pancreas**

The **pancreas** was slightly heterogeneous yet no evidence of significant disease.

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Feline

**ULTRASONOGRAPHIC FINDINGS**

- Cholangitis/lipidosis liver pattern
- Interstitial nephrosis renal pattern with left renal nodule or infarct
- Lipogranulomatous splenic nodules
- Slightly heterogeneous pancreas

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver and the nodule at the caudal pole of the left kidney indicated for further definition. No obvious evidence of neoplasia. Underlying infectious disease such as bartonella and toxoplasmosis should be considered.

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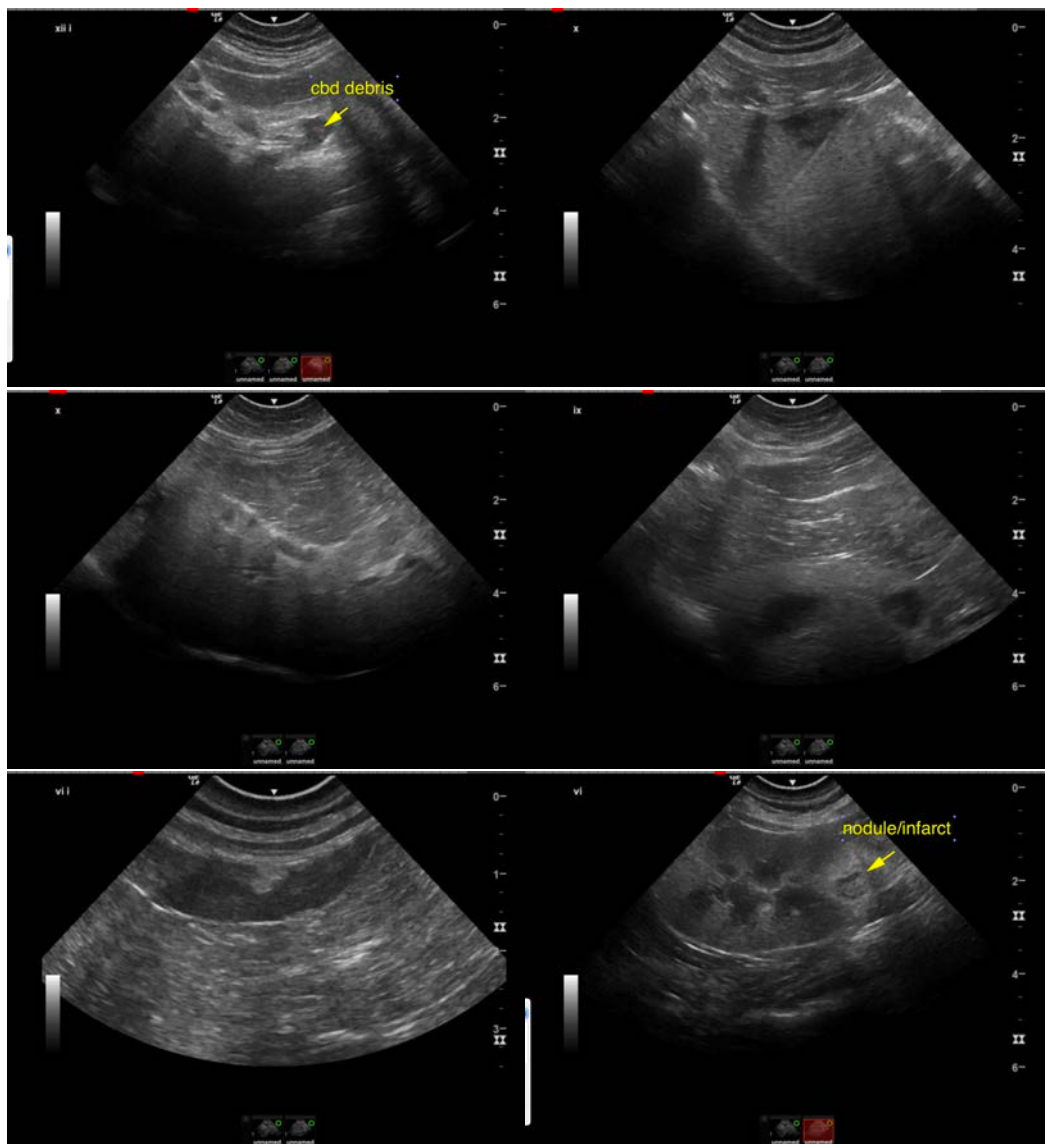
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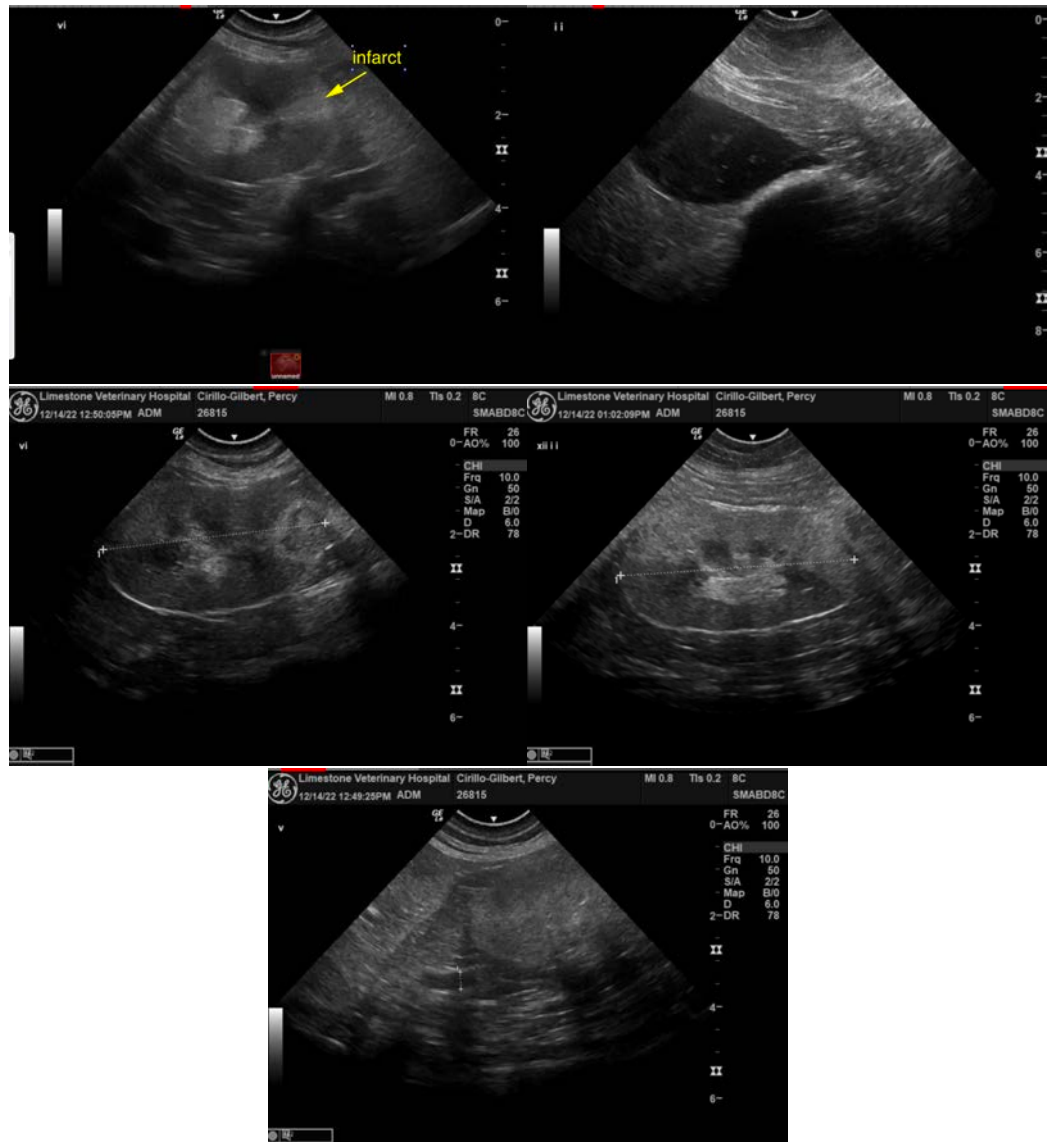
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)