



**PATIENT**

Chappy McDonald

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

9.52 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Animal Care Center of  
Flanders

**REFERRING VET**

Dr. Hallihan

**INVOICE**

94791

**DATE**

12/21/21

**PRESENTING CLINICAL SIGNS**

Anorexic x 3 days, weight loss (1lb). Hx of elevated liver enzymes, V/D and mild neutrophilia in 7/2021. Prev. cyto and aus report attached. Now no V+, severe neutrophilia. Current meds: Cerenia x 2 days, Ursodiol 67.5/day.

Abnormal PE/Chem/CBC/UA Results: Neut 39,220, Mono 4,090, liver values nc.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed wall thickening. The ureters were not visible which is normal. A minor amount of sand was noted. Urethral sand was also 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 4.34 cm. The right kidney measured 4.56 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** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The gallbladder was thickened with echogenic free fluid and suspended debris with embedded calculus at the cystic duct. Gallbladder calculus was persistent and appears to have advanced to the proximal common bile duct. Gallbladder calculus measured 0.86 cm. Regional inflammation was noted throughout the portal hilus and gallbladder.

**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.



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**Pancreas**

Chappy McDonald

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.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

Echogenic free fluid was noted in the abdomen.

Domestic Shorthair

**SEX**

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**ULTRASONOGRAPHIC FINDINGS**

Suspect gallbladder perforation.

Bile peritonitis with embedded calculus at the cystic duct.

**AGE**

14 years

Regional inflammation.

**WEIGHT**

9.52 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend immediate exploratory surgery with expectations towards cholecystectomy and common bile duct lavage. Treatment for bile peritonitis is recommended. Underlying neoplasia cannot be completely ruled out.

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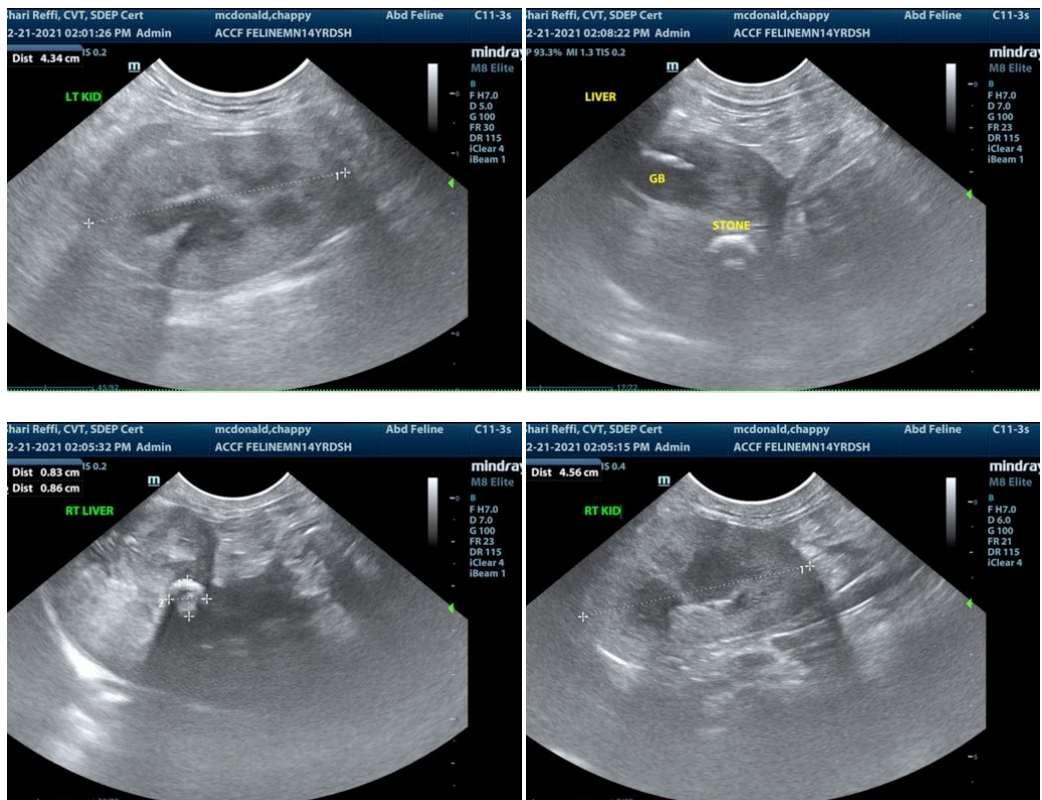
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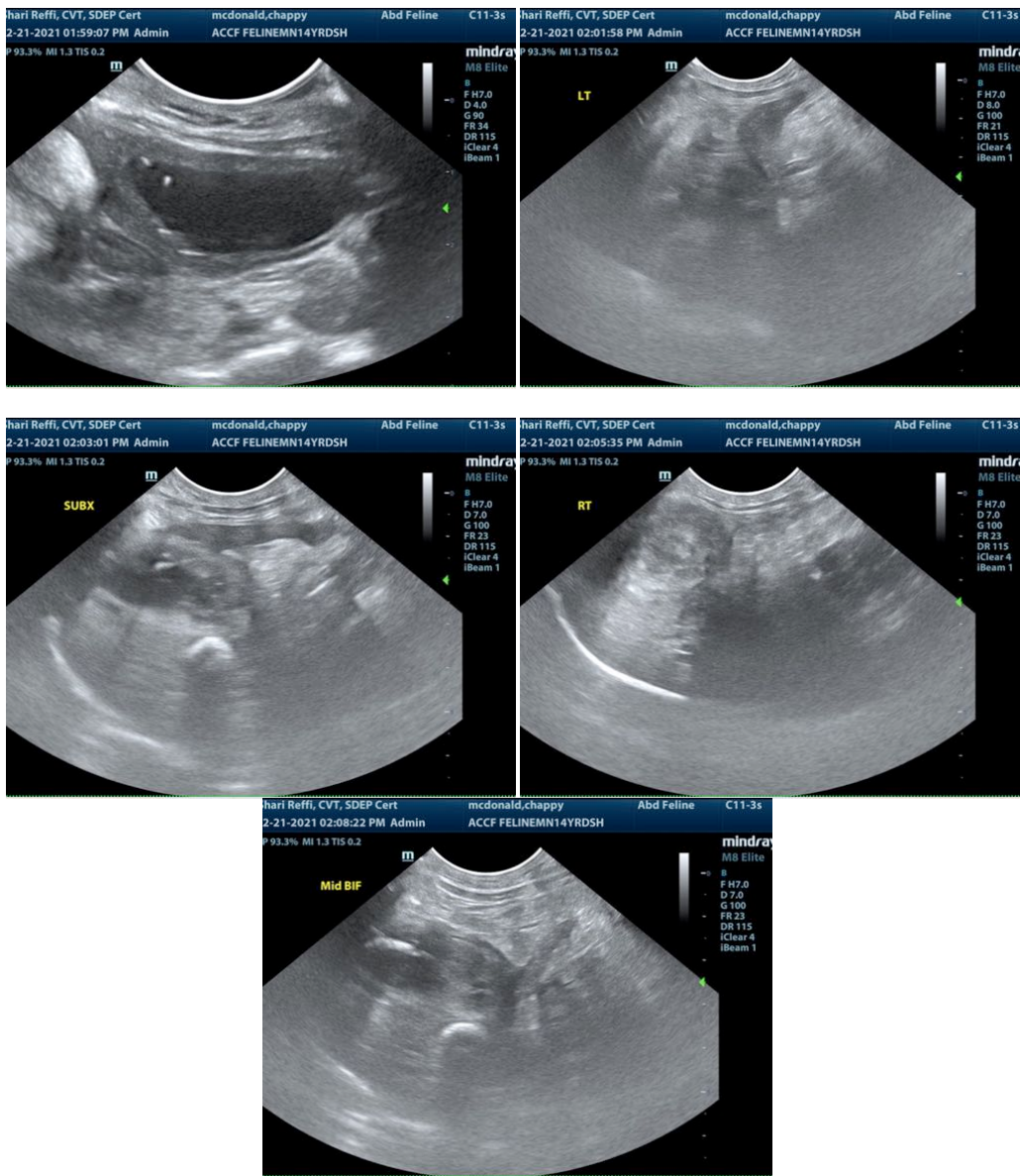
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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