



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sparky Richards
SPECIES severe dysautonomia vomiting, regurg, weight loss, megaesophagus, gas distention, concern for intestinal neoplasia vs idiopathic dysautonomia Current meds IVF Metro starting today Cisapride and gas X
 Abnormal PE/Chem/CBC/UA Results: all WNL T4 2.0 Phos 2.9

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly.
SEX This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.
Neutered Male

AGE

12 Years

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. The right kidney measured 4.02 cm. The left kidney measured 4.31 cm.

WEIGHT

9.7 Pounds

Adrenal Glands

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

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

IMAGING PERFORMED BY

Jenn

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Lobar biliary duct dilation noted in this patient with increased portal markings. Trace free fluid noted between liver lobes. The gallbladder was mildly congested with suspended debris. The common bile duct was dilated to near 1.0 cm at the level of the pancreatic duct.

HOSPITAL NAME

Rockaway AH

Gastrointestinal

A large amount of **gastrointestinal** artifact noted, obscuring the duodenal papilla. The visible gastrointestinal tract was unremarkable.

REFERRING VET

Dr. Ascot

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.

INVOICE

33755

ULTRASONOGRAPHIC FINDINGS

DATE

12/28/21

- Post-hepatic obstruction pattern with chronic cholangitis
- Chronic interstitial nephrosis pattern
- Excessive GI gas and artifact



PATIENT

Sparky Richards

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the common bile duct union with the duodenal papilla recommended to assess potential obstruction in that region.

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REFERRING VET

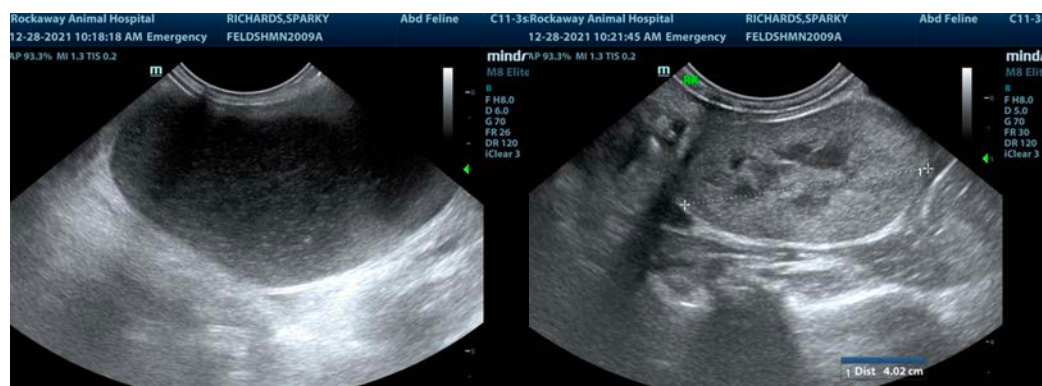
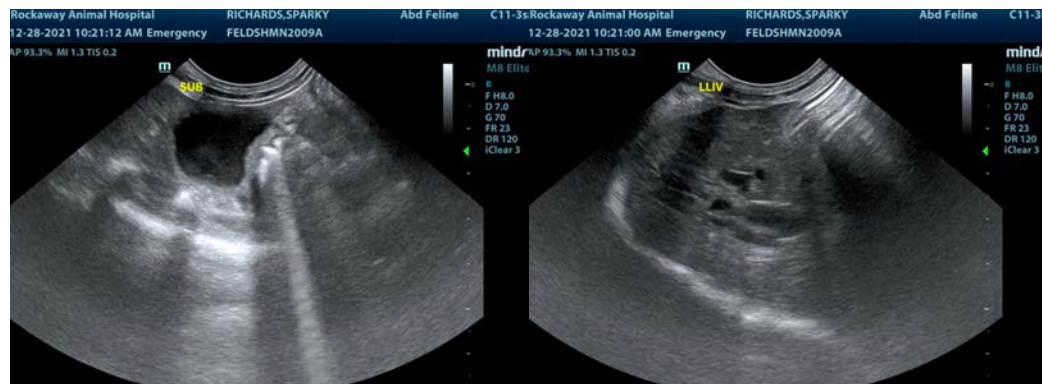
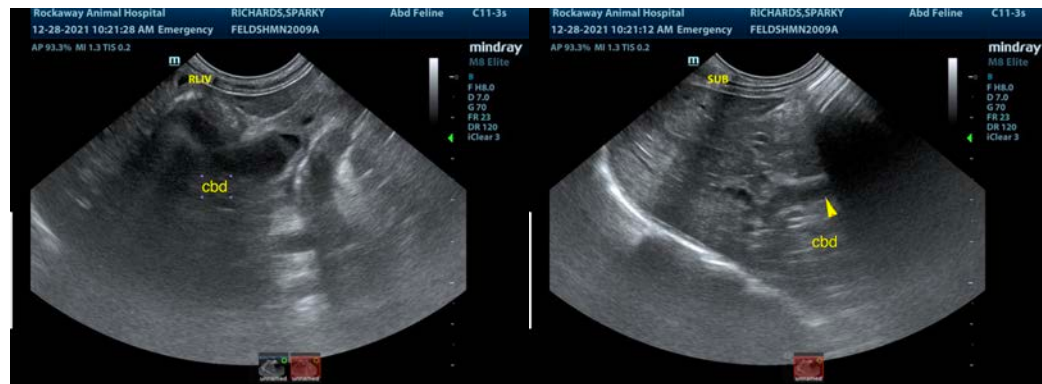
Dr. Ascot

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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.

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