



PATIENT

Catsby Keckler

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

33270

DATE

12/5/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for an exam. O took to rDVM on Thursday because he was hiding, not eating, vomiting. rDVM took rads. He apparently ate a wire at some point. O has been force feeding since he's not eating. He is walking like he is in pain. Previous Health Concerns: none Current Medications: none Appetite/When did they eat last: Syringe feeding
Abnormal PE/Chem/CBC/UA Results: Cardiovascular: no murmur heard, severe dehydration estimate 8-10% Abdominal: ropey intestinal feel, tense overall Integument: yellow integument/jaundice Radiographs: small wire radio-opaque object in distal colon, bunching of small intestines but no plication noted, stool within colon, empty stomach, suspect bates body ventral to liver, liver slight rounded edges Chemistry: Creat 0.6 L, Globulin 5.1 H, Glucose 227 H, ALT 835 H, GGT 19 H, Total bilirubin 4.9 H CBC: stress leukogram EPOC: Sodium 143 H, Chloride 110 L, Ionized Ca 1.11 L, Glucose 228 H, HCT 36% N fPL: normal

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** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.5 cm. The right kidney measured 4.81 cm. Blood flow to the kidneys appeared to be adequate.

Adrenal Glands

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

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 were noted.

Liver

The **liver** was swollen with increased portal markings noted. The gallbladder was double layered with echogenic wall and coalescing mucus debris.

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.

Pancreas

The **pancreas** was hypoechoic with undulating contour. Inflammation was noted around the pancreas.



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ULTRASONOGRAPHIC FINDINGS

- Pancreatitis and cholangiohepatitis presentation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infectious agents such as toxoplasmosis should be ruled out. Ultrasound guided FNA of the liver (or better yet core biopsy) indicated. Prognosis is guarded. No overt suspicion of neoplasia. However, conversion of cholangiohepatitis to hepatic lymphoma cannot be completely ruled out without biopsy.

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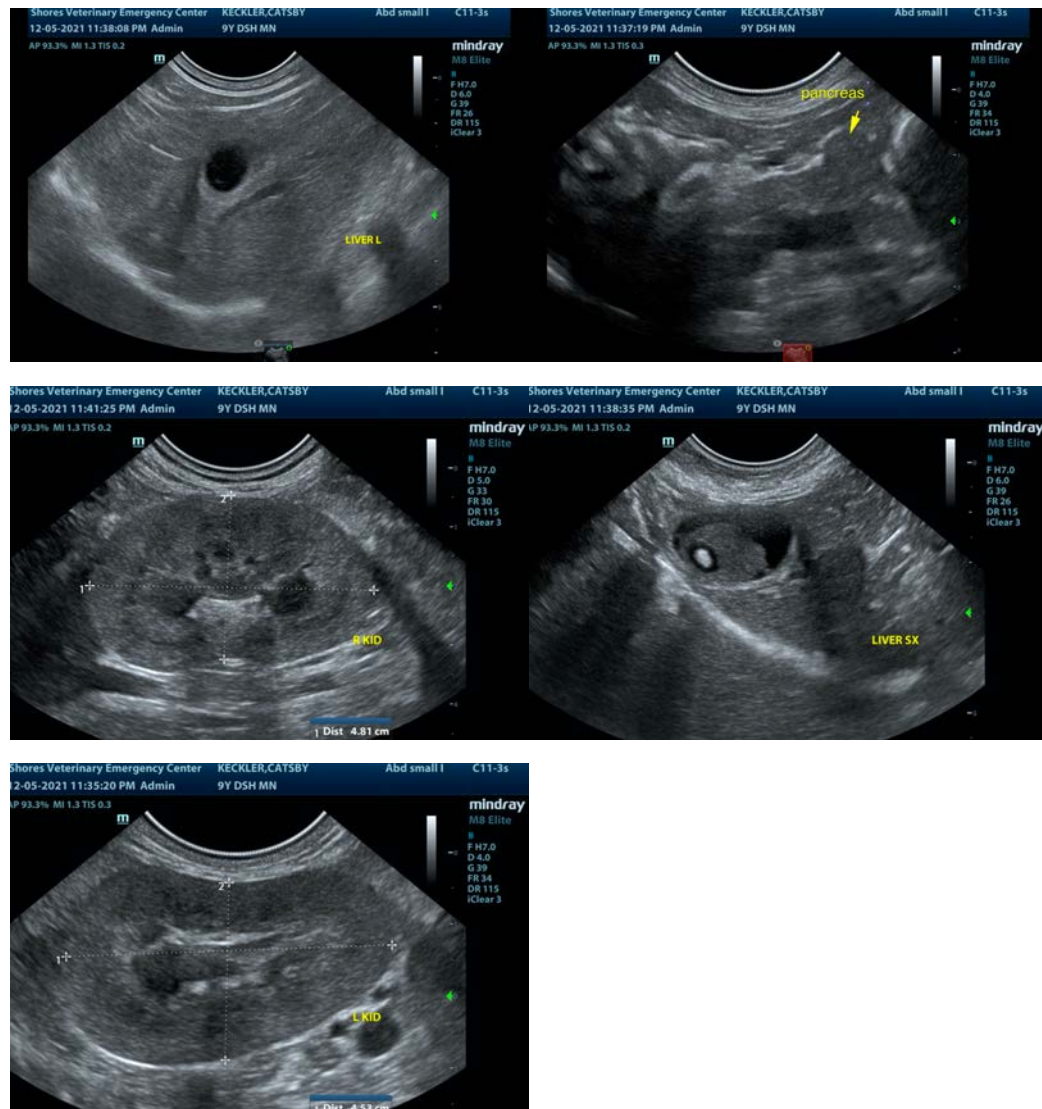
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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