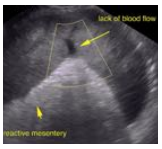
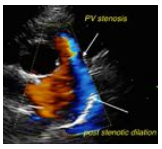
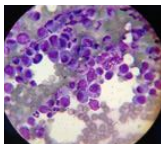
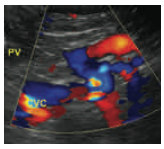




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Levi Hull

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

8.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Arms

INVOICE

DATE

2/25/22

PRESENTING CLINICAL SIGNS

History of mild weight loss/mild increased ALT 2021. Acute hiding and vomit 2/21/22 with 2 pound weight loss. Responded well to cerenia but labwork showed progression in ALT and new increased Tbili Abnormal PE/Chem/CBC/UA Results: 2021 ALT 111 2/21/22 ALT 496, Tbili 3.0, AST 159, PSL 55, WBC 17.7, 15k neuts, UA bili crystals and fat goblets.

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 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 4.0 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.

Spleen

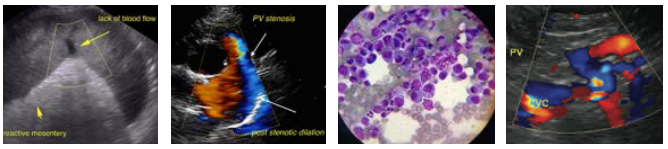
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed tortuous and dilated parenchymal biliary ducts. This is consistent with post hepatic obstruction. The gallbladder was thickened and echogenic. The common bile duct was dilated at 0.51 cm. An ill-defined area of approximately 1.5-2.0 cm was noted around the termination of the common bile duct at the level of the duodenal papilla. It appears to be involving the pancreatic duct.

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



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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 **pancreatic** duct was dilated with coarse pancreatic architecture. The pancreatic duct was dilated to 0.4 cm. Undulated pancreatic contour was noted with mild, enhanced mesentery.

ULTRASONOGRAPHIC FINDINGS

Post hepatic obstruction.

Chronic cholangitis pattern and periodic pancreatitis with secondary dysfunction or stricture of the duodenal papilla/common duct with the pancreatic duct causing post hepatic obstruction along with cholangitis pattern.

Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the bilirubin elevation in this patient medical management could be considered as initial approach with ultrasound-guided FNA of the liver with assessment of inflammatory cell type. Single dose Dexamethasone is recommended at 0.25 mg/kg with IV fluid support, nutraceuticals, Enrofloxacin and Metronidazole combination. There is no overt evidence of neoplasia present. If this empirical approach is taken then a recheck sonogram is recommended in 48-72 hours after the initial therapy with follow-up of the bilirubin and ALT values.

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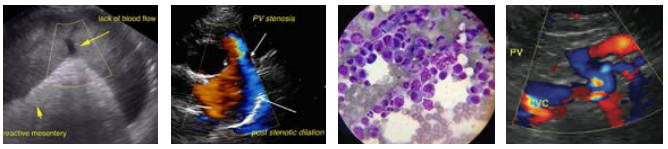

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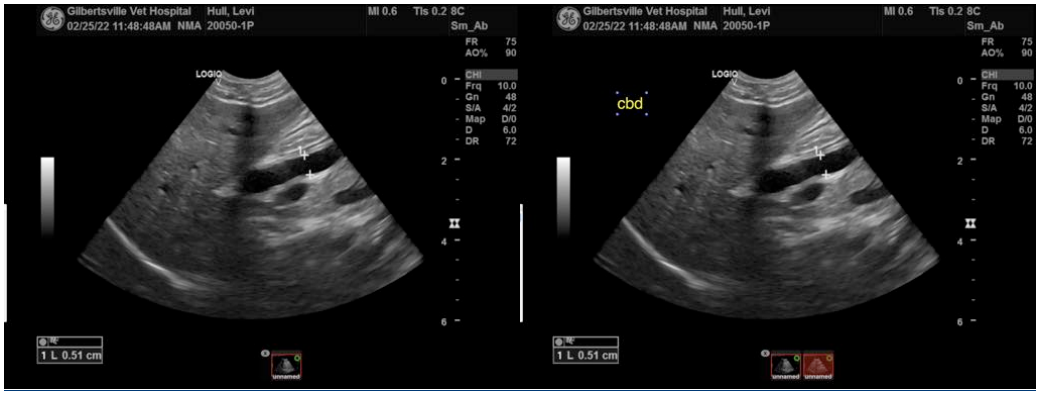

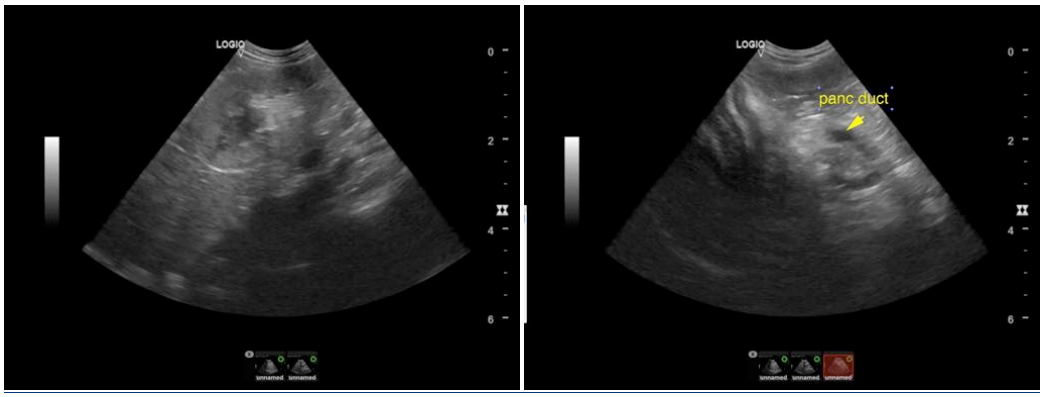

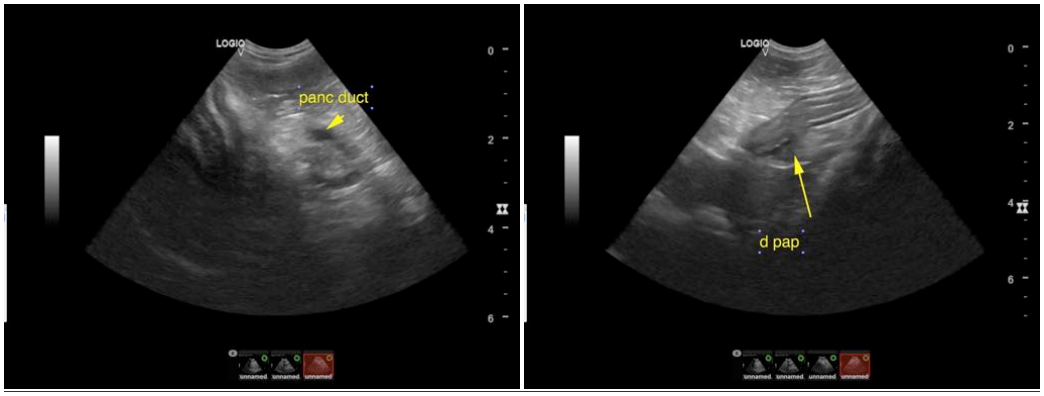

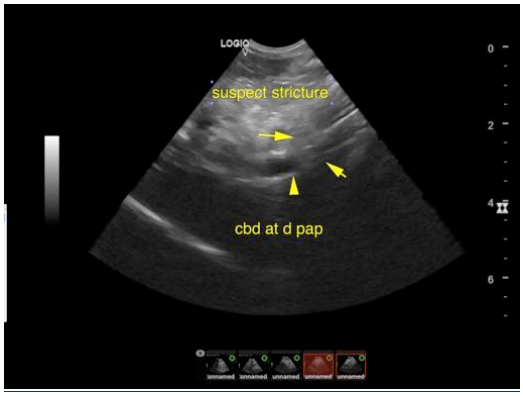

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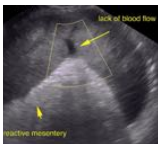

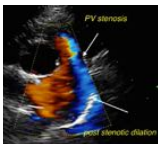

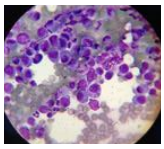
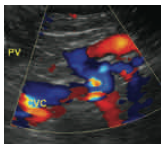

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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