

DATE PRESENTING CLINICAL SIGNS

2/7/23

Ernie vomited 4 days ago and has not been eating well for the past 2-3. He was dehydrated on presentation yesterday and received 200cc SC LRS along with an injection of cerenia and Elura. He did not eat overnight despite the medications. He normally eats Royal Canin renal support.

PATIENT

Ernie Kelliher

Current Medications: Cerenia- QD as needed for nausea, Elura QD as needed for appetite
Bilirubin 3.3, ALT 535, AST 251, BUN 71, creatinine 7, SDMA 21

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested/Approved.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8/13/10

WEIGHT

8.36 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Festival VC

REFERRING VET

Dr. Davies

INVOICE

42571

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices thickened and mildly enlarged. The contour was uniform. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.7 cm. The left kidney measured 4.4 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 right adrenal gland measured 0.55 cm. The left adrenal gland measured 0.53 cm.

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** was uniformly enlarged. The gallbladder wall was echogenic with a minor amount of debris. A slight amount of free fluid was noted between the liver and diaphragm. The common bile duct was thickened at the upper limits of normal measuring 0.45 cm with echogenic debris. Mucoduct was noted in the common bile duct. The common bile duct measured 0.6 cm, which is technically a surgical bile duct. The hepatic lymph nodes are slightly enlarged.

Gastrointestinal

The **gastrointestinal tract** revealed a minor amount of luminal stasis. The duodenal papilla was slightly echogenic and thickened. The small intestine and colon were unremarkable.

Pancreas

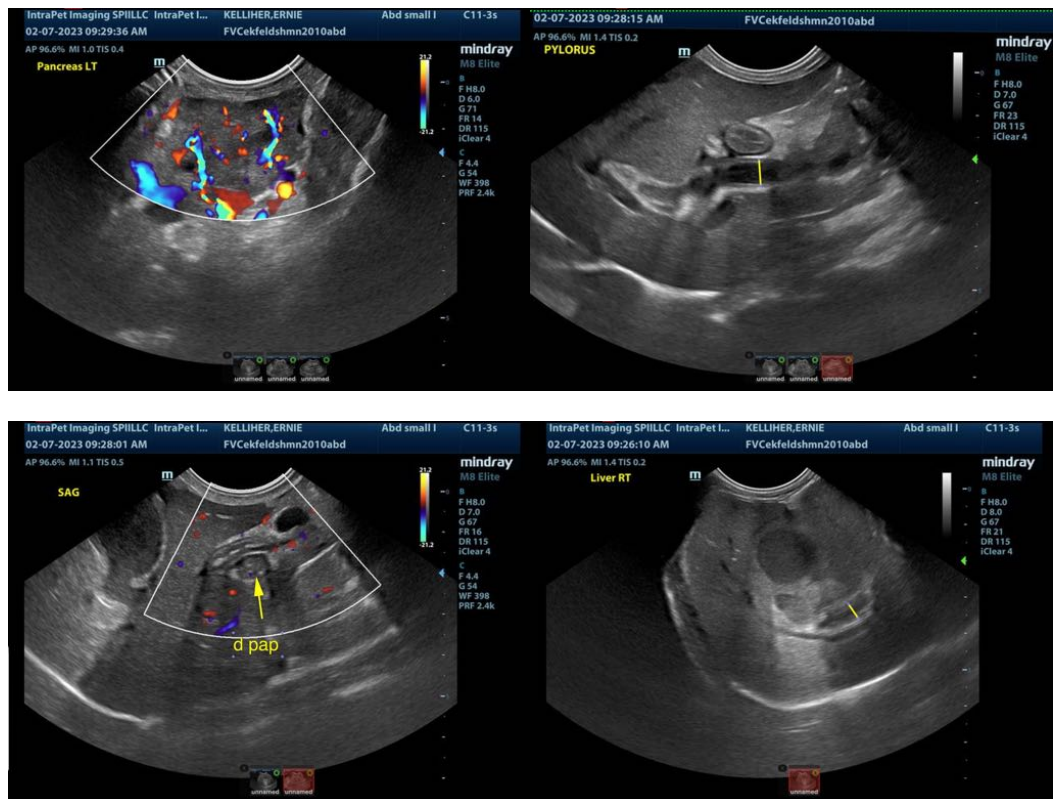
The **pancreas** was enlarged and measured 2.33 cm in the right limb with dilated duct that measured 0.4 cm. Mucoduct was noted in the pancreatic duct. Enhanced mesentery was noted around the pancreas.

ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis with post hepatic obstruction and free fluid. Pancreatitis and cholangitis is suspected. Underlying hepatic lymphoma is a concurrent potential. Chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and screening FNA of the pancreas and liver is recommended in this patient to assess for underlying neoplasia. Aggressive treatment for pancreatitis is warranted. I recommend to monitor the ALKP and bilirubin values. Otherwise, surgical intervention with common bile duct deviation procedure may be necessary in this patient. Acute on chronic insult to the kidneys owing to the pancreatic pathology is likely playing a role. The prognosis is guarded.







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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