

IMAGING PERFORMED BY

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**SonoPath**

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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**DATE PRESENTING CLINICAL SIGNS**

2/8/22 History: ADR, Chronic Pancreatitis, chronic diabetes.

**PATIENT**

Sassy Batton

Current Medications: Denamarin, insulin, SQ LRS, Clavamox, Azithromycin, Omeprazole, Renal K, Elavil, Azodyl.

Lab Results: TB increased 9.0. FPLI = increased. Attached separately.

Radiographs: enlarged liver.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: 10/2/20, 3/13/20, and 2/14/20

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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.

**AGE**

1/1/07

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 right kidney measured 3.78 cm. The left kidney measured 3.72 cm.

**WEIGHT**

7 lb 15 oz

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 0.54 cm. The left adrenal gland measured 0.48 cm.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**Spleen**

The **spleen** revealed scalloping contour and enlargement up to 1.2 cm. Hypoechoic parenchyma.

**HOSPITAL NAME**

Chadwell AH

**Liver**

The **liver** was mildly enlarged and deviated the gastric axis caudally. The liver presented increased portal markings and coarse architecture. The cystic duct was mildly thickened as was the common bile duct. The common bile duct was followed to the pancreatic duct, both of which measured up to 3.0 mm, which is still within normal limits.

**REFERRING VET**

Dr. Gold

**Gastrointestinal**

**INVOICE**

35521

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

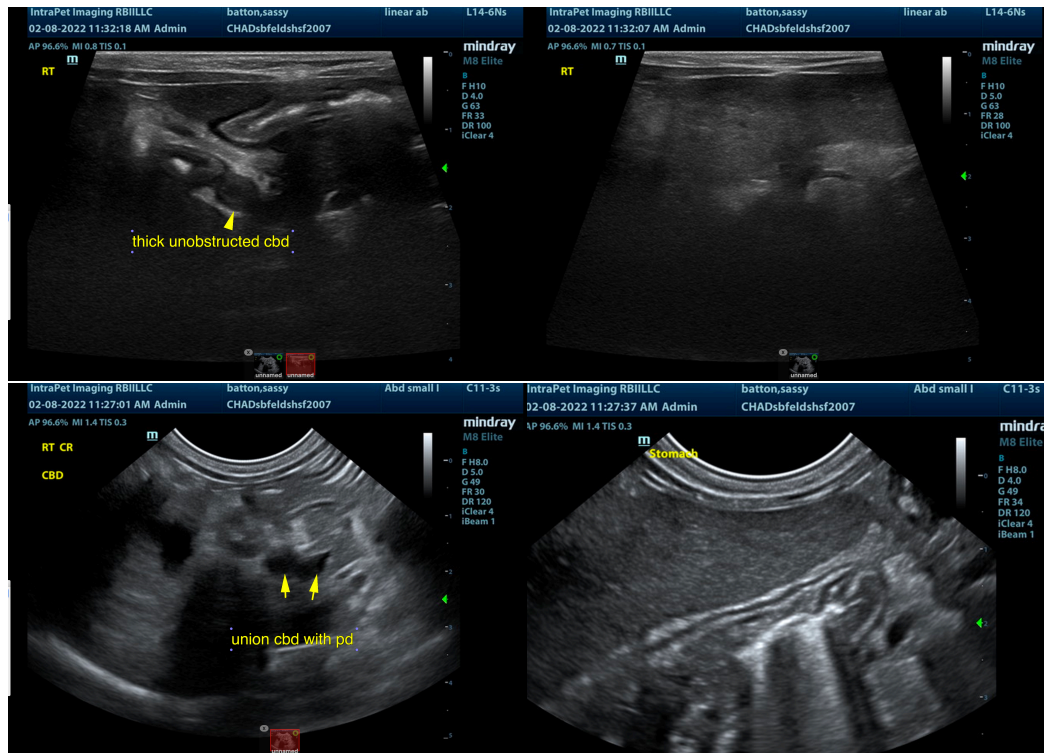
The **pancreas** was enlarged with dilated duct measuring 0.41 cm. The left limb measured 1.57 cm. Enhanced mesentery noted around the pancreas.

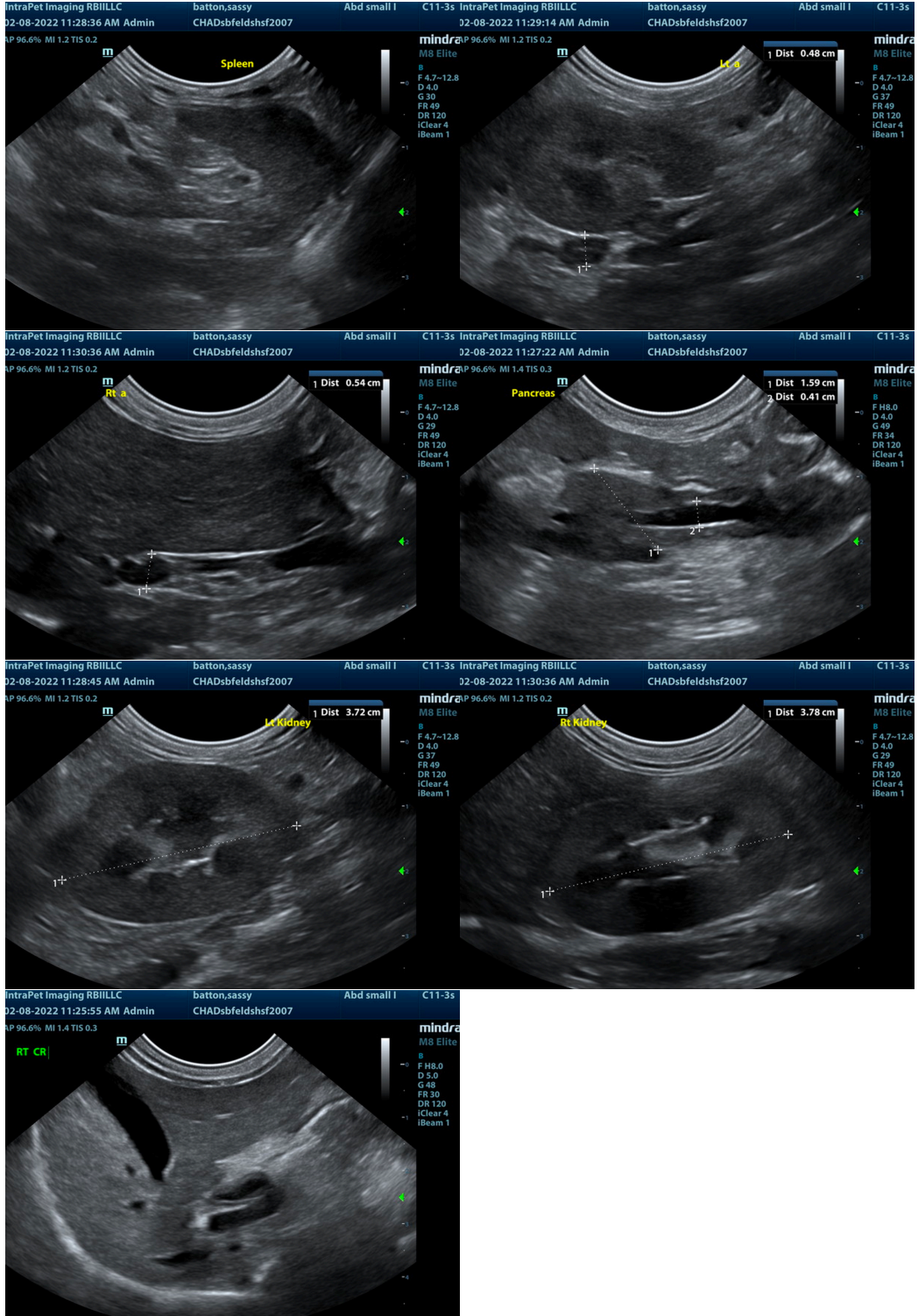
### ULTRASONOGRAPHIC FINDINGS

- Splenic and hepatic enlargement
- Thickened cystic duct and common bile duct
- Minor intestinal thickening
- Prominent, irregular pancreas without post-hepatic obstruction

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for underlying parenchymal disease in this patient such as Splenohepatic lymphoma. Screening FNA of both spleen and liver recommended for further definition. The common bile duct was followed to the duodenal papilla. Even though thickened, the common bile duct was not obstructed. Splenohepatic lymphoma versus cholangiohepatitis. If no neoplasia is found on FNA, then infectious agents should be considered as potentials. Sampling is essential in this case.





**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](mailto:info@SonoPath.com)