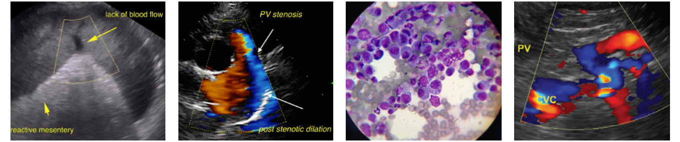
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

Boo Cole

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

20 Years

WEIGHT

6.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Kaltsas

INVOICE

36156

DATE

3/14/22

PRESENTING CLINICAL SIGNS

Chronic anemia, distended abdomen and vocalizing. On Cerenia, Orbax and Prednisolone 5mg EOD. Rads suspicious for mass in cranial abdomen.
Abnormal PE/Chem/CBC/UA Results: PE: depressed, distended abdomen. BCS 2/9 BW: Hct 24%, WBC 19k with 17k Neutrophils. Glucose 319, BUN 47, GGT 8. RADS: suspicious area in cranial liver/abdomen.

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 **kidneys** presented an interstitial nephrosis pattern with irregular hyperechoic medullary rim sign noted. Moderate degenerative changes. The left kidney measured 3.45 cm. The right kidney measured 4.03 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.60 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 were noted.

Liver

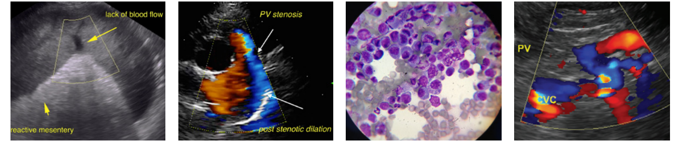
The **liver** presented coarse architecture and minor irregular swelling The gallbladder was thickened and irregular, as was the cystic duct. Gallbladder calculi and lobar biliary calculi noted. The gallbladder present mineralized wall. I cannot rule out a mineralizing carcinoma. The common bile duct was dilated up to 5.0 mm. The common bile duct was followed to the pancreatic duct and appeared to taper to approximately 3.0 mm.

Gastrointestinal

The **stomach** was overdistended with chyme and fluid. Stasis was noted in the upper small intestine. Transit of chyme into the small intestine continued fairly normally with hyperperistalsis. The distal small intestine was empty, creating a partial obstructive pattern, yet no overt intestinal masses noted.

Pancreas

A large **pancreatic** cyst was noted at the right base measuring 3.5 cm. Some echogenic material or tissue proliferation noted within the pancreatic cyst. Heterogeneous pancreatic changes noted elsewhere.



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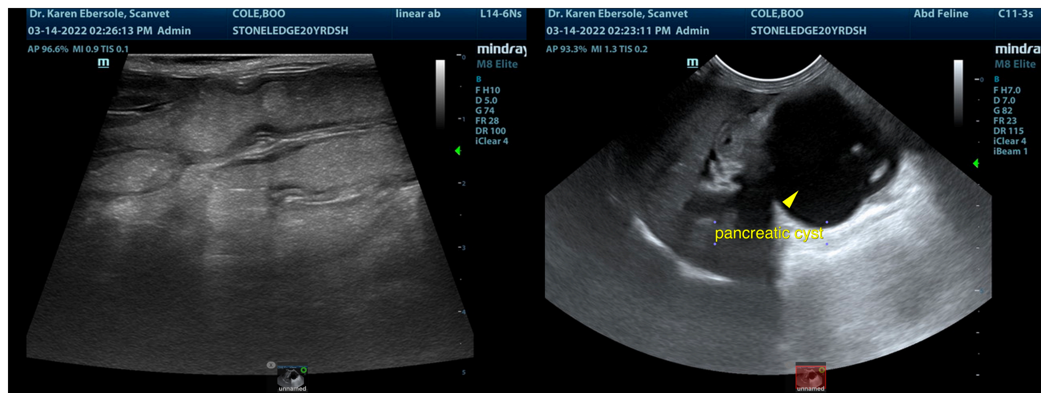
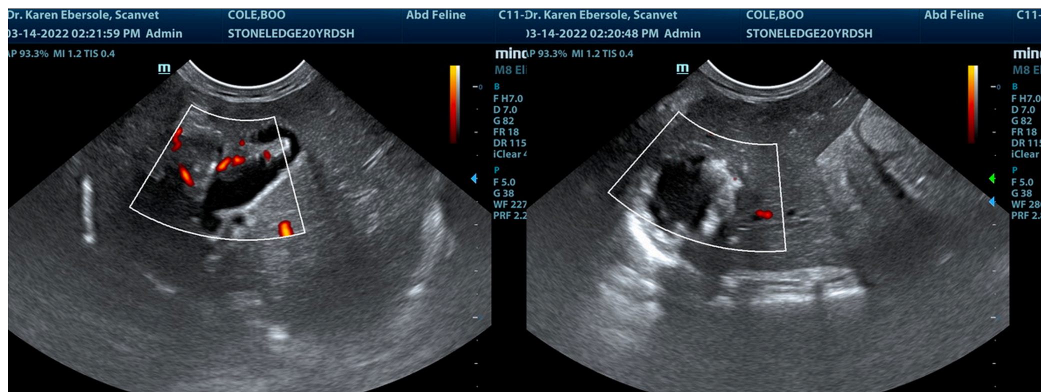
ULTRASONOGRAPHIC FINDINGS

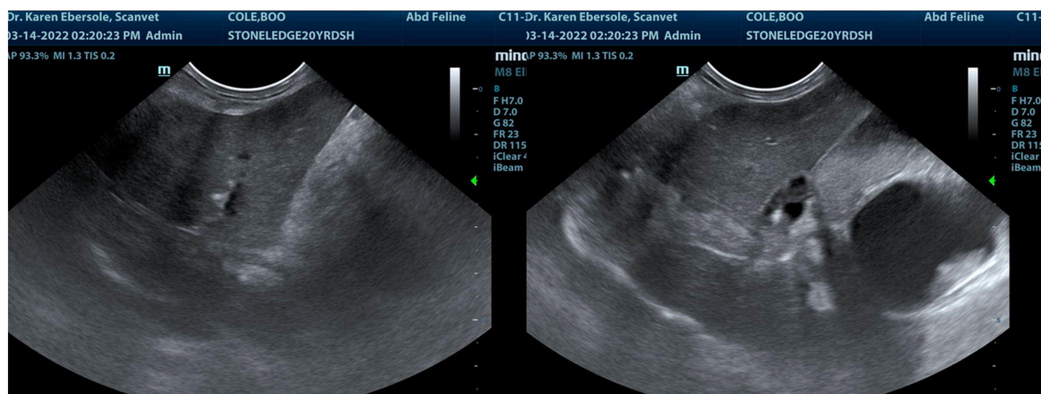
- Chronic cholangitis with multiple biliary calculi – possibility of mineralizing neoplasia
- Large pancreatic cyst, possible pancreatic abscessation
- Moderate chronic degenerative renal changes
- Partial obstructive intestinal pattern of unknown cause

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided drainage indicated. The Prednisolone may be suppressing a more significant presentation. CBC path review +/- bone marrow aspirate warranted. Ultrasound guided drainage of the pancreatic cyst or abscess indicated. Eventual cholecystectomy and common bile duct lavage would all be indicated. However, given the age of the patient, these intervention are of dubious utility.







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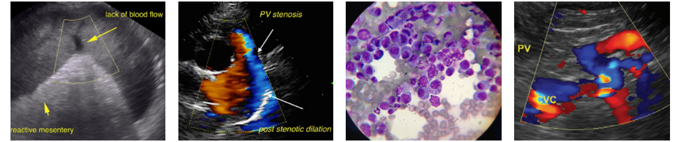

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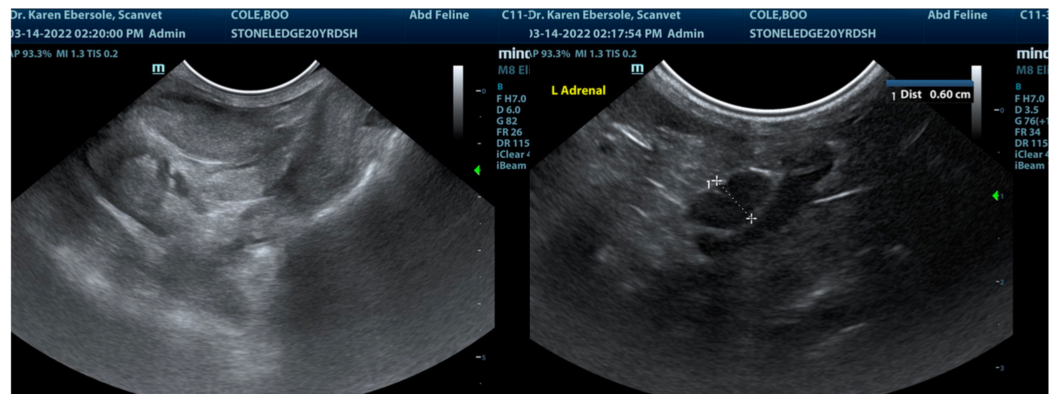

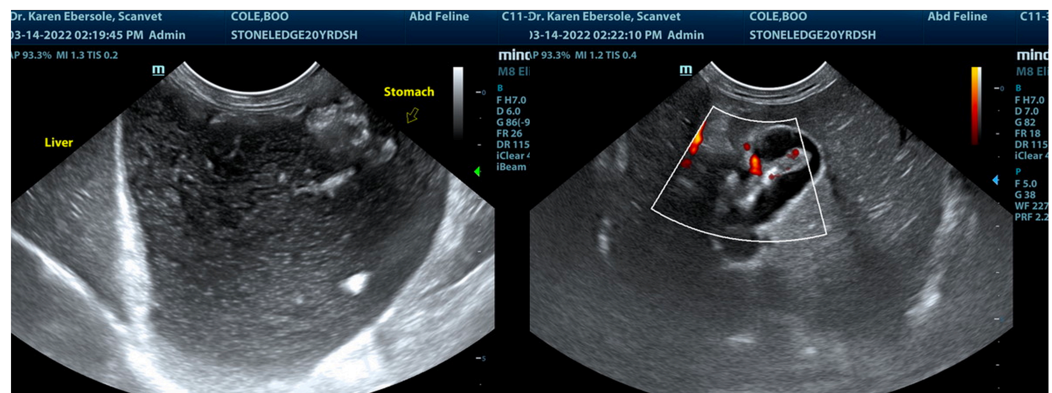

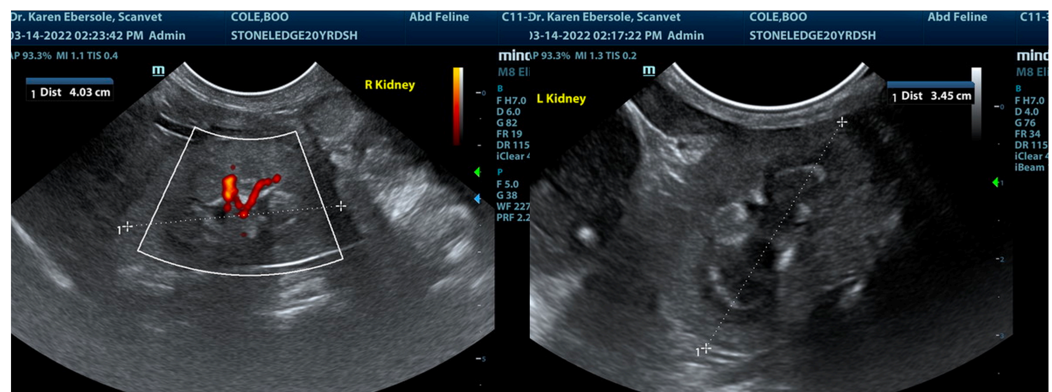

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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