



**PATIENT**

Blue Deyotte

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

N/A

**WEIGHT**

4.76 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Colborne

**HOSPITAL NAME**

Aberdeen VH

**REFERRING VET**

Dr. Colborne

**INVOICE**

14374

**DATE**

3/18/22

**PRESENTING CLINICAL SIGNS**

History: Found in a snowbank by SPCA in Jan 2022. Was dehydrated, hypothermic, poor BCS, had periodontal disease and ear mites. Blood work was unremarkable but US performed by colleague suggestive of cholangiohepatitis. Recovered well with a feeding tube, ear mite treatment and supportive treatments (fluids, medications). Was on prednisolone for suspected IBD/cholangiohepatitis?? Did well for 2 months then presented March 4th for sudden onset profuse vomiting, lethargy, and diarrhea. No hx of toxin ingestion. Performed US and suspected either previous or current biliary obstruction, pancreatitis and possible cholangiohepatitis. Also had evidence of ileus. Started on IV fluids, metronidazole, clavamox and pain control. Recovered well with no further vomiting or diarrhea. This US is repeat 2 weeks later. Still seeing evidence of obstruction?? There is a swelling where the duct meets the duodenum and curious what that is.

Abnormal PE/Chem/CBC/UA Results: Lethargic, dehydrated and painful abdomen on initial exam. Normal on follow up exam. Mild hypokalemia and dehydration on initial blood work. Follow up blood work normal other than mild dehydration. Initial x-ray showed severe gas dilation of the stomach.

**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 **left kidney** revealed a mild interstitial nephrosis pattern, stable. The left kidney measured 4.6 cm.

The **right kidney** revealed similar changes to the left. The right kidney measured 4.5 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evidence of pathology.

**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. Caudal folding of the spleen was noted, positional variant.

**Liver**

The **liver** itself was unremarkable. The cystic duct was mildly tortuous, normal variant. The common bile duct was normal, measuring 3.0 mm. The common bile duct was followed to the duodenal papilla, normal.

**Gastrointestinal**

Some retention of ingesta was noted in the **stomach**. The ileocecal junction was free of evident pathology.

**Pancreas**



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The **pancreas** was uniform. Some hyperechoic changes noted, consistent with remodeling. Curvilinear patterns respected. No evidence of pathology.

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**ULTRASONOGRAPHIC FINDINGS**

- Minor pancreatic remodeling
- Interstitial nephrosis, mild to moderate
- Stomach ingesta
- Splenic fold, positional variant

**BREED**

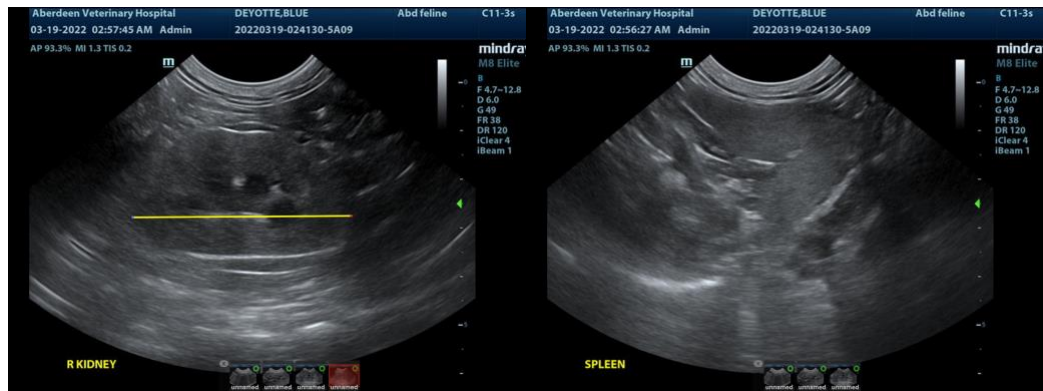
DLH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant pathology.

**SEX**

Neutered Male



**AGE**

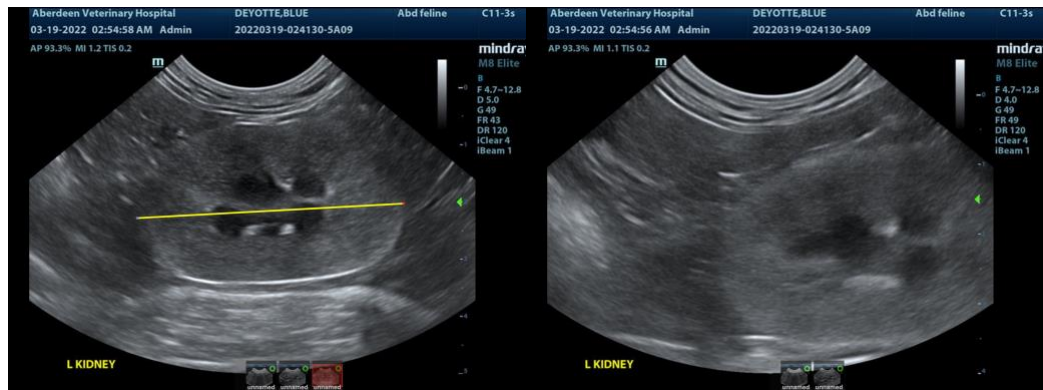
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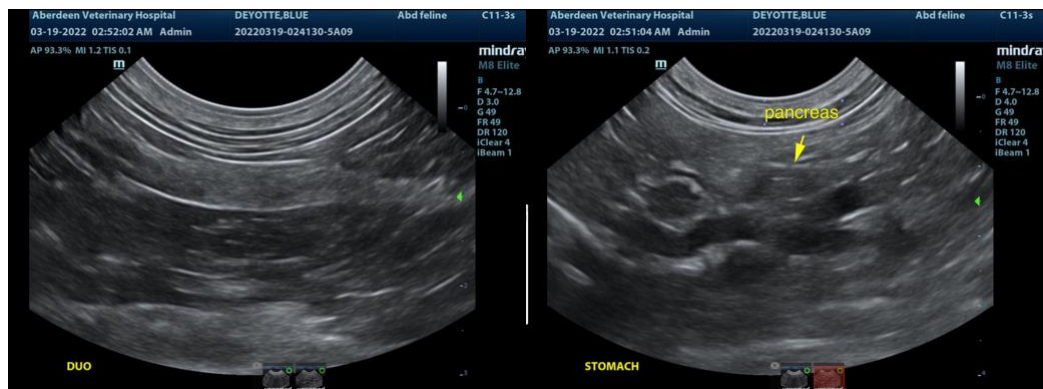


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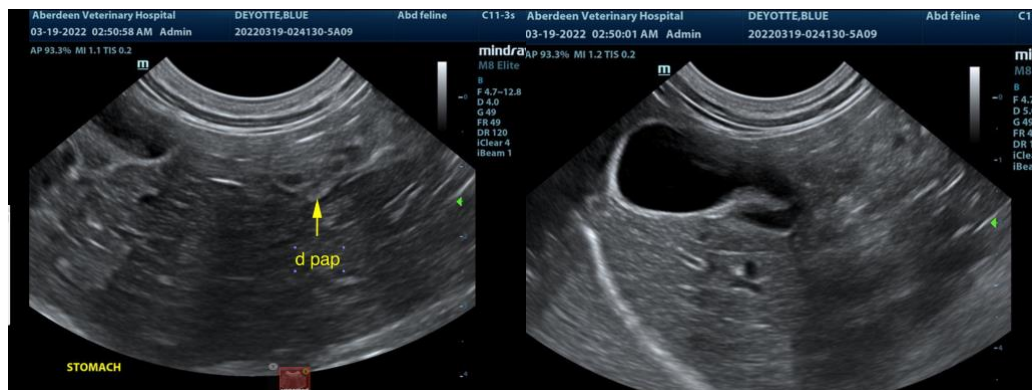
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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