



PATIENT

Thug Lorah

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jack Reese, DVM

HOSPITAL NAME

Willow Run VC

REFERRING VET

Jack Reese, DVM

INVOICE

21666

DATE

3/18/23

PRESENTING CLINICAL SIGNS

History: Several week history of vomiting and decreased appetite. Was evaluated at nearby veterinary office which revealed elevated liver enzymes - U/S recommended as next step. P responded briefly to supportive medications and care, but quickly deteriorated and was hospitalized at WRVC.

Abnormal PE/Chem/CBC/UA Results: ALT >1,000 (12 - 130 U/L) ALP 207 (14 - 111 U/L) GGT 17 (0 - 4 U/L) Bilirubin - Total 3.6 (0.0 - 0.9 mg/dL)

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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. 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 4.5 cm. The left kidney measured 4.3 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 0.4 cm. The left adrenal gland measured 0.4 cm.

Spleen

The **spleen** was enlarged (2.5 cm as a fold and 1.05 cm in the mid body) with uniform parenchyma. Subtle micronodular changes were noted.

Liver

The **liver** was uniformly hypoechoic and swollen. The gallbladder wall was echogenic with micropolypoid changes consistent with chronic cholangitis. However, the hepatic swelling is concerning, along with the splenic swelling, for potential underlying round cell neoplasia. A focal hypoechoic nodule was noted in the liver, measuring 5.0 mm.

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

- Splenohepatomegaly with cholangitis pattern, potential conversion to round cell neoplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen and liver are indicated +/- cholecystocentesis with culture. If neoplasia is not present, infectious agents such as bartonella and toxoplasmosis should be considered. Prognosis is guarded depending upon cytology results. The liver is hypoechoic, which would not be consistent with simple lipidosis. Either an inflammatory or round cell event is suspected.

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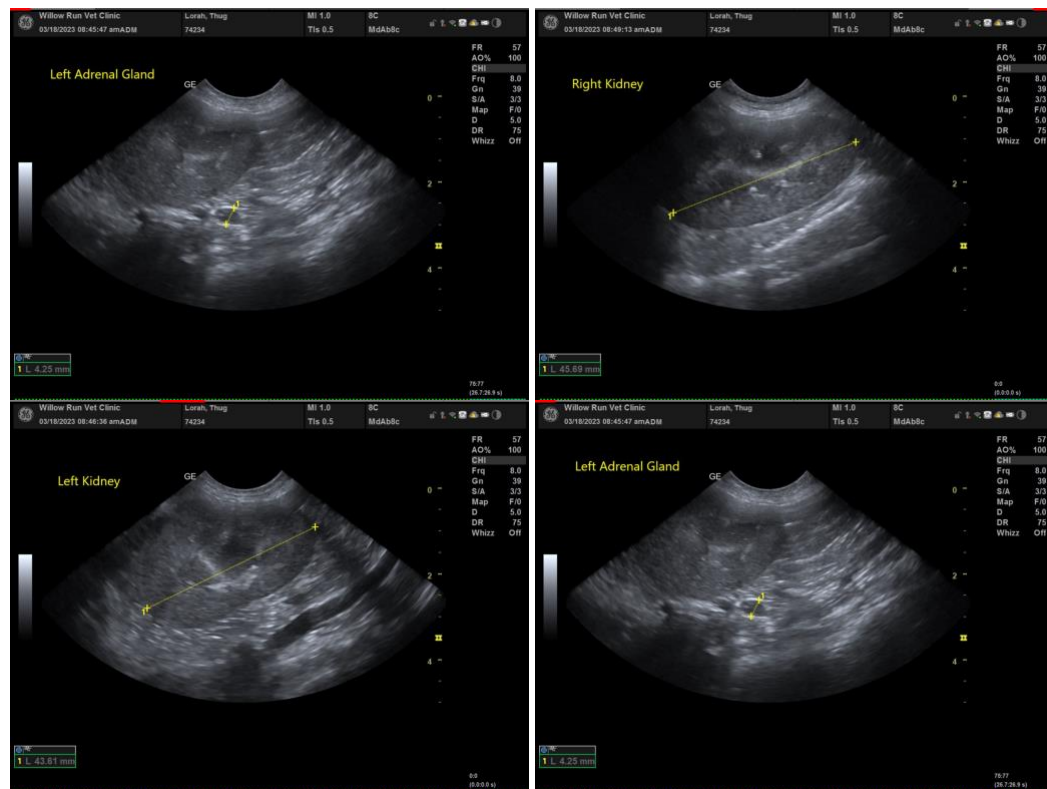
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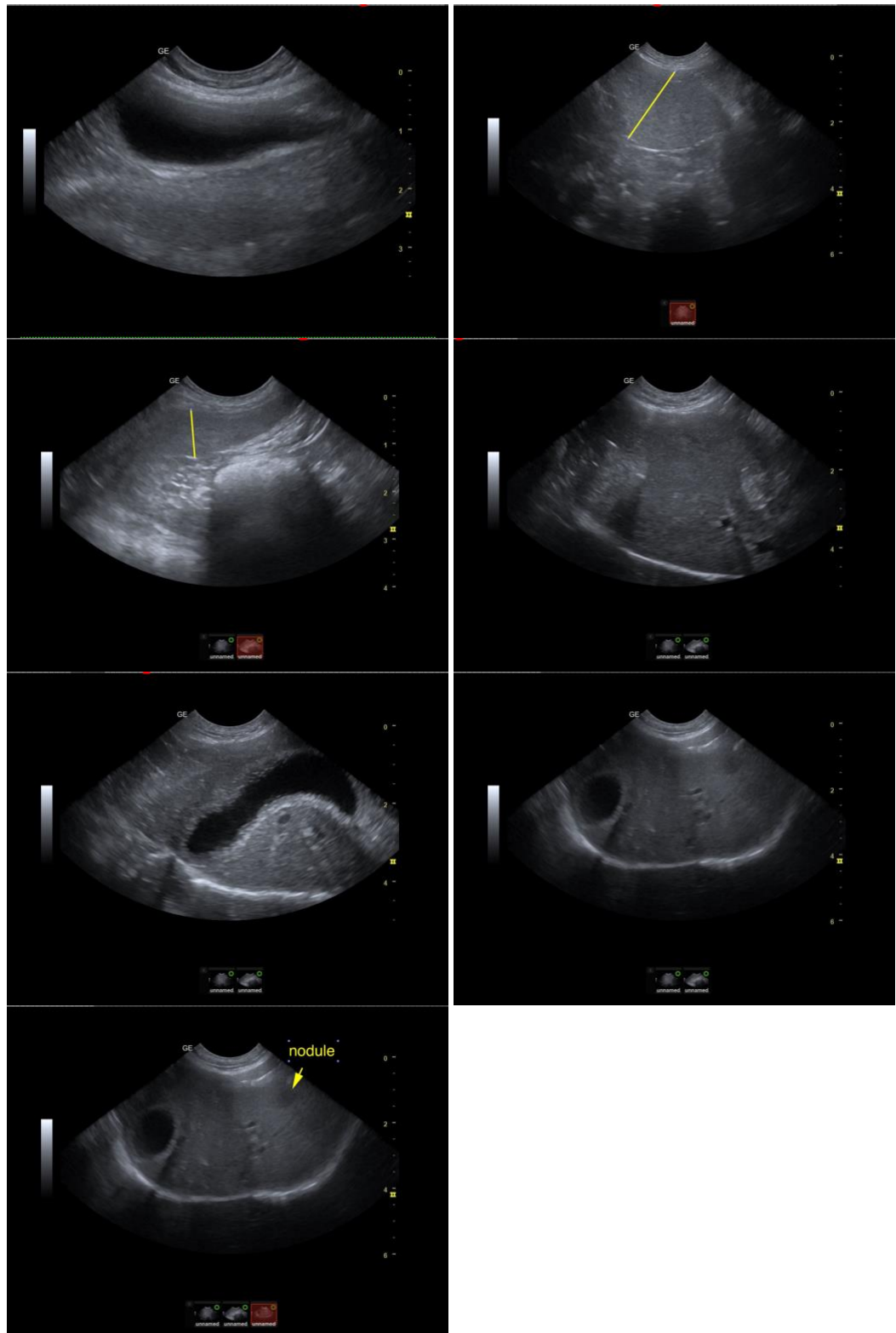
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The information and recommendations provided are based on the images presented by the



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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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info@SonoPath.com

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