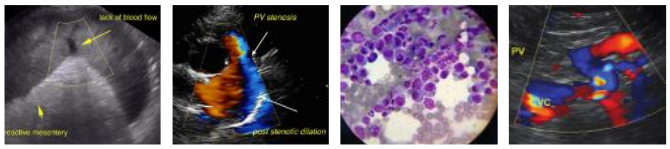
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Duffy Menzies

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

5.5

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren VMTH

REFERRING VET

Dr. Fadel

INVOICE

21747

DATE

3/24/23

PRESENTING CLINICAL SIGNS

PERTINENT CLINICAL HISTORY: Duffy is a 14-year-old Male Neutered DSH presenting to OSU VTH ECC for ADR, vomiting, and lethargy. Duffy is usually a enthusiastic eater, but last night did not want to eat his dinner. Eventually, he did eat his dinner but between 5pm-9pm he regurgitated it back up. He was also not interested in sleeping with the owner but she tried to coax him with a treat. He ate the treat but also threw that up. This morning he vomited a small amount of liquid only. He did not eat his breakfast this am. The owner does not know the last urination or defecation he has had. Prior to this event, he has been healthy and only has arthritis. Meds: Gabapentin 25mg oral BID. LEADING DIFFERENTIAL/DIAGNOSIS: Pancreatitis vs Triaditis vs Other

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 left kidney measured 3.95 cm.

The **right kidney** was mildly swollen with pericapsular enhancement, suggestive for inflammation. Nephritis pattern was noted. The right kidney measured 4.43 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 left adrenal gland measured 0.46 cm. The right adrenal gland measured 0.44 cm.

Spleen

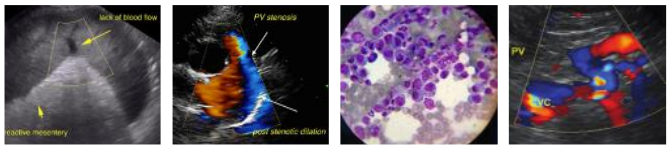
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The liver revealed increased portal markings. An anechoic cyst was noted, measuring 1.5 cm. The gallbladder presented mural mineralization and sand. Lobar biliary calculi were also noted.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to



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

PATIENT

Duffy Menzies

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

5.5

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren VMTH

REFERRING VET

Dr. Fadel

INVOICE

21747

DATE

3/24/23

malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

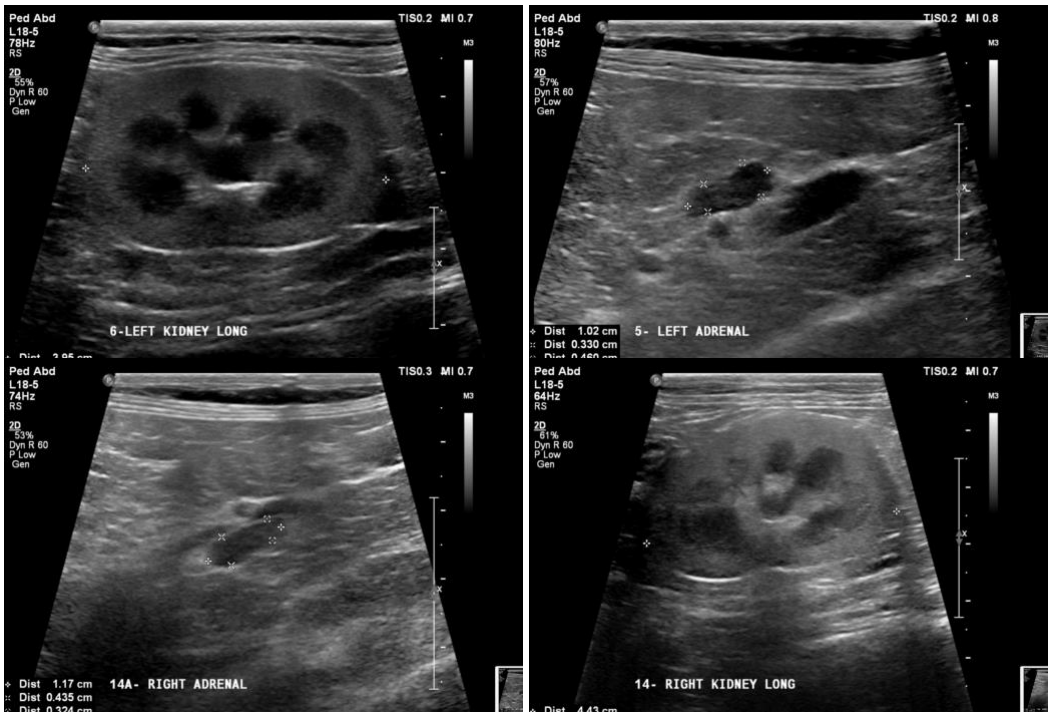
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

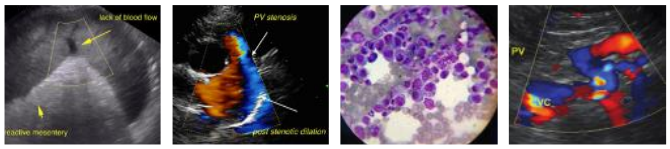
- Left nephritis pattern
- Chronic cholangitis liver pattern with mineralized gallbladder wall and biliary calculi
- Age-related GI changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder may be causing low grade clinical signs, yet no overt obstructive disease was noted. Full urinary work up is warranted and palpation of the right kidney to assess for any discomfort. Otherwise, supportive care should prove effective. No evidence of significant GI pathology was present. Ursodiol therapy and dissolution of the biliary calculi may prove somewhat effective, however, this is highly variable patient to patient. Overt cholecystectomy and GI biopsies are also another option yet more invasive.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Duffy Menzies

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

5.5

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren VMTH

REFERRING VET

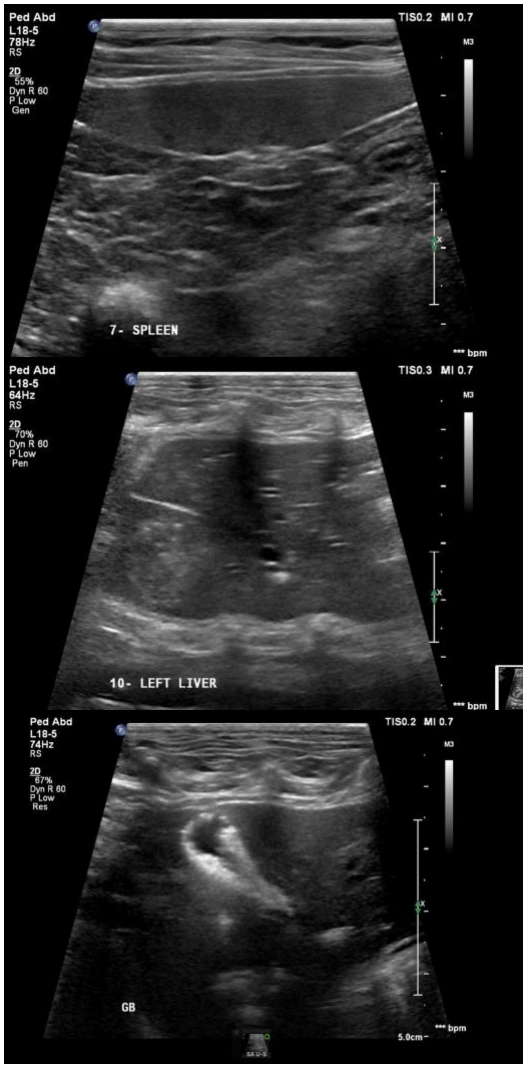
Dr. Fadel

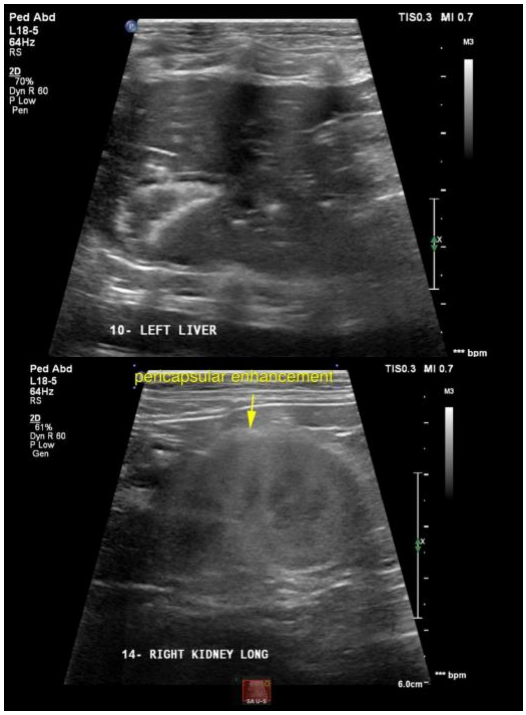
INVOICE

21747

DATE

3/24/23





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