

**DATE**

3/25/22

PRESENTING CLINICAL SIGNS**PATIENT**

Tigger Trinks

History: In the last week of February. Vocalizing. Owner noticed that he also began sneezing more. 2 weeks ago he went to rDVM in P had elevated liver enzymes they started P on prednisolone Clavamox and metronidazole. He has been losing weight and still has been declining and not getting any better. He has a history of urinary obstruction in about 6 years ago. P is on a urinary diet.

SPECIES

Feline

Current Medications: Buprenorphine, Gabapentin, Cerenia, Protonix, Metronidazole, Vitamin B.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

DSH

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Slight **urinary bladder** sand noted.

AGE

3/27/10

The **kidneys** 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 3.9 cm. The right kidney measured 3.66 cm. Cortical medullary mineralization was noted.

WEIGHT

9.3 Pounds

Adrenal Glands

The **right adrenal gland** was 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 0.53 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The region of the **left adrenal gland** revealed no evident pathology.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

The **spleen** was enlarged with scalloping contour, measuring 1.4 cm in width. FNA strongly encouraged.

REFERRING VET

Dr. Roper

Liver

The **liver** revealed increased portal markings. The gallbladder wall was echogenic and thickened. Tortuous cystic duct noted. The common bile duct was dilated (0.6 cm) and was followed to the duodenal papilla. No overt obstruction was noted; however, the duodenal papilla is mildly thickened. Dilation is likely owing to chronic cholangitis. Underlying neoplasia cannot be ruled out yet was not evident. Lobar biliary duct dilation also noted with increased portal markings.

INVOICE

14528

Gastrointestinal

The **GI tract** was structurally unremarkable other than soft stool noted in the colon.

Pancreas

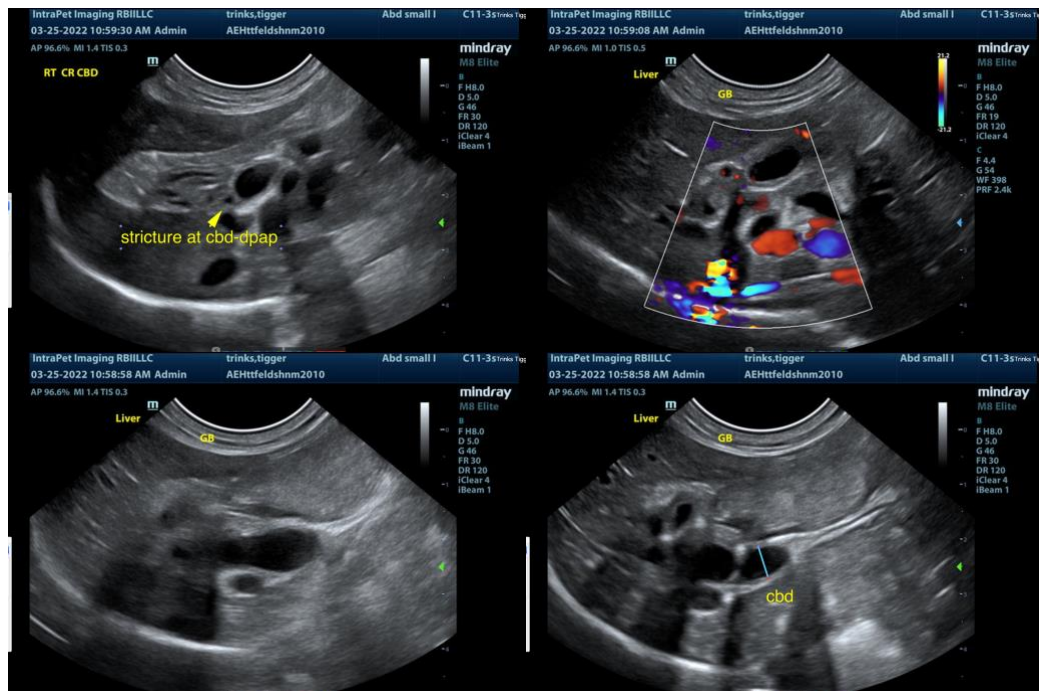
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The left limb of the pancreas was enlarged, measuring 1.55 cm. Duct dilation (0.34 cm) was present.

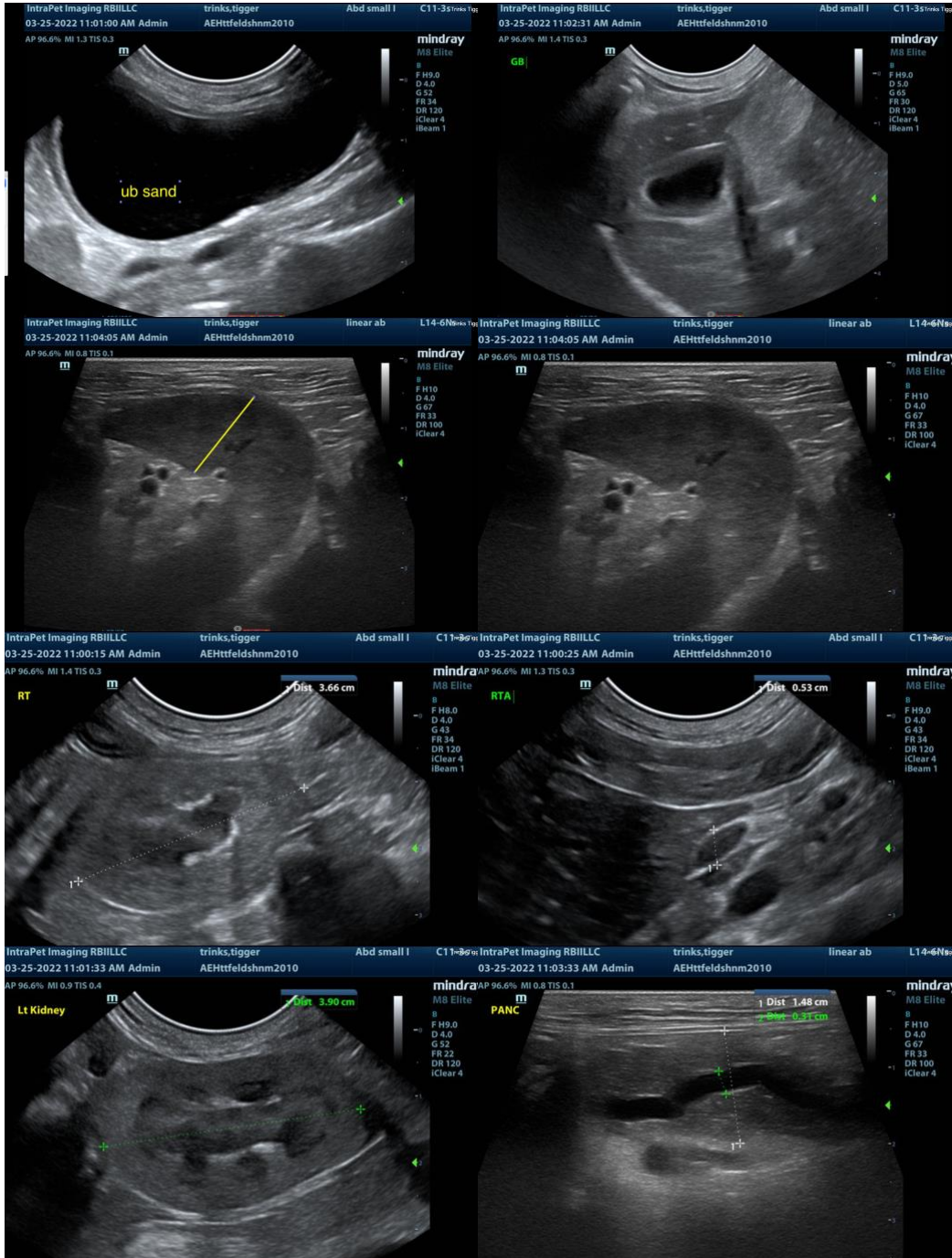
ULTRASONOGRAPHIC FINDINGS

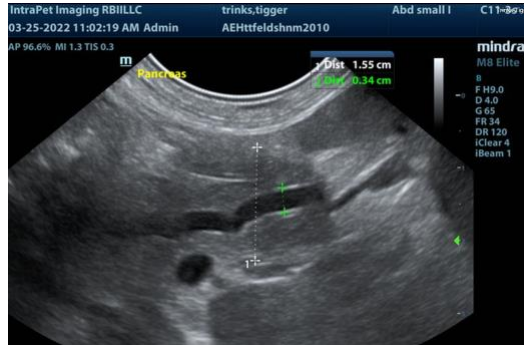
- Slight urinary bladder sand
- Prominent, irregular pancreas, suspect chronic active inflammation
- Chronic cholangitis pattern with “too many tubes” sign. Stricture at the common bile duct and duodenal papilla. No overt evidence of neoplasia.
- Chronic pancreatic changes
- Enlarged spleen
- Soft stool in the colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend FNA of the spleen +/- pancreas and liver in this patient. The patient is likely passing sand periodically from the kidneys to the bladder. Infectious agents, such as Bartonella and toxoplasmosis should be considered. Bilirubin levels should be monitored carefully in this patient. The prednisolone therapy may be suppressing a more significant presentation. If bilirubin elevations occur, then common bile duct redirection would be appropriate with liver biopsy.







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.

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