



**PATIENT PRESENTING CLINICAL SIGNS**

**Jill Lyons** Jill is a 16y FS DSH presenting for lethargy and anorexia. For the past 2-3 days, the patient has been more lethargic and hiding. She has not been eating/drinking and O has noted her vomiting a few times. Unsure about U/BM habits as it is a multi-cat household. She is indoor only and has been historically healthy per O.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED *Urinary System***

DSH

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 1.0 cm beyond the cystourethral junction.

**SEX**

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Pinpoint mineralizations noted in both kidneys.

**AGE**

16 Years

***Adrenal Glands***

**WEIGHT**

9.7 Pounds

The regions of the **adrenal glands** were unremarkable.

***Spleen***

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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***

**IMAGING PERFORMED BY**

Dr. Massa

The **liver** presented coarse architecture. Multifocal isoechoic coalescing nodular changes noted. Increased portal markings noted. The gallbladder presented echogenic debris and tortuous cystic duct. Thickened gallbladder wall noted. Slight free fluid noted between the liver lobes in the portal hilus. The cystic duct and common bile duct were dilated with echogenic bile or possible tissue proliferation. The common bile duct was ill-defined. The common bile duct measured 6.5 mm in maximum dilation, approximately 2.0 cm distal from the duodenal papilla. Enhanced mesentery noted around the common bile duct, which is likely friable.

**HOSPITAL NAME**

Animal Emergency Hospital Volusia

***Gastrointestinal***

**REFERRING VET**

Dr. Massa

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 malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Slight free fluid noted between the intestinal loops.

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***Pancreas***

**DATE**

3/9/22

The right limb of the **pancreas** was heterogeneous. Changes were fairly minor. No pancreatic duct dilation noted.



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**DATE**

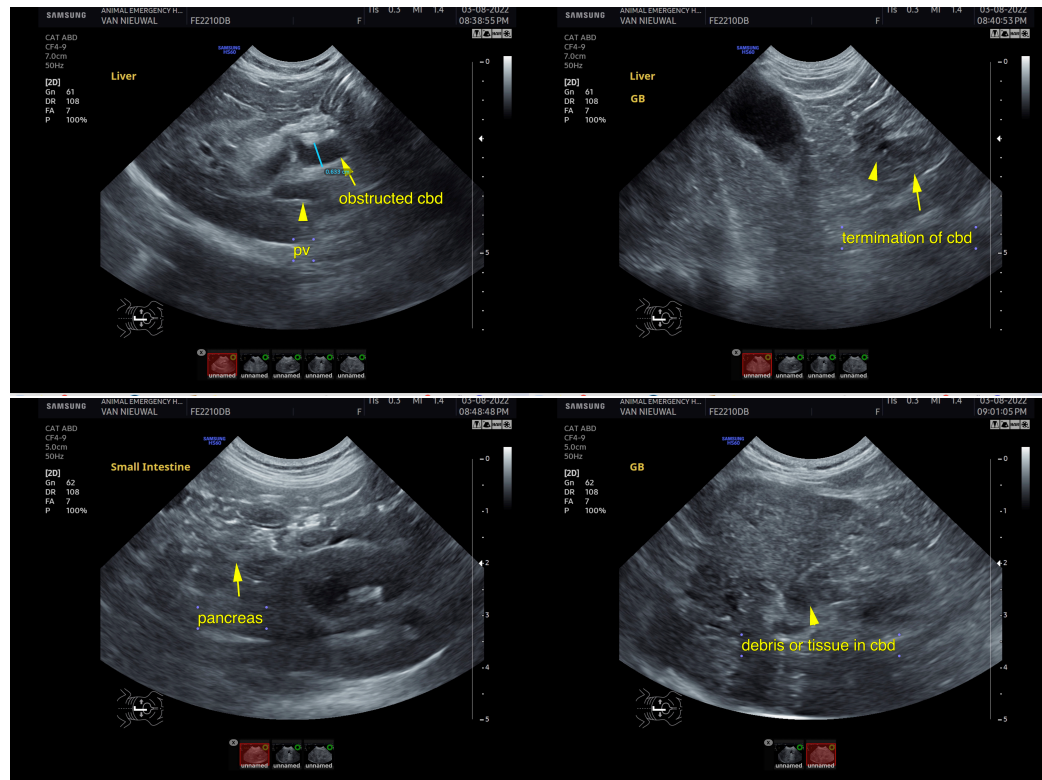
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**ULTRASONOGRAPHIC FINDINGS**

- Post-hepatic obstruction with nodular hepatic changes – cholangitis, cholangiohepatitis pattern. Potential distal common bile duct obstruction owing to tissue proliferation or other form of obstruction.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I'm assuming that liver values are significantly elevated. If Alkaline Phosphatase and Bilirubin are elevated, exploratory surgery would be indicated with expectations of potential bile duct deviation procedure and liver biopsy. However, underlying neoplasia may be playing a role. If surgery is absolutely not an option, single dose Dexamethasone injection could be considered 0.25 mg/kg with supportive care, broad-spectrum antibiotics, and reassessment of the common bile duct and liver presentation daily to ensure adequate resolution, in case an inflammatory event is causing the post-hepatic obstruction. Prognosis is very guarded.





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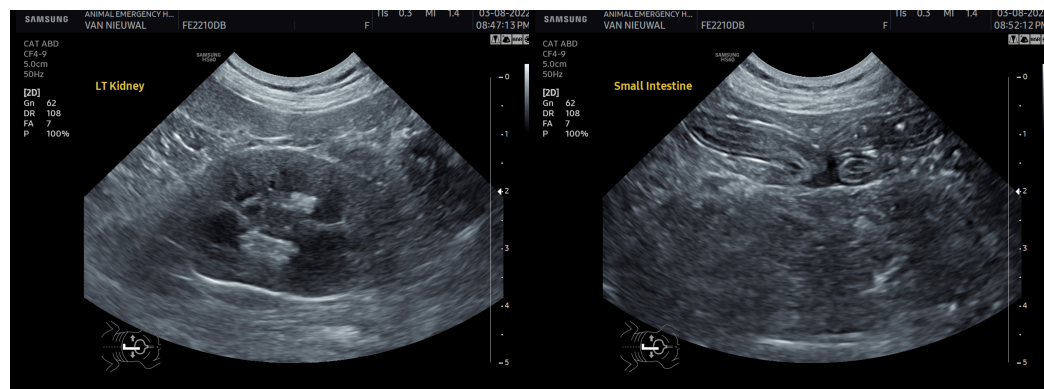
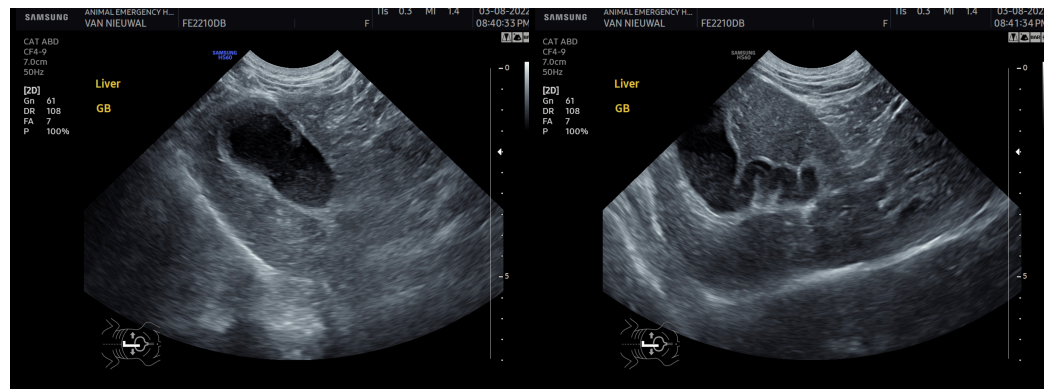
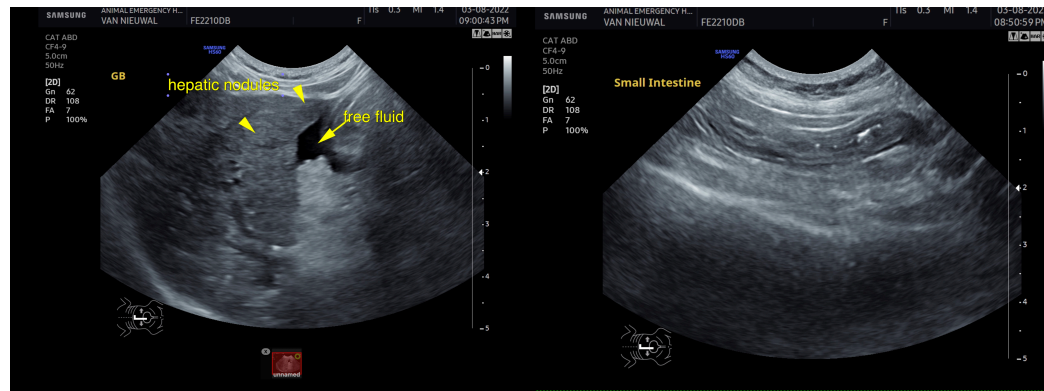
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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