



**PATIENT PRESENTING CLINICAL SIGNS**

Paizley Fisher

Presented at our hospital transfer from RAETC- adr several days, NE, vomiting; previous episode 2 years ago( hospitalized here) ; owner says he has had some days of” just not being right” last couple months. Previous Health Concerns: pancreatitis/ elevated liver values

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: gr 2/5 systolic; weak femoral pulses; Respiratory: mild increase BV sounds Abdominal: doughy, tender cranially Bloodwork: fPL- abnormal Chem- Cr 4.3 BUN 68 bili 5.3 Ph 12.5 GGT 22 glob 4.9 iCa (0.85)

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Domestic Shorthair

**Urinary System**

**SEX**

Spayed Female

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 was noted. Ureteral papillae were normal.

**AGE**

12 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.84 cm. The right kidney measured 3.7 cm.

**WEIGHT**

4.7 kg

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Erin Wicks0

**Spleen**

The **spleen** revealed slight, irregular contour noted at the mid caudal body creating an expansive nodule. The nodule measured 0.5 cm in width.

**HOSPITAL NAME**

Shores VEC

**Liver**

**REFERRING VET**

Dr. Miller

The **liver** revealed a hypoechoic parenchyma with thickened gallbladder. A minor amount of echogenic debris was noted along with irregular contour and occasional nodular change. Enhanced mesentery and trace amounts of free fluid were noted. Multiple biliary calculi were noted in both the lobar biliary tree and cystic duct as well as common bile duct. Biliary calculi appeared embedded in the deep duodenal papilla as a primary cause of post hepatic obstruction. The common bile duct was dilated at 0.6 cm.

**INVOICE**

99481

**Gastrointestinal**

**DATE**

4/25/22

The **gastrointestinal tract** revealed upper GI stasis owing to ileus. stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large



**PATIENT**

Paizley Fisher

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

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**Pancreas**

The **pancreas** revealed hypoechoic, undulating contour at the left limb with a dilated duct and measured 0.8 cm.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

Cholangiohepatitis with biliary calculi and post hepatic obstruction.

**SEX**

Spayed Female

Lodged calculi within the duodenal papilla. Concurrent hepatitis.

**AGE**

12 years

Gastrointestinal ileus and slightly irregular spleen.

Mild potential for underlying neoplasia.

Age related kidneys.

**WEIGHT**

4.7 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening FNA of the spleen, liver, IV fluid support and pain management are all indicated. If the spleen and liver aspirates reveal no evidence of neoplasia. Surgical intervention with liberation of the common bile duct, cystic duct and likely removal of the gallbladder given the chronic changes is recommended.

The prognosis is guarded.

**INTERPRETED BY**

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DABVP, Cert. IVUS

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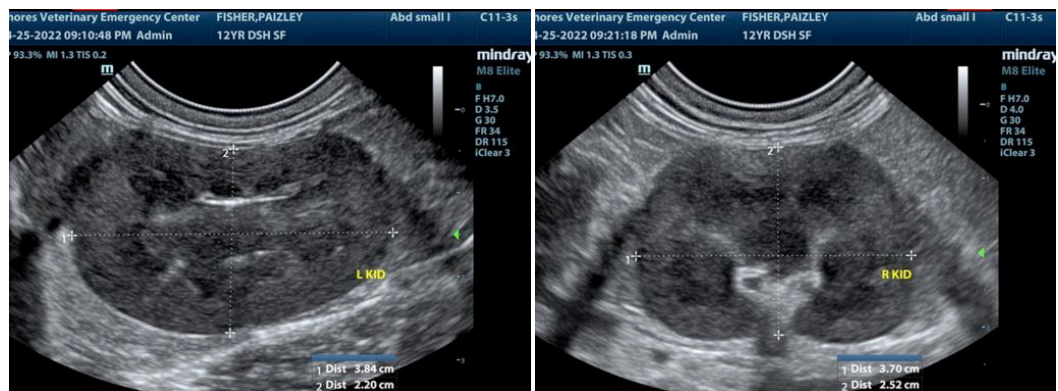
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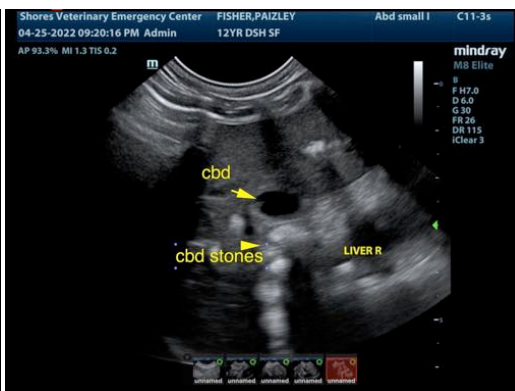
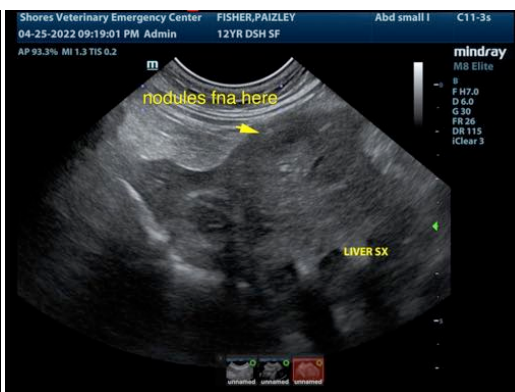
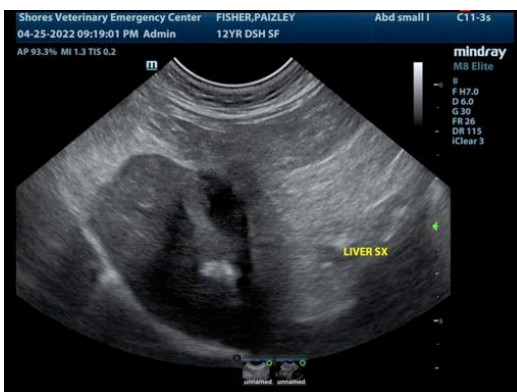
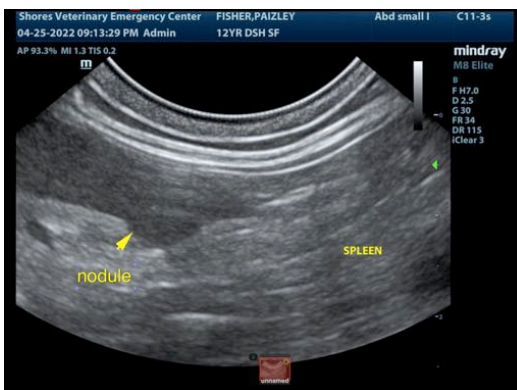
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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