



**PATIENT**

Josie Caetano

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Carter

**INVOICE**

36776

**DATE**

4/6/22

**PRESENTING CLINICAL SIGNS**

Presented 4-1: \_P is UR in the house more than usual in October. No blood in UR, O has not noticed straining. The white of the eyes are also a yellowish color. O did move from New York in June of last year. E/D/BM wnl. O notices that pt isn't eating to much, O is unsure if it could be from the housemate being dominant. No s/c/v/d. \_ June of 2021; had markedly elevated liver values. Was hospitalized and treated with amoxi, enrofloxacin denamarin, ursodiol. . Reportedly had an unremarkable US. Last reported liver values In June 2021 were still remarkably high. EXAM 4-1; wt loss, BCS 3/9, icterus. Currently not on any medications  
Abnormal PE/Chem/CBC/UA Results: CBC within normal limits Felv, FIV, Hwt; all negative glucose 193 phos 2.1 globulin 5.2 ALT 524 (12-130) ALP 357 (14-111) GGT 20 (0-4) tBili 5.5 (0-0.9) Liver needle aspirates are pending

**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 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. Mineralization noted in both kidneys, non-obstructive at the time of the sonogram. The left kidney measured 3.53 cm. The right kidney measured 3.89 cm.

**Adrenal Glands**

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

**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 coarse architecture, increased portal markings and remodeling. The gallbladder wall was edematous and thickened. No obvious evidence of neoplasia. The common bile duct was upper limits of normal at 4.0 mm, mildly thickened.

**Gastrointestinal**

The **stomach** was filled with ingesta. The small intestine and colon were unremarkable.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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



**PATIENT**

Josie Caetano

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.

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

Feline

- Cholangitis/cholangiohepatitis liver pattern
- Dilated common bile duct
- Moderate degenerative renal changes

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA recommended for inflammatory cell type. Core biopsy recommended for definitive diagnosis. No obvious evidence of neoplasia or post-hepatic obstruction. Chronic infectious agents such as bartonella or toxoplasmosis should be considered. Treatment based on sampling results.

**SEX**

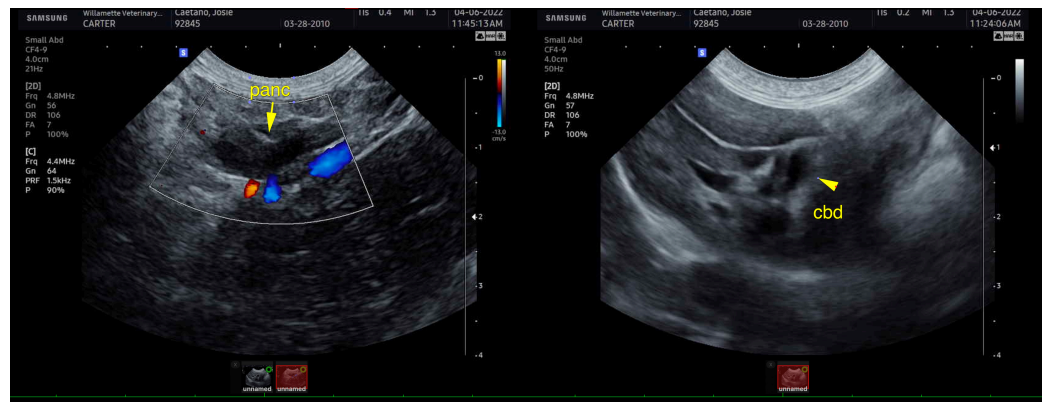
Spayed Female

**AGE**

12 Years

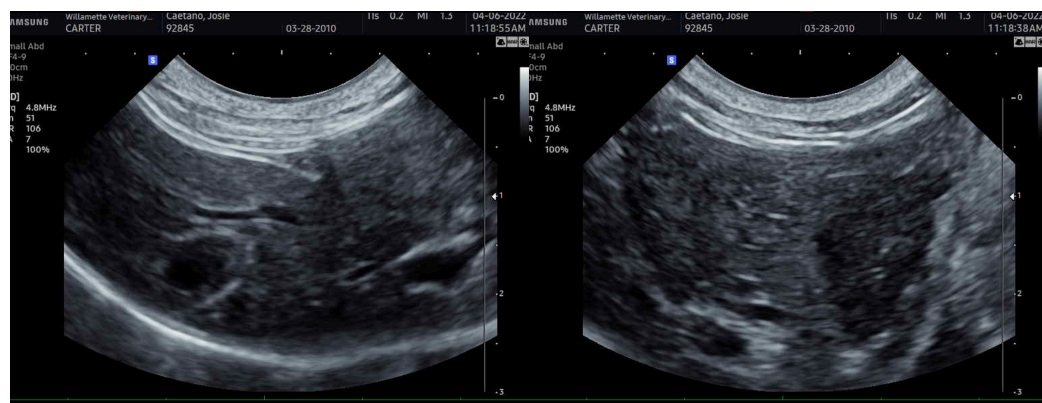
**WEIGHT**

8 Pounds



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

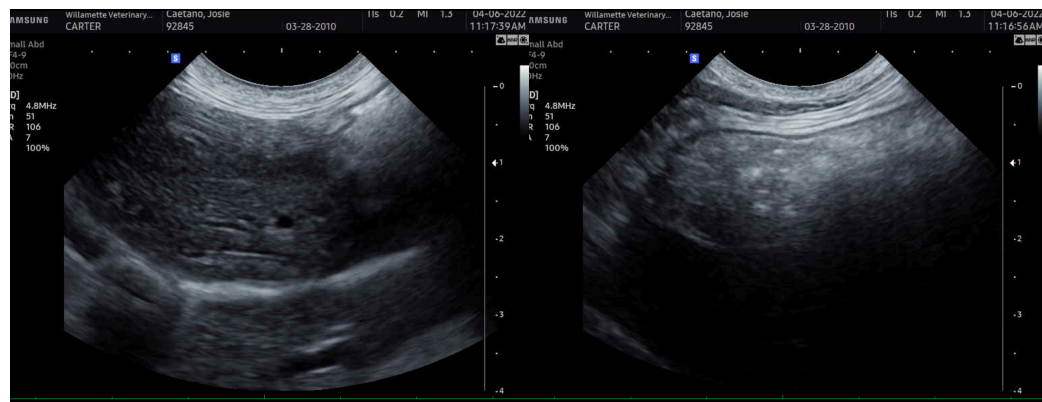


**IMAGING PERFORMED BY**

Dr. Carter

**HOSPITAL NAME**

Willamette VH



**REFERRING VET**

Dr. Carter

**INVOICE**

36776

**DATE**

4/6/22



**PATIENT**

Josie Caetano

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

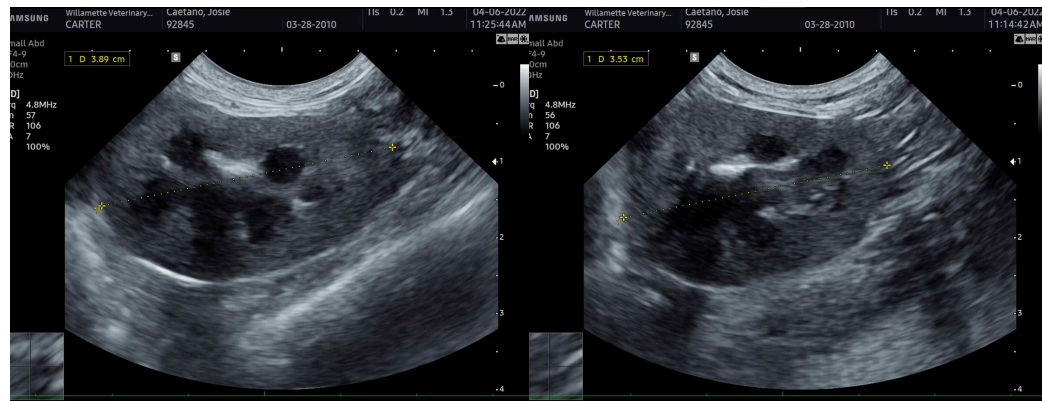
Dr. Carter

**INVOICE**

36776

**DATE**

4/6/22



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**

[info@SonoPath.com](mailto:info@SonoPath.com)