



PATIENT

Joli Fou Bruchental

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

14 ½ years

WEIGHT

3.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Gira

INVOICE

30291

DATE

5/11/22

PRESENTING CLINICAL SIGNS

Anorexia , weight loss , PUPD, lethargy , jaundice

Abnormal PE/Chem/CBC/UA Results: Glucose 5.51 3.95 - 8.84 mmol/L IDEXX SDMA. 23 0 - 14 µg/dL Creatinine 170 71 - 212 µmol/L Urea (BUN) 9.8 5.7 - 12.9 mmol/L BUN: Creatinine Ratio 14 Phosphorus 1.36 1.00 - 2.42 mmol/L Calcium 2.37 1.95 - 2.83 mmol/L Sodium 158 150 - 165 mmol/L Potassium 3.6 3.5 - 5.8 mmol/L Na: K Ratio 44 Chloride 118 112 - 129 mmol/L Total Protein 105 57 - 89 g/L Albumin 33 23 - 39 g/L Globulin 72 28 - 51 g/L Albumin: Globulin Ratio 0.5 ALT 399 12 - 130 U/L ALP 73 14 - 111 U/L GGT 8 0 - 4 U/L Bilirubin - Total 382 0 - 15 µmol/L Cholesterol 8.17 1.68 - 5.81 mmol/L Amylase 1,765 500 - 1,500 U/L No signs of anemia

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure 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 4.31 cm and was mildly enlarged with some loss of corticomedullary definition. The right kidney measured 3.52 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 0.45 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** was swollen with lobar biliary duct dilation. The gallbladder was over distended at 0.32 cm with suspended debris. The common bile duct, cystic duct and pancreatic duct were all thickened and mildly dilated. The common bile duct measured 0.43 cm at maximum dilation. The duodenum papilla was thickened with hyperechoic surrounding mesentery. This is suggestive for inflammation. The duodenum itself was unremarkable. Lobar biliary duct dilation was present as well as localized free fluid and over distended gallbladder.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes are slightly enlarged and measured up to 0.4 cm.

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Pancreas

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The right limb of the **pancreas** was enlarged, hypoechoic and mildly irregular measuring 0.3 cm. The left limb was also enlarged and measured 1.17 cm. The pancreatic duct was dilated at 0.33 cm.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered male

I believe that the clinical syndrome is owing to a combination of both inflammatory hepatopathy/cholangiohepatitis as well as dysfunctional duodenal papilla and post hepatic obstruction given the lobar biliary duct dilation.

AGE

14 ½ years

Concurrent pancreatitis is likely.

WEIGHT

3.5 kg

Slightly enlarged spleen, likely reactive.

Age related renal changes.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

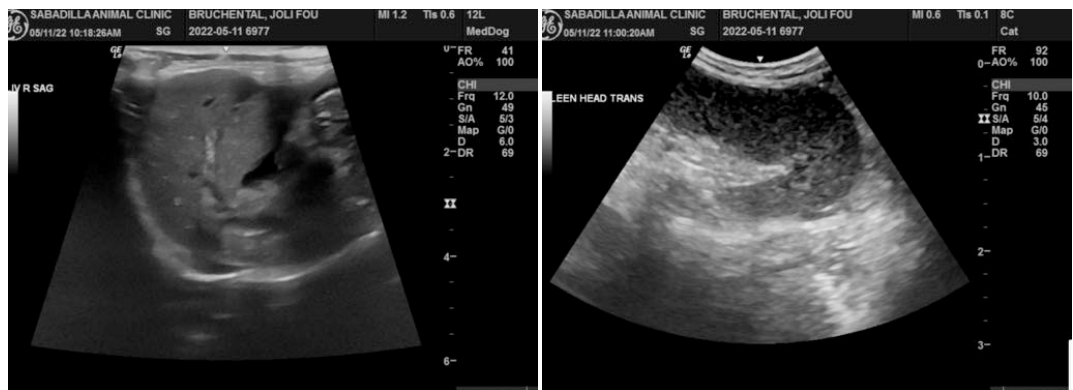
I recommend surgical intervention especially given the free fluid in the portal hilus region, which would suggest potential for localized bile peritonitis and bile leakage. Cholecystoduodenostomy or other biliary deviation procedure is likely necessary in this patient as well as liver biopsy and inspection. Infectious agents such as Toxoplasmosis and Bartonella should also be considered.

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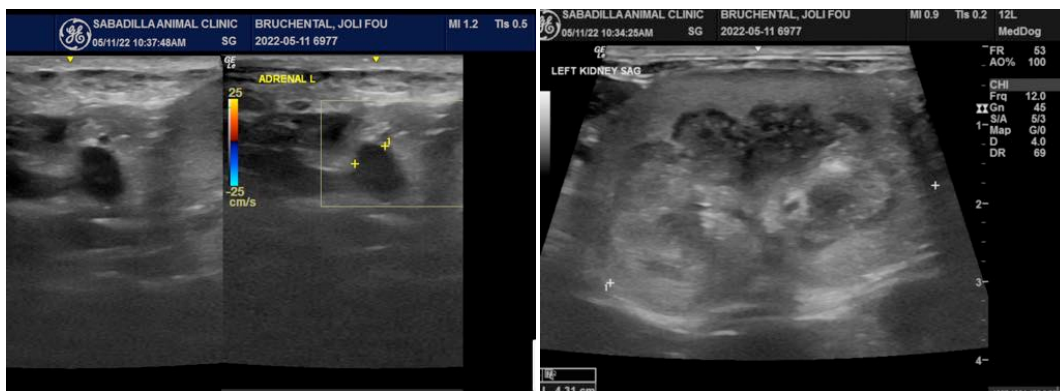
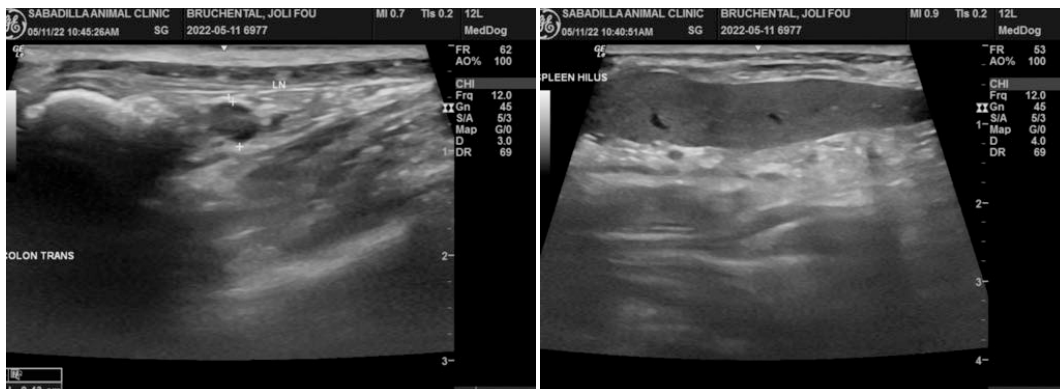
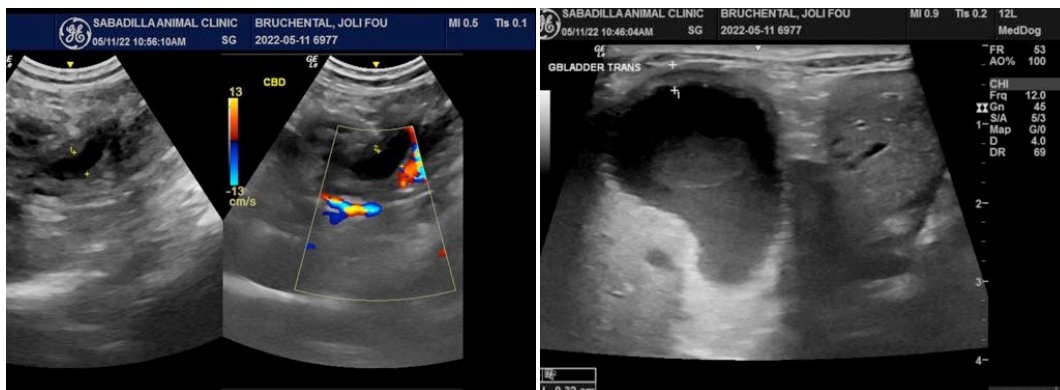
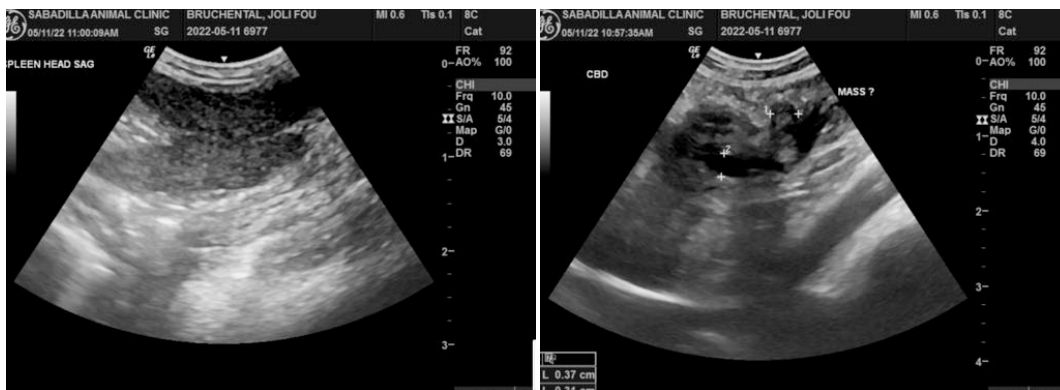
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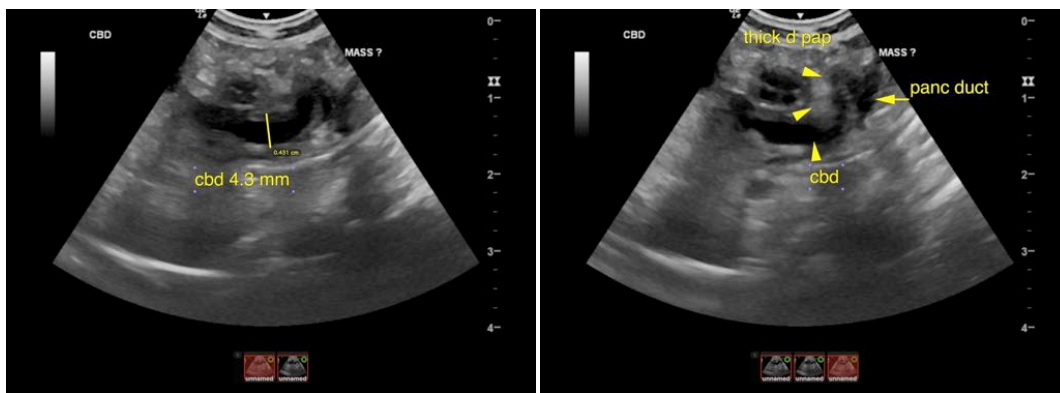
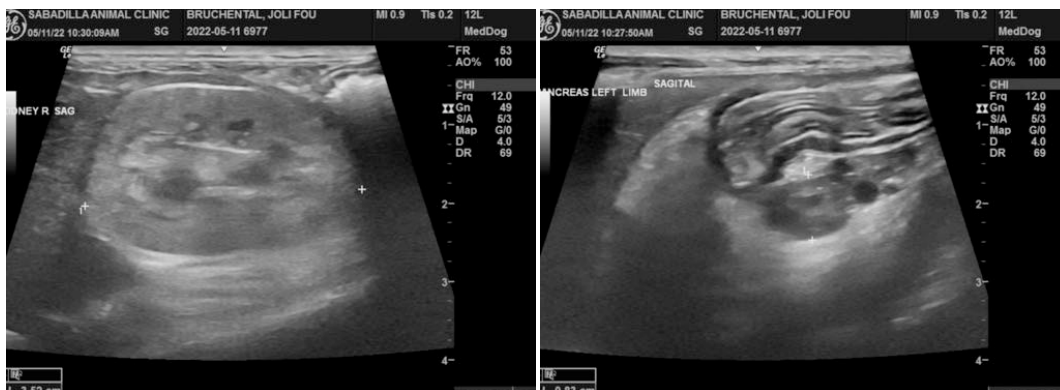
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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