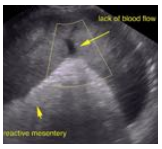

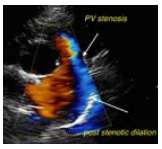

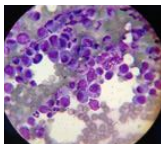
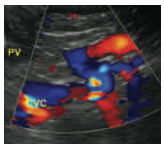

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PATIENT

Snooki Collison/Barker

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

6.31 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

30424

DATE

5/17/22

PRESENTING CLINICAL SIGNS

History: Presented for hypoglycemia due to insulin overdose. Known diabetic, been treated with Lantus. Vomiting also
Abnormal PE/Chem/CBC/UA Results: Elevated Kidney and Liver Values, Abnormal FPL

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, 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 kidneys both measured 4.0 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.

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 was noted.

Liver

The **liver** revealed multi-focal, non-obstructive calculi with increased portal markings. This is consistent with chronic cholangitis. The gallbladder and common bile duct were unremarkable. The common bile duct was dilated and followed to the duodenal papilla and appeared to be patent, yet possibly strictured and thickened. There was no overt obstruction noted. However, given the biliary calculi it is surmised that passage of calculi may have rendered the duodenal papilla dysfunctional. Some calculi were non-obstructive within the CBD. The common bile duct measured 0.83 cm.

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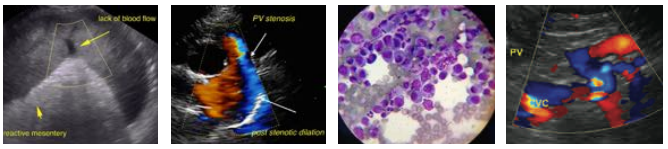

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Gastrointestinal

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.

Pancreas

The pancreas is enlarged, irregular and heterogenous with coalescing nodular changes with irregular contour. This is consistent with pronounced nodular hyperplasia, possible necrosis. An inflammatory response was present. Underlying carcinoma cannot be ruled out. The pancreatic pathology is likely playing a role in the common bile duct. This is likely consistent with periodic stricturing and inflammatory issues.

ULTRASONOGRAPHIC FINDINGS

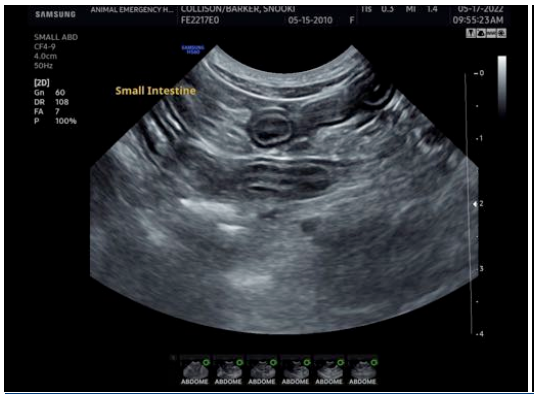
Extensive pancreatic pathology. Necrosis/pancreatitis versus carcinoma.

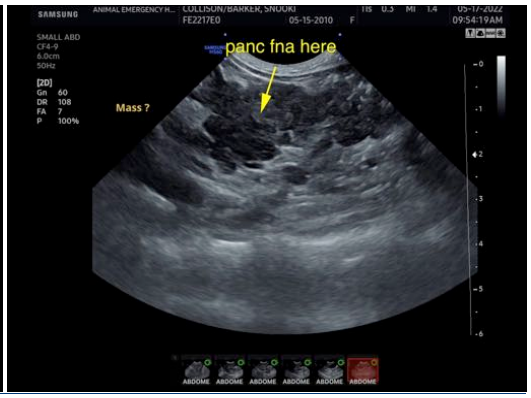
Common bile duct obstruction with dysfunctional duodenal papilla and biliary calculi.

Chronic cholangitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver and pancreas is recommended in this patient. The elevated renal values are likely prerenal as the kidneys appear structurally unremarkable. If no neoplasia is found on cytology then surgical intervention with debridement of the pancreas and common bile duct deviation procedure with appropriate biopsies would be ideal in this case. The prognosis is guarded.





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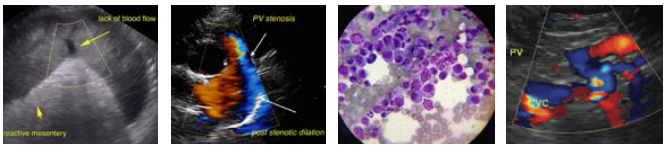

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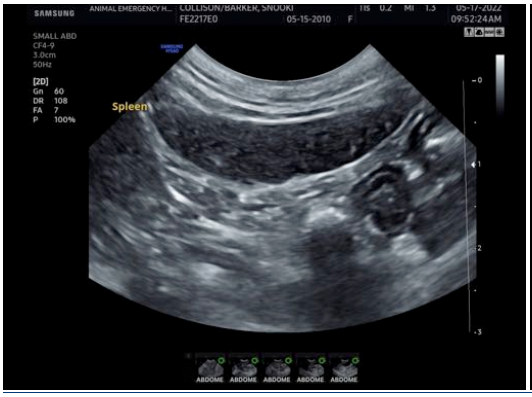

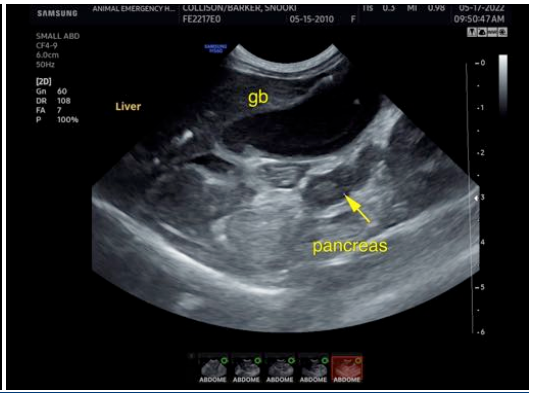

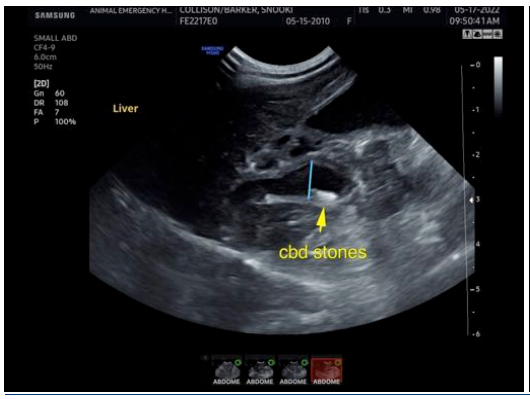

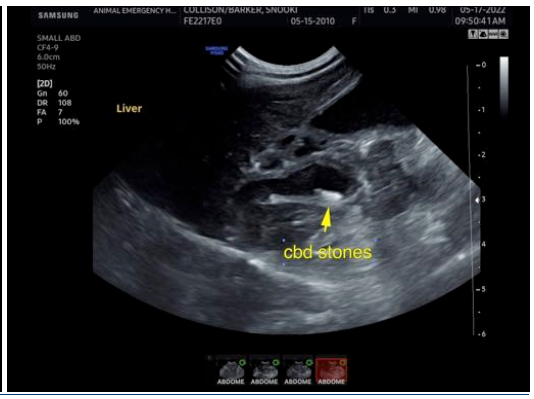

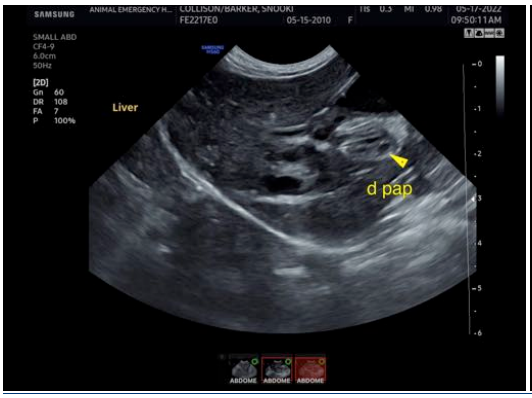

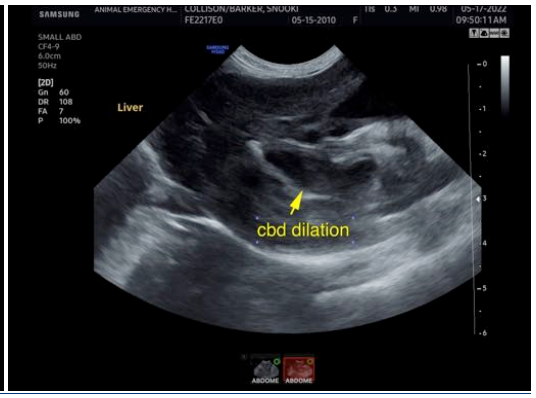

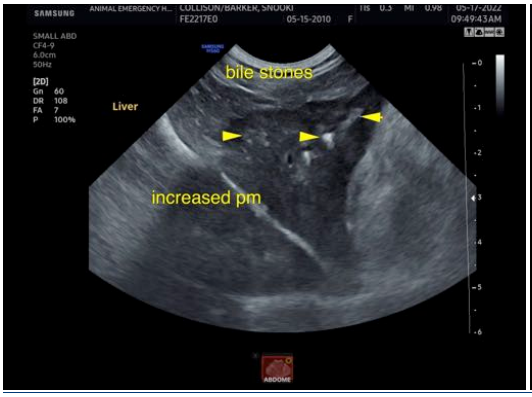

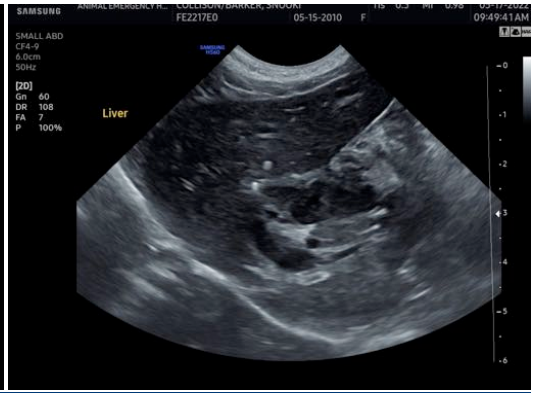

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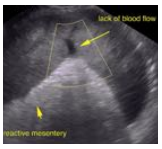

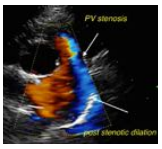

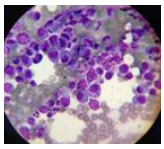
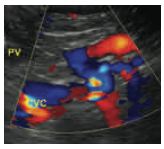

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com