**DATE**

6/15/22

PRESENTING CLINICAL SIGNS

Bilirubinemia, increased liver enzymes.
Current Medications: Will be started on Denamarin SID.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor/Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

PATIENT

Telly Radowich

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

4/18/12

WEIGHT

10 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

31038

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses tone. The bladder was over distended with a minor amount of suspended debris. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.9 cm. The left kidney measured 3.78 cm with slight micro infarcts noted.

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 right adrenal gland measured 0.36 cm. The left adrenal gland measured 0.4 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 diffusely hyperechoic to the falciform fat. Mild lipidosis pattern was noted and was non-specific. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

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 were reactive and measured 0.8 x 0.4 cm.

Pancreas

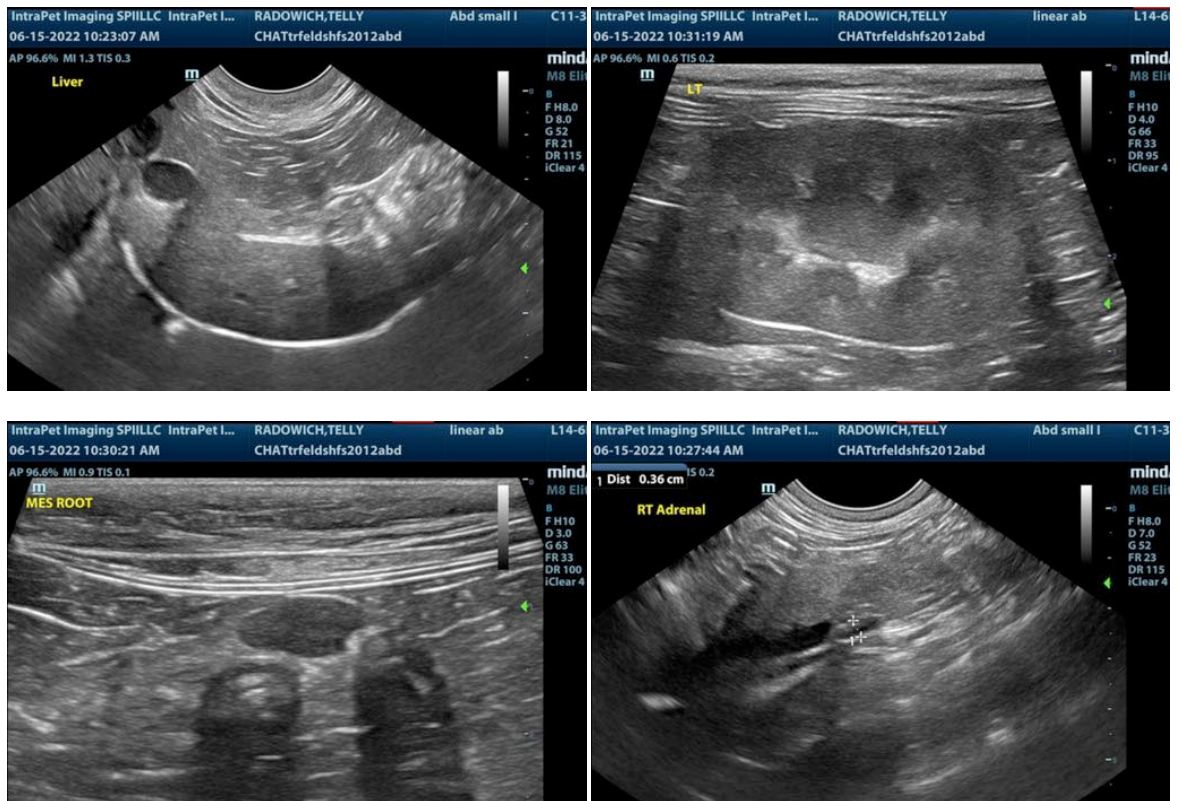
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

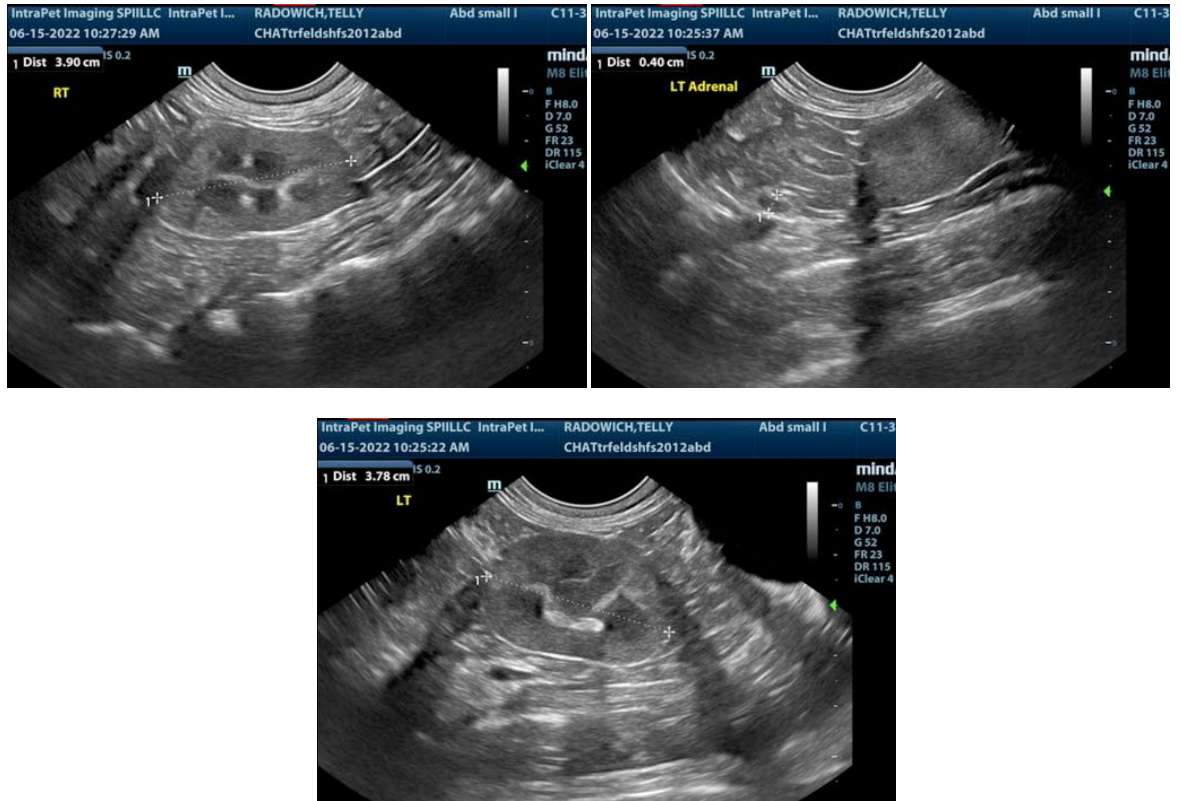
ULTRASONOGRAPHIC FINDINGS

Underlying cholangiohepatitis is likely with a minor potential for underlying neoplasia. Scalloping spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend splenic and hepatic FNA in this patient for further definition. Treatment for lipidosis and hepatitis is warranted in the meantime until cytology can be evaluated.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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