



PATIENT

Taco DeRaffele

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

19 years

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Steele

HOSPITAL NAME

Loving Care VH

REFERRING VET

Dr. Steele

INVOICE

47892

DATE

6/21/23

PRESENTING CLINICAL SIGNS

History: Patient is icteric, has been eating less within past 3-4 days, and urine is dark in color. Blood work shows elevated liver values, elevated SDMA, very elevated WBC, and dehydration. Radiographs of thorax show bronchiolar / interstitial lung pattern.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 2.8 cm. The left kidney measured 2.7 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

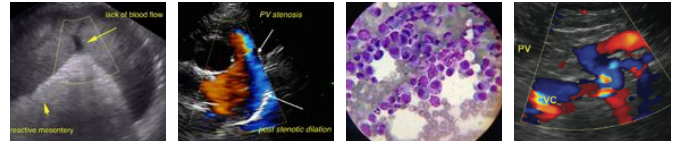
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed increased portal markings. This is consistent with cholangiohepatitis. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder wall was slightly echogenic. Thickened, and tortuous cystic duct and common bile duct were noted. This is consistent with chronic cholangitis.

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



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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** was enlarged, irregular and heterogenous measuring up to 1.5 cm with nodular changes and dilated pancreatic duct. Enhanced surrounding mesentery was noted.

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ULTRASONOGRAPHIC FINDINGS

Cholangiohepatitis liver pattern with concurrent pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of neoplasia, yet this cannot be completely ruled out. Ultrasound-guided FNA of the liver is warranted. Cholecystocentesis would be ideal. Screening for infectious agents such as Bartonella and Toxoplasmosis is warranted. IV fluid support, Enrofloxacin and Clindamycin trial +/- Ursodiol therapy is warranted. Pain management is indicated given the pancreatic presentation.

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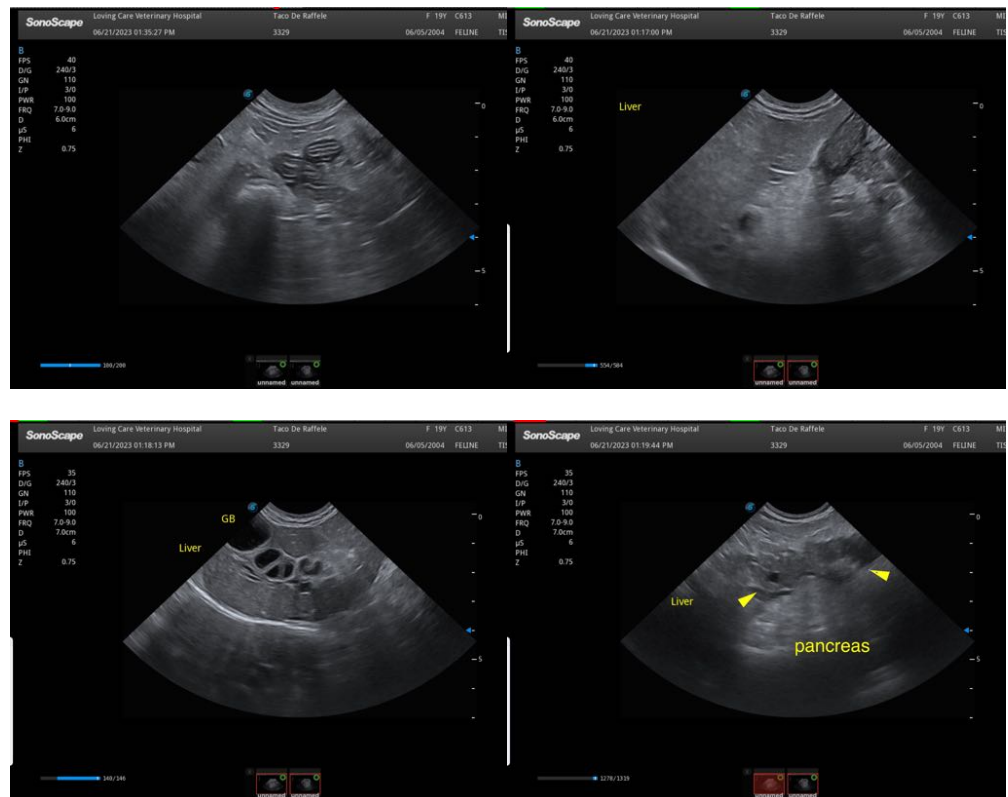
Dr. Steele

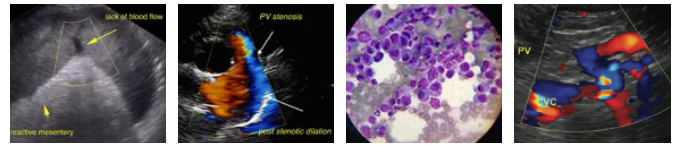
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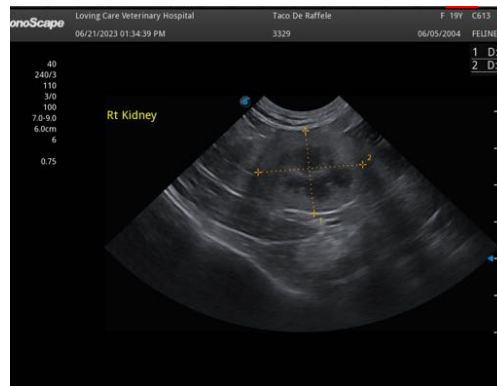
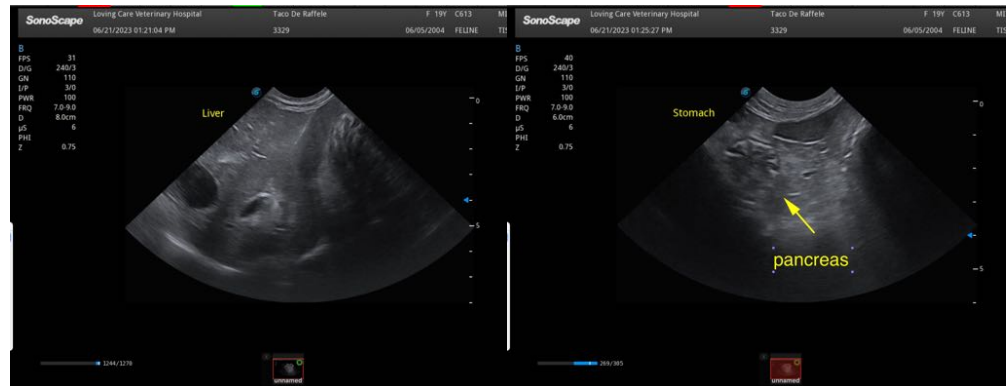
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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