



PATIENT PRESENTING CLINICAL SIGNS

Jilly Boyce Acute onset vomiting, anorexia, hiding. Indoor/Outdoor No previous medical history available
Abdominal pain on palpation No visible icterus

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Leukocytosis due to neutrophilia and lymphocytosis Mild hyperglycemia, mild hypokalemia; no azotemia ALT severely elevated - 2,273 ALP, GGT mildly increased Tbili 4.6 UA - well concentrated >1.050, bilirubinuria, proteinuria, glucosuria PT/PTT normal

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

15 Years

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.

WEIGHT

10.8 Pounds

Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.79 cm. The right kidney measured 3.84 cm.

INTERPRETED BY

Eric Lindquist, DMV

Adrenal Glands

DABVP, Cert. IVUSS

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 0.35 cm. The right adrenal gland measured 0.34 cm.

IMAGING PERFORMED BY

Dr. Gudrun Gunther

Spleen

HOSPITAL NAME

New Frontier AMC

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. The spleen measured 0.81 cm.

REFERRING VET

Dr. Gudrun Gunther

Liver

INVOICE

23019

The **liver** was mildly swollen yet structurally unremarkable. The liver was mildly hypoechoic to falciform fat. FNA is warranted given the ALT elevations. However, subacute cholangiohepatitis is likely. Minor gallbladder debris was present. The gallbladder wall was echogenic.

DATE

6/23/23

Gastrointestinal

Minor **gastric** stasis was noted. Spastic duodenum was noted. The colon was unremarkable.

Pancreas

The left limb of the **pancreas** was hypoechoic and irregular with pericapsular inflammation. The most accessible region of pathology is just caudal to the spleen. SDEP-5 approach with ultrasound guided FNA, cytology and culture is recommended. The right limb of the pancreas was mildly heterogenous



PATIENT

Jilly Boyce

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

23019

DATE

6/23/23

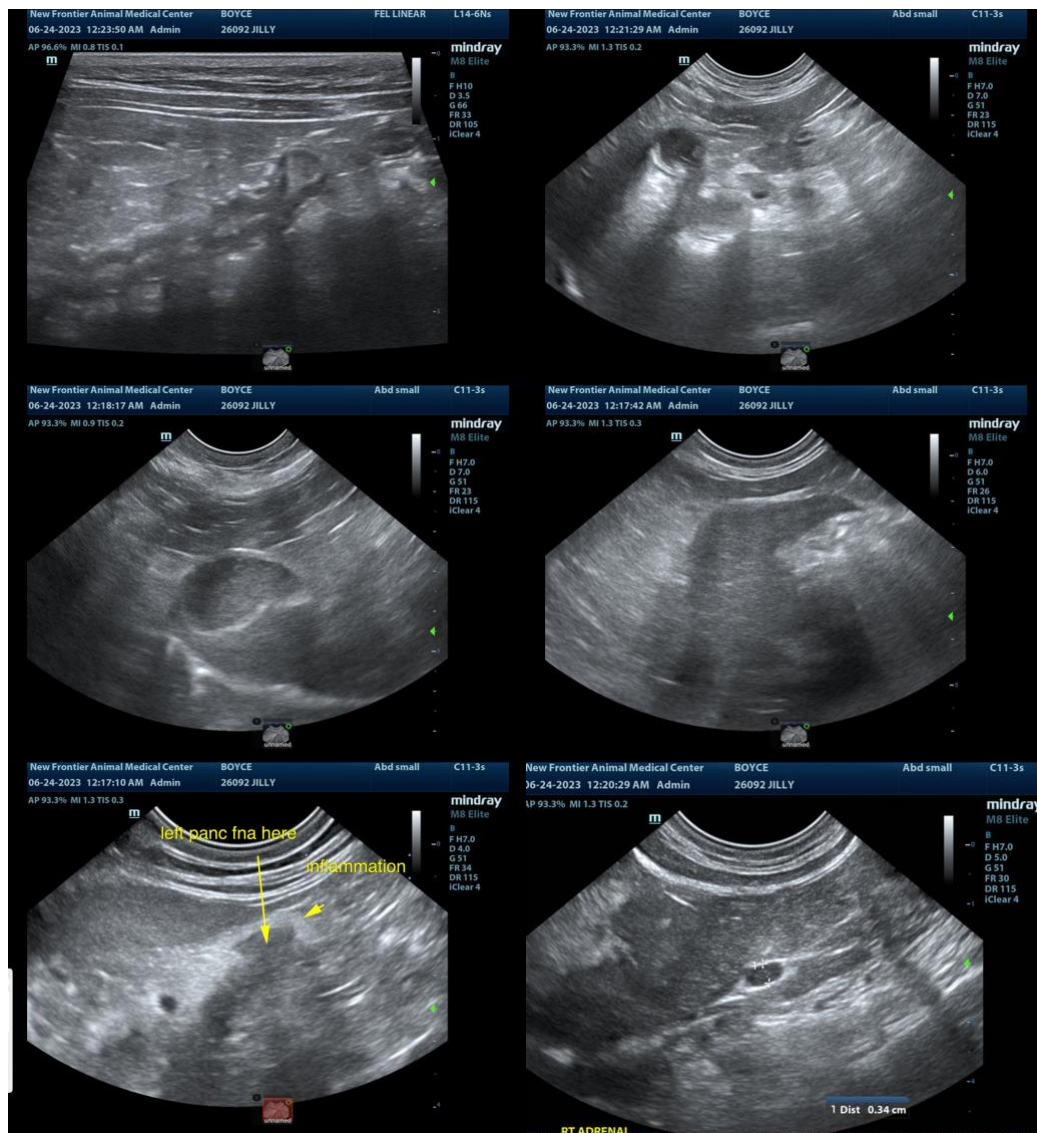
and slightly irregular, enveloping the upper duodenum. Regional inflammation was noted throughout the base of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis, aggressive in the left limb with minor chronic active patterns in the right limb.
- Gastroduodenitis and duodenal spasming
- Concurrent hepatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hypoechoic region in the left caudal aspect of the pancreatic limb, along with the liver, is warranted. Minor potential for underlying neoplasia. FNA would allow for inflammatory cell type and precise medical management. Toxoplasmosis and bartonella should be ruled out as underlying players in this case.





PATIENT

Jilly Boyce

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

10.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

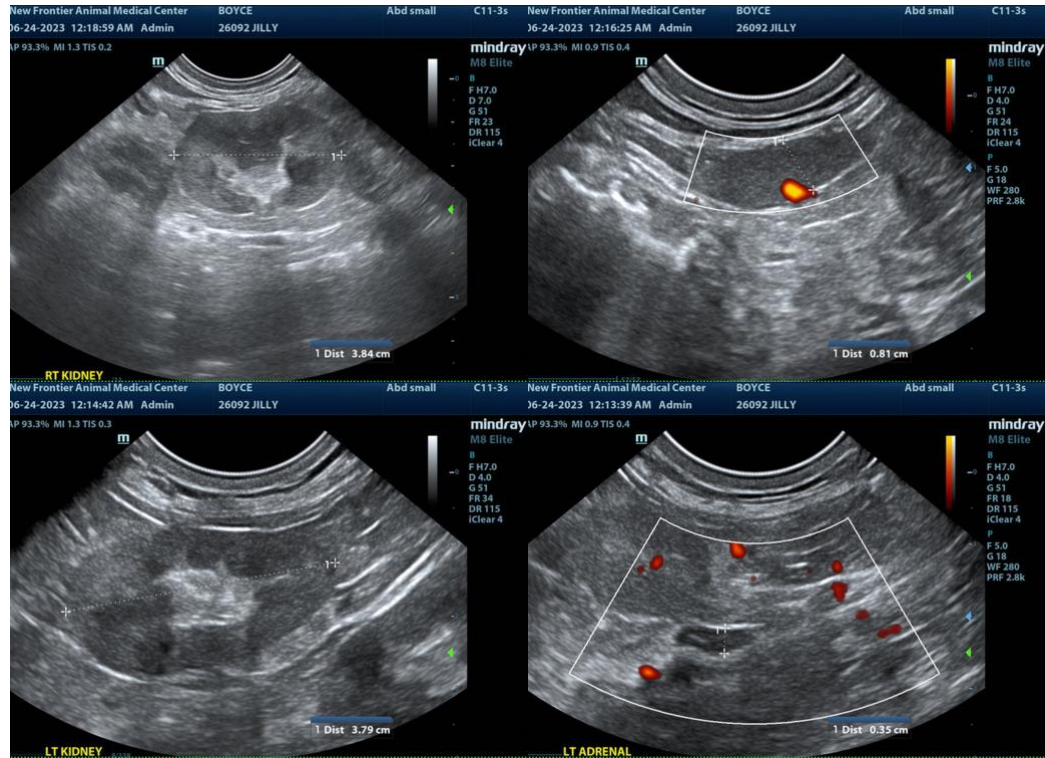
Dr. Gudrun Gunther

INVOICE

23019

DATE

6/23/23



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