

**DATE**

7/1/22

PRESENTING CLINICAL SIGNS

History: Sample text. Sample text. Sample Text.

Referred for IVF therapy and AUS. chronic liver disease of at least 2 years duration; has lost 3 lb. (from 9 to 6) over past 6 months. Today has become severely icteric and he has been vomiting profusely. Was still eating some dry and canned food.

PATIENT

Echo Schudel

Current Medications: Cerenia, Ondansetronm Vitamin V, Mirtazapine, .

Lab Results: Prior Liver values: 1/20/20: Chol 444, ALT 236, ALP 99

4/23/21: Chol 414, ALT 365, ALP 237, GGT 15, TBILI 3.1. TODAY 6/30/22: Chol 203, ALT 494, ALP 487, GGT 32, T BILI 14.7; WBC 30.47

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Domestic Shorthair

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered male

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.

AGE

2/14/10

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. The left kidney revealed slight pyelectasia measuring 0.18 cm. The left kidney measured 4.62 cm. The right kidney measured 4.79 cm with slight pyelectasia that measured 0.21 cm.

WEIGHT**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.44 cm. The right adrenal gland measured 0.41 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Martinoli

INVOICE

31427

Liver

The **liver** revealed coarse architecture with increased portal markings. Multiple cysts were noted in the liver and/or intrahepatic shunts. A cystic structure was noted in the left medial liver with granulation bed. This is consistent with abscessation. The cystic duct was tortuous. The gallbladder was empty yet thickened. The common bile duct was normal and measured 0.29 cm. The portal vein was dilated. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology 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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Free Abdomen

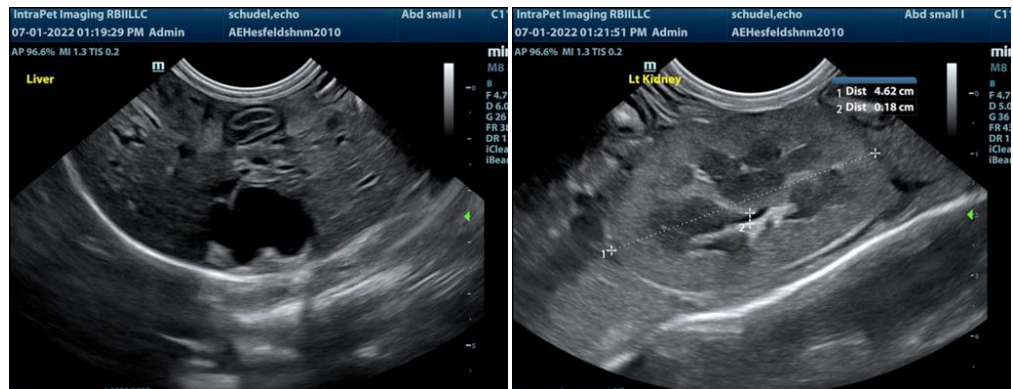
Free fluid was noted in the abdomen.

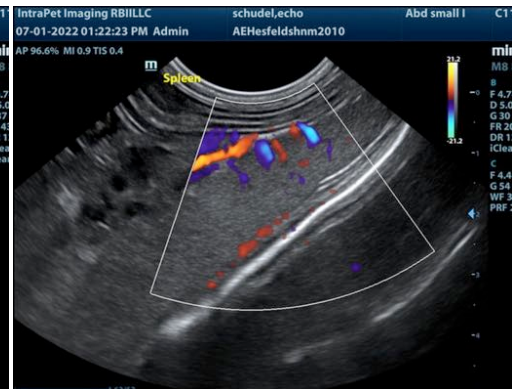
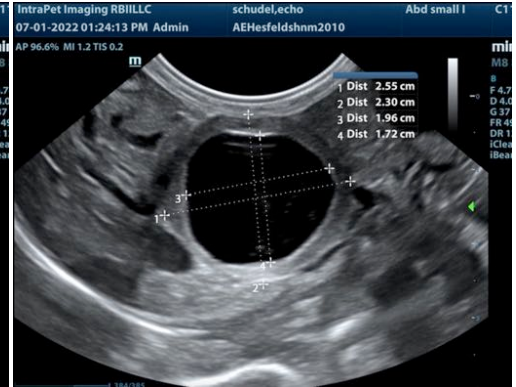
ULTRASONOGRAPHIC FINDINGS

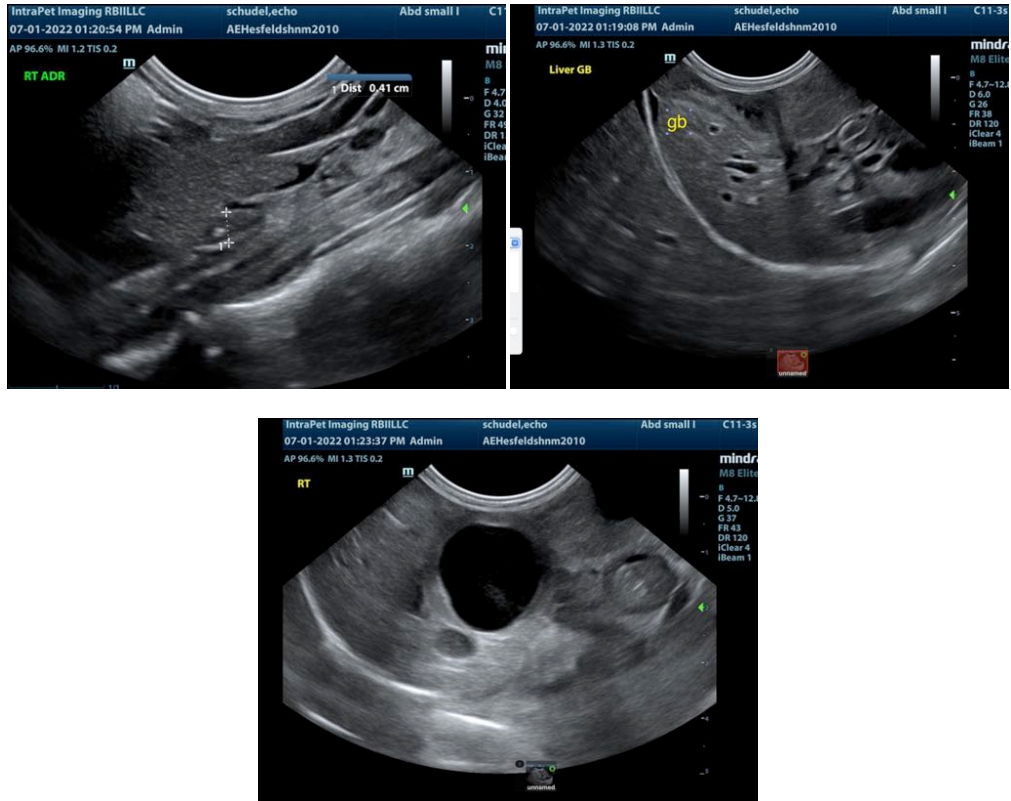
Severe chronic cholangitis pattern with cyst or abscess and intrahepatic shunting. Portal hypertension. End stage hepatic disease. Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cystic structure appeared to be independent of the post hepatic biliary tree as the gallbladder was empty. The common bile duct was normal even though the structure is adjacent to the common bile duct. The prognosis is poor long term.







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.

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