



**PATIENT**

Finn Hanna

**SPECIES**

Feline

**BREED**

Bombay

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

4.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Prescott

**HOSPITAL NAME**

Round Out Valley VA

**REFERRING VET**

Dr. Prescott

**INVOICE**

16608

**DATE**

7/12/22

**PRESENTING CLINICAL SIGNS**

History: severe liver enzyme elevations with hyperbilirubenemia; p acting well clinically.

Abnormal PE/Chem/CBC/UA Results: CBC Hct 26 plate 130, est adeq Chem Alk P 980 ALT 507 AST 168 tbili 4.1 T4 1.8 PTT 38.3

**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 were 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.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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 were noted.

**Liver**

The **liver** revealed coarse architecture and increased portal markings. Nodular changes were noted in the right cranial liver with target type appearance. Strong concern for round cell neoplasia. The gallbladder wall was slightly thickened and echogenic. The gallbladder was deviated caudally. No evidence of posthepatic obstruction. Hepatic lymph nodes were mildly enlarged, measuring up to 1.0 cm x 0.5 cm.

**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.

**ULTRASONOGRAPHIC FINDINGS**



**PATIENT**

- Cholangitis/cholangiohepatitis liver pattern with concerning nodular changes

Finn Hanna

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Underlying hepatic neoplasia is a strong potential. Right intercostal approach to FNA indicated to assess the cytology associated with the nodular changes. Culture is also indicated. Prognosis is guarded. Cholangiohepatitis with pronounced nodular hyperplasia versus round cell neoplasia are primary concerns.

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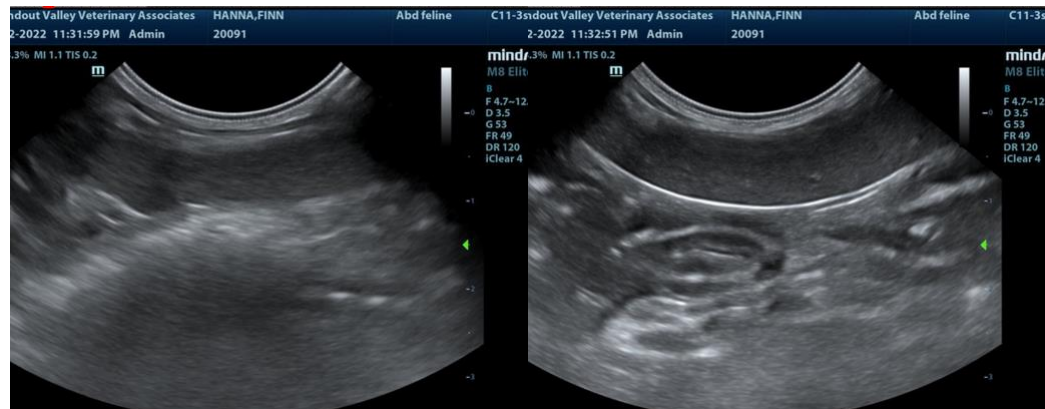
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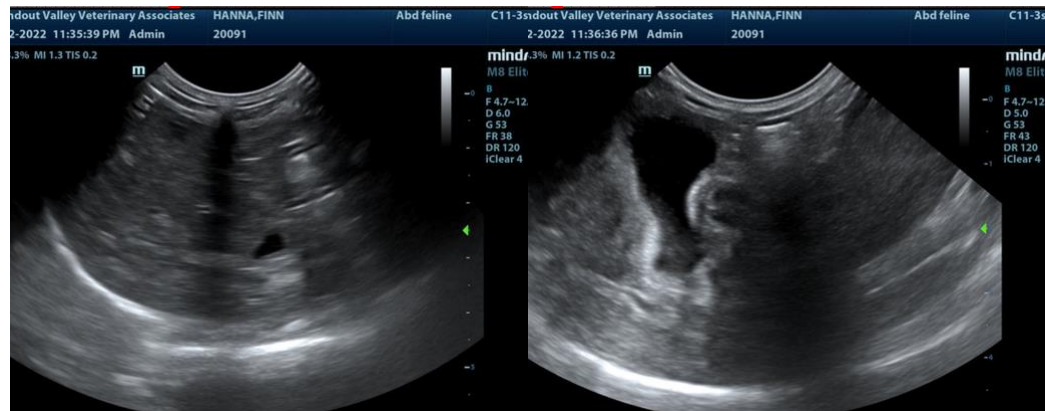
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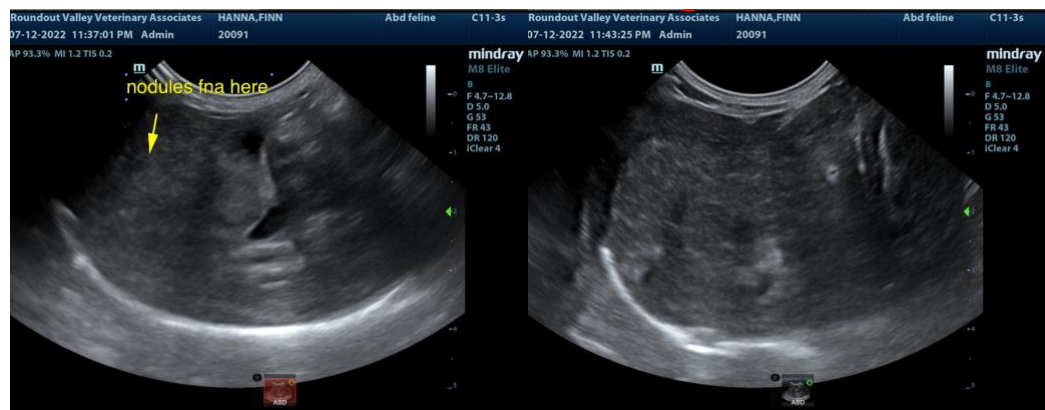
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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