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Clinical Sonography & Telecytology
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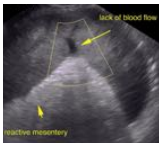
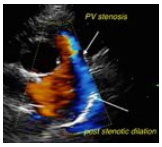
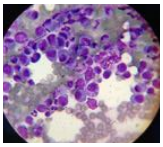
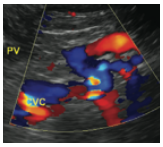

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1-800-838-4268 info@sonopath.com

PATIENT
Ginger Snap White

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
16 years

WEIGHT
4.6 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Callihan Pacific Crest Mobile

HOSPITAL NAME
Pacific Crest Mobile

REFERRING VET
Dr. Snadors Skagit AC

INVOICE
31739

DATE
7/15/22

PRESENTING CLINICAL SIGNS

History: Approx month long history of icterus, being treated for presumptive cholangiohepatitis unknown etiology with outpatient visits SC fluids, VitB, Cerenia, prednisolone. Pt is eating and has not been observed vomiting, but Dr. Sandors did report pt was drooling during exam yesterday when she presented for failing to improve
Abnormal PE/Chem/CBC/UA Results: CBC: -HCT 25% nonregen -WBC count and morphology normal Chems: ALT-699 ALKP 1451 GGT 34 TBil 13.7 Chol 254 Amyl 2085 K 3.0 Else normal

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight pinpoint renal mineralization was noted. The left kidney measured 2.93 cm. The right kidney measured 4.13 cm. Pericapsular inflammatory pattern and cortical infarcts were 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.

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. The spleen measured 0.84 cm.

Liver

The **liver** was mildly enlarged and diffusely hyperechoic. The gallbladder was mildly over distended. Underlying lipidosis versus hepatitis is a primary concern with a minor potential for hepatic lymphoma.

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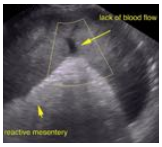
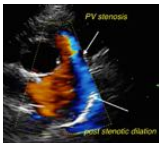
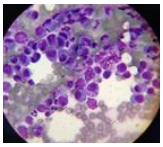
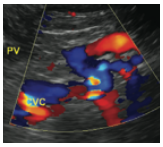

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Gastrointestinal

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

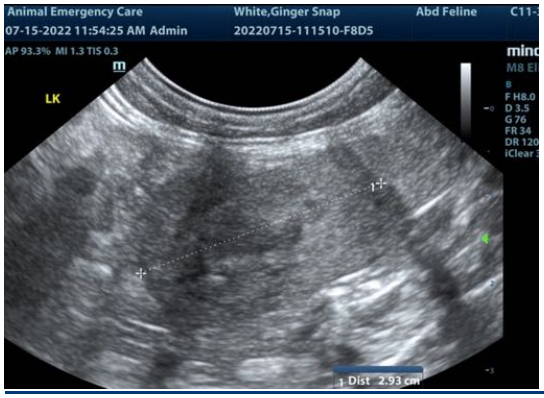
The **pancreas** revealed extensive, mixed hypoechoic parenchymal changes with enhanced surrounding mesentery. This is consistent with chronic active pancreatitis.

ULTRASONOGRAPHIC FINDINGS

Pancreatitis and cholangiohepatitis liver pattern with potential for underlying hepatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may be moving calculi with secondary infarcts. FNA of the left pancreatic limb and liver is indicated given the icterus. CBC path review is warranted to assess the cause of the anemia. The prednisolone may be suppressing a more significant presentation. There was no evidence of overt hemorrhage.



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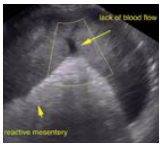
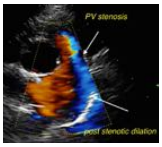
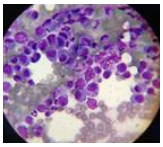
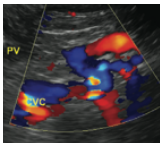

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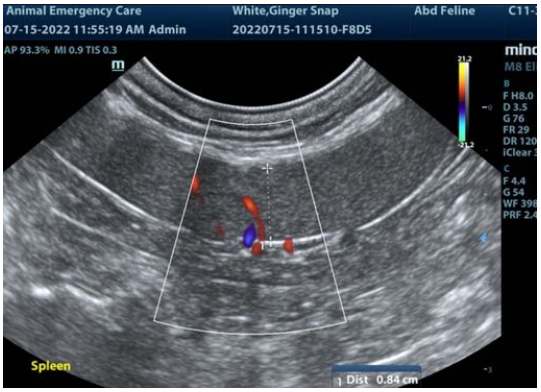

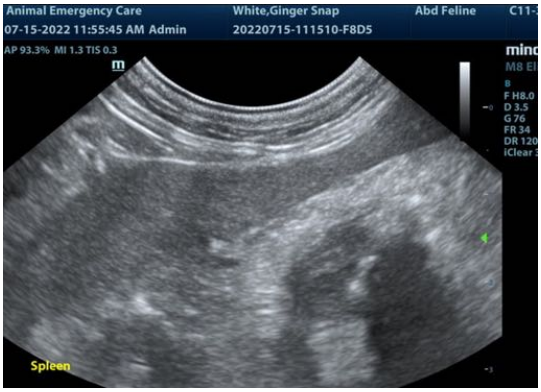

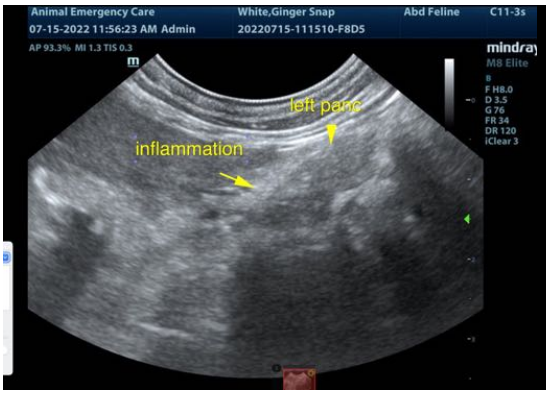

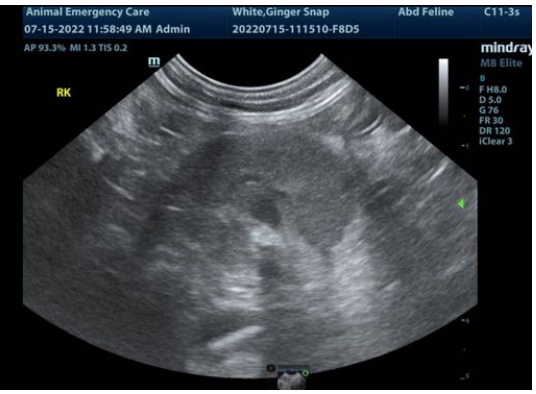

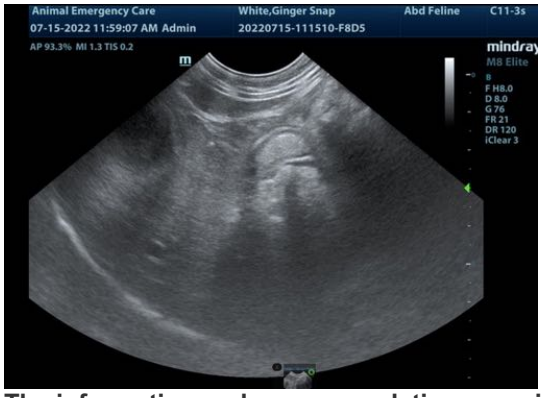

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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