



PATIENT

Merlin Yamashiro

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

7 Years 1 Month

WEIGHT

11.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green

PRESENTING CLINICAL SIGNS

watery diarrhea and lethargy, 1 week duration, Abnormal PE/Chem/CBC/UA Results: 2.3 lbs. weight loss since previous visit 3/2022, reactive on cranial to mid abdominal palpation Chemistry: tbili=1.8 (0.1-0.6) mg/dL, amylase=1331, BUN=36 (10-30) mg/dL, Cr=1.2 (0.3-2.1) mg/dL, (300-1100) U/L, fPL=15.9 (≥5.4 consistent with pancreatitis) ng/mL.

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** presented hyperechoic medullary rim, idiopathic, yet can be related to underlying FIP. The right kidney measured 4.0 cm. The left kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** presented slight coarse architecture. Minor uniform enlargement. Some gallbladder sand noted.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Soft stool noted in the colon.

Slight mesenteric lymphadenopathy noted, reactive, up to 1.0 cm.

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.

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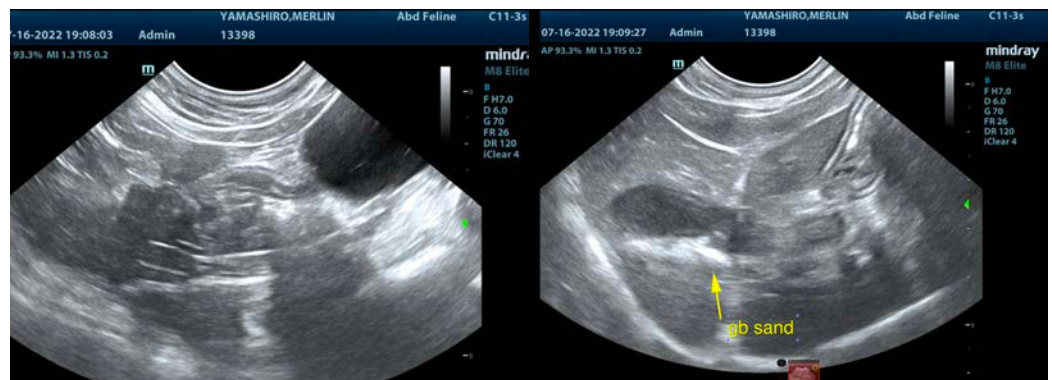
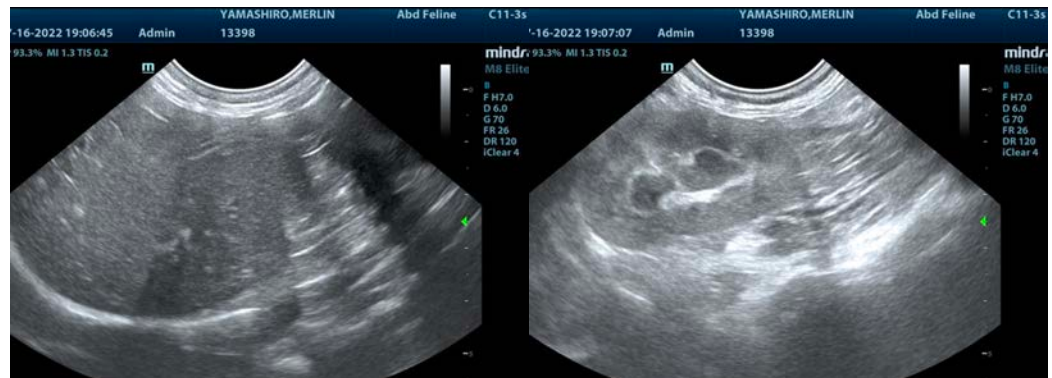
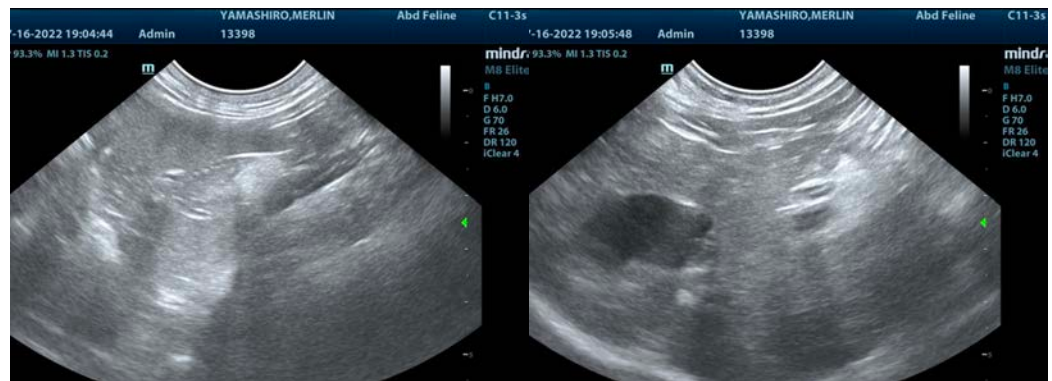
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ULTRASONOGRAPHIC FINDINGS

- Medullary rim kidney
- Gallbladder calculi
- Mild non-specific hepatic swelling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may have passed a calculus recently, causing the bilirubin elevation. However, if liver enzymes are confirmed to be elevated, then FNA indicated. Prerenal azotemia suspected. IV fluid support, FNA of the liver, Ursodiol therapy all indicated and recheck sonogram in 6-8 weeks after Ursodiol therapy. Supportive care for dietary indiscretion, inflammatory bowel, occult parasitic disease all valid. Recommend reassessing the bilirubin value to ensure it is persistent, as it would be odd for the bilirubin to be elevated without concurrent liver enzyme elevations.





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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.

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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

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