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Clinical Sonography & Telecytology
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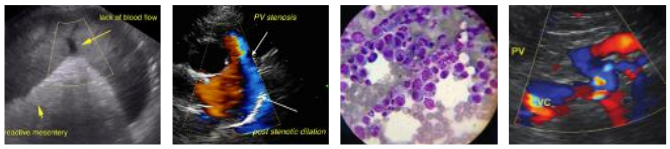

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Blue Lombardi

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

13 Years

WEIGHT

10 Pounds 10 Oz

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Kozac

INVOICE

23510

DATE

7/20/23

PRESENTING CLINICAL SIGNS

History: 2 wks ago constipation and hairball, int vomiting, low appetite

Current Meds: Fluids, Cerenia, Mirataz

Abnormal CBC/Chem findings: wnl > mild ^glob 6.1

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.9 cm. The right kidney measured 3.95 cm.

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. The left adrenal gland measured 0.38 cm. The right adrenal gland measured 0.45 cm.

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. Gallbladder calculi were noted. Cystic and common bile duct dilation was noted with mineralization within the lumen. The common bile duct, at the level of the duodenal papilla measured 0.6 cm with a 0.74 cm coalescing calculus embedded in the duodenal papilla.

Gastrointestinal

The **gastrointestinal tract** itself was unremarkable. Curvilinear patterns were maintained yet too may tubes sign was present within the liver, consistent with posthepatic obstruction, even though ALP and bilirubin are not reported to be elevated. Repeat chem panel is recommended, as well as assessment for bilirubinuria, as post hepatic obstruction can occur without a complete obstruction, however, likely irritative.

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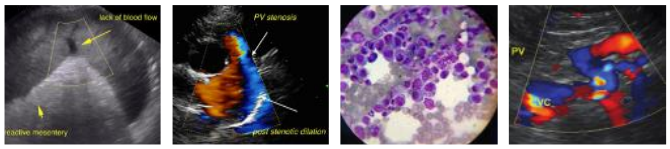

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Pancreas

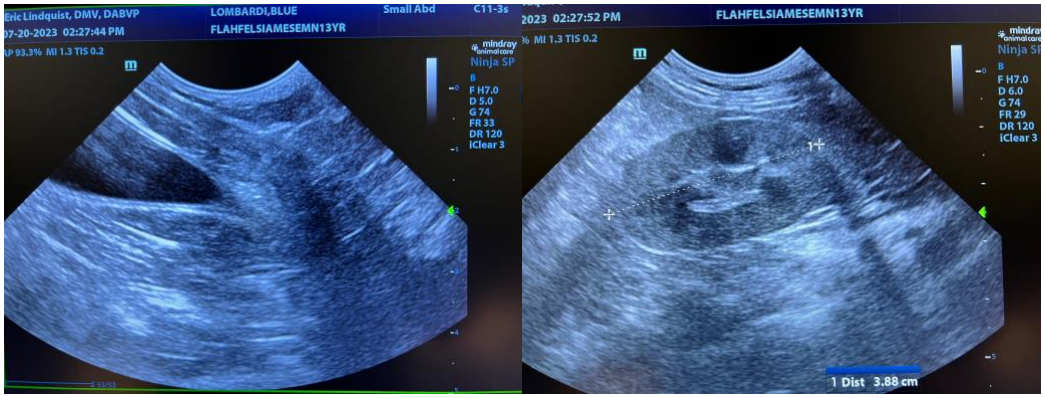
Both left and right limbs of the **pancreas** revealed undulating hypoechoic irregular parenchyma with enhanced surrounding mesentery and trace free fluid. The right limb and right base were also enlarged. The right base of the pancreas measured 1.83 cm with dilated pancreatic duct owing to the duodenal papilla obstruction.

ULTRASONOGRAPHIC FINDINGS

- Duodenal papilla obstruction with secondary posthepatic obstruction
- Dilated pancreatic and common bile duct, as well as cystic duct
- Gallbladder calculi
- Hepatic remodeling
- Chronic acute on chronic pancreatitis with reactive mesentery
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention is recommended with lavage of the common bile duct, cystic duct and gallbladder, as well as liver biopsy and pancreatic biopsy. Minor potential for pancreatic carcinoma. J tube placement may be in this patients best interest at surgery. Medical management could be considered, however, subjectively, the calculus embedded within the duodenal papilla is likely too large to pass. If the patient is stable clinically, and no surgery is to be performed, then recheck sonogram in one week is recommended to assess hopeful resolution of the pancreas and potential passage of the calculus at the duodenal papilla, however, this is unlikely given its size.



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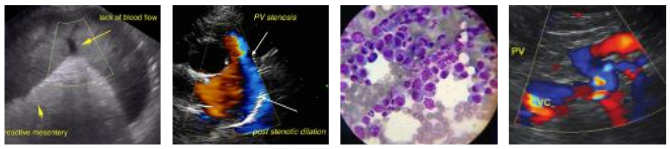

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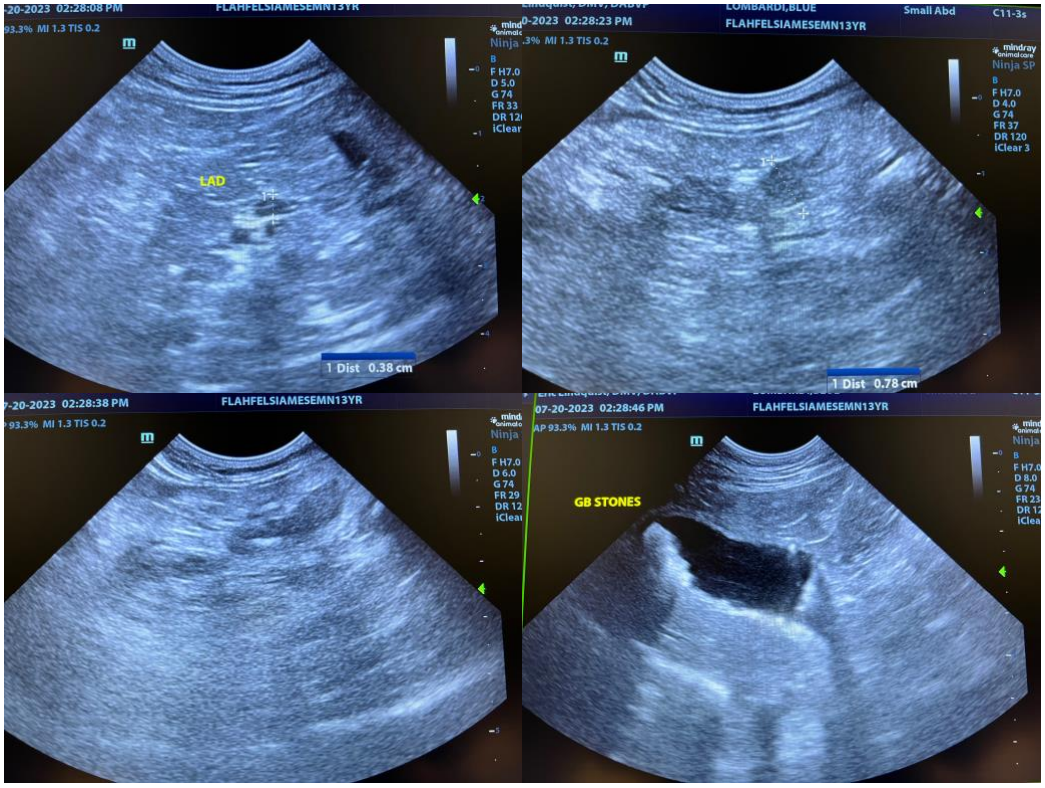

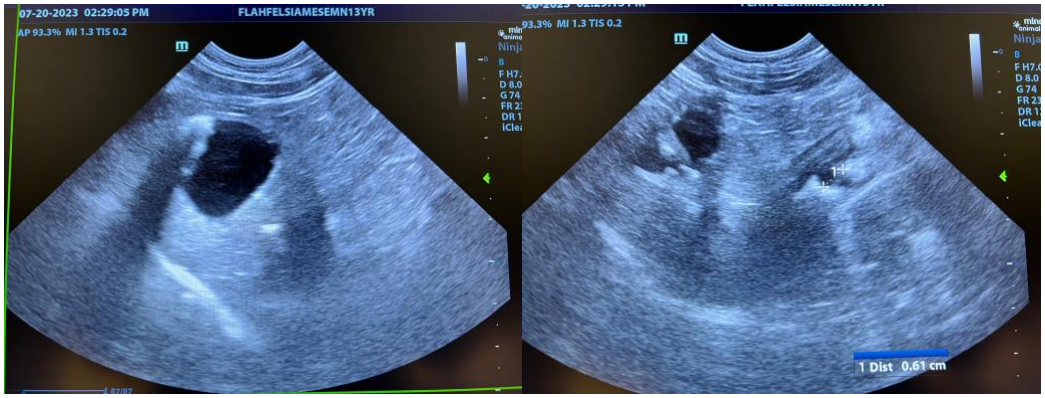

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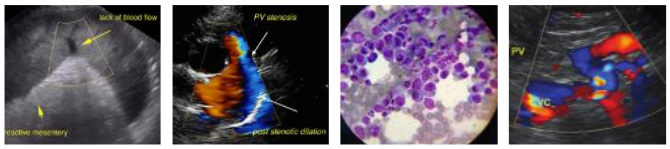

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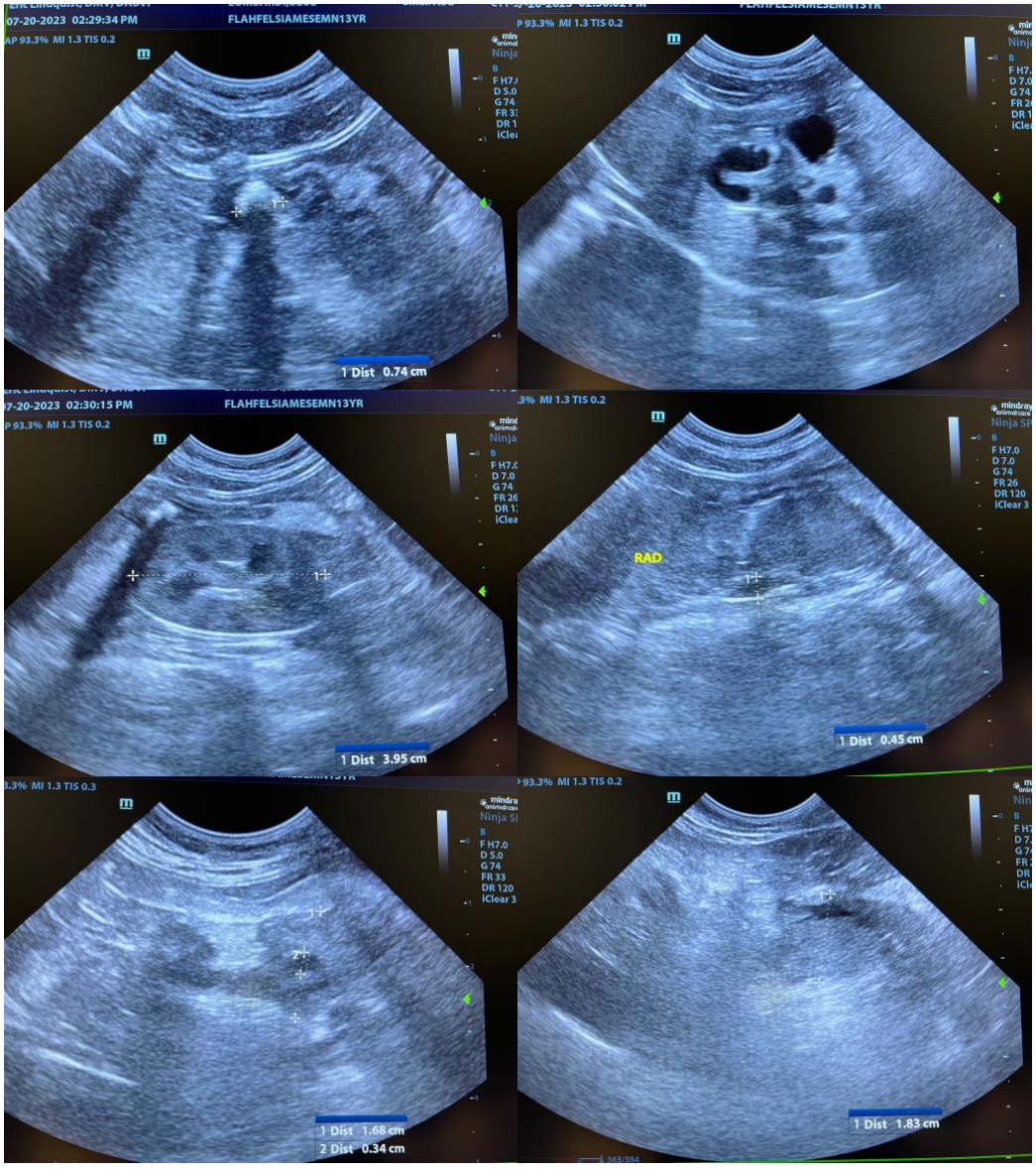

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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