



PATIENT

Wade Stiles

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

4.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

76364

DATE

8/1/23

PRESENTING CLINICAL SIGNS

History: Our AHT's cat. Previously had pancreatitis. Was good for a few months. Occasionally vomiting but maintaining weight and doing well. 5 days ago, very decreased appetite and lethargic. Progressed to NPO. Was on cerenia, during this time, so no vomiting, and no diarrhea. Came in very dehydrated yesterday. Was on IV fluids overnight and started on ampicillin, buprenorphine, metronidazole, and famotidine. Already on Cerenia, gabapentin, and flovent. Gave Mirtazapine 2mg once 2 days ago - didn't help appetite. Has been feeding canned and dry Hill's I/D for the past 2 weeks. Abnormal PE/Chem/CBC/UA Results: Normal TPR, pale, tacky MM - much improved today. GLU 166 (71-159), GLOB 6.1 (2.8-5.1), LIPA 2125 (100-1400) WBC 32.13 (2.30-17.02), NEU 19.44 (2.3 - 10.29), LYM 11.58 (0.96-6.88), MONO 1.05 (0.05-0.67) and EOS 0.03 (0.17-1.57). Normal T4, SDMA and UPC

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** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.07 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.

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.

Liver

The **liver** revealed a microcystic mass noted on the right cranial liver measuring 1.6 x 2.2 cm. This is consistent with cystadenoma. The gallbladder wall is slightly echogenic. The patient likely has a history of cholangitis.



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Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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** is hypoechoic, irregular and nodular with enhanced surrounding mesentery. Dilated pancreatic duct was noted. This is consistent with pancreatitis. Microcystic changes were also noted in the pancreas.

ULTRASONOGRAPHIC FINDINGS

Pancreatitis presentation, chronic active form.

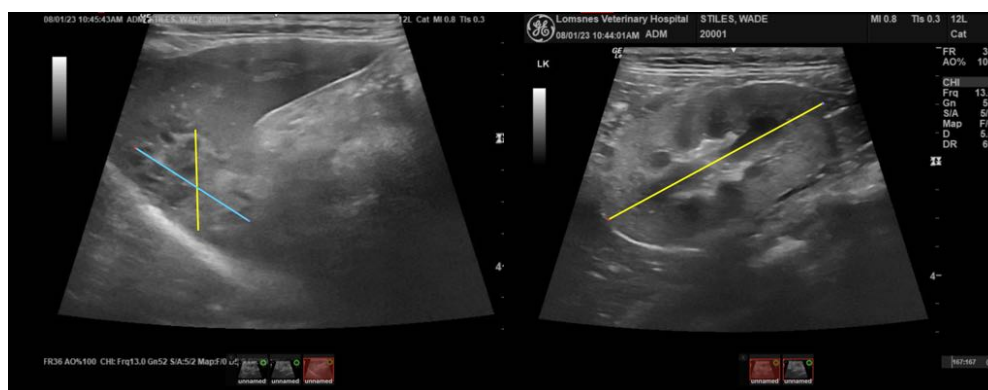
Full stomach.

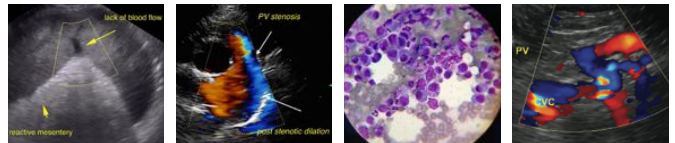
Cystadenomatous liver with minor, heterogenous changes elsewhere.

Slightly echogenic gallbladder wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, pain management, broad spectrum antibiotics and consideration for underlying infectious agents are warranted. There is no evidence of neoplasia.





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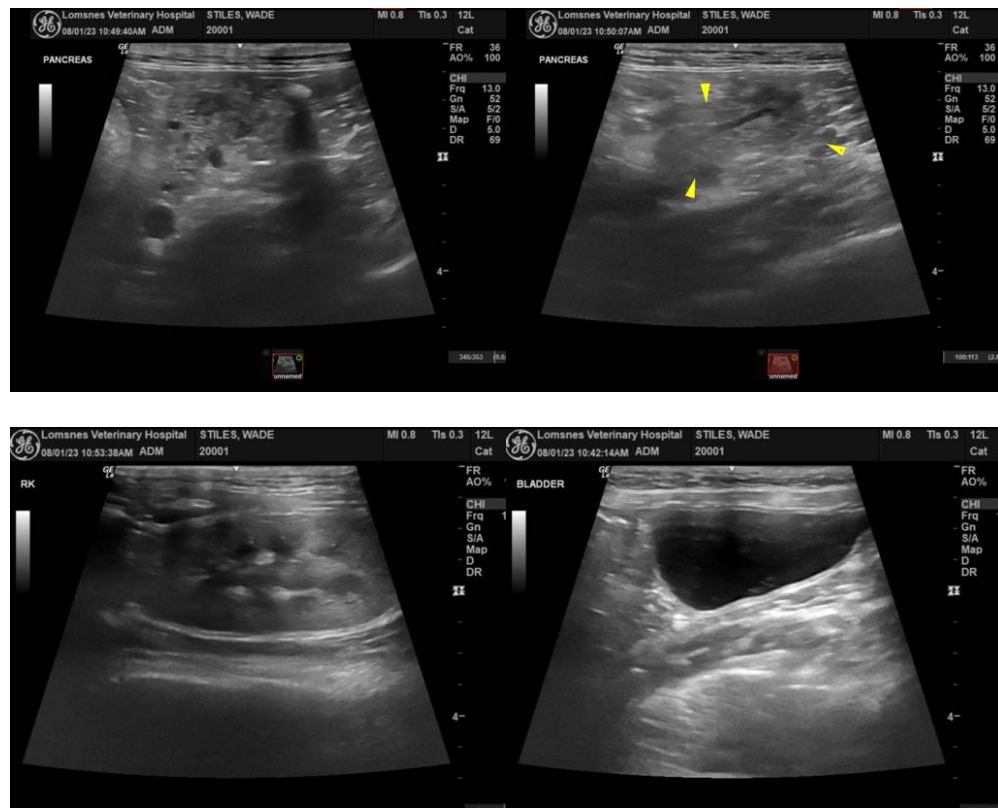
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com