



PATIENT PRESENTING CLINICAL SIGNS

Billy Ryan

Pet was presented for chronic vomiting to the clinic few weeks ago, seen by an associate veterinarian- bloodwork revealed elevated fPL and GGT. Pet was sent home with cerenia tabs. owner has been giving cerenia tabs every day. Owner brought pet for exam- on PE HR.RR,temp WNL- no abnormalities noted on PE. owner said pet hasn't vomited after stopping cerenia. repeat bloodwork hasn't been done yet.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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 2.0 cm beyond the cystourethral junction.

SEX

Spayed Female

AGE

12 Years

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 3.6 cm. The right kidney measured 3.6 cm.

WEIGHT

11 Pounds

Adrenal Glands

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

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Arun Kutagulla

Liver

The **liver** presented coarse architecture and increased portal markings. Echogenic gallbladder wall, consistent with fibrosing cholangitis. Minor gallbladder debris noted. Common bile duct measured 2.0 mm, no evidence of obstruction or pathology other than underlying inflammatory pattern throughout the hepatic parenchyma.

HOSPITAL NAME

Union Park AH

REFERRING VET

Dr. Arun Kutagulla

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.

INVOICE

44628

DATE

8/12/23



PATIENT *Pancreas*

Billy Ryan

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SPECIES

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ULTRASONOGRAPHIC FINDINGS

- Fibrosing cholangitis liver pattern
- Age related renal and pancreatic changes

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying inflammatory bowel/Triaditis likely an issue in this patient, even though structurally the GI appears unremarkable. Episodes of cholangitis/cholangiohepatitis likely responsible for the current hepatic presentation, yet all in all the abdomen appears fairly stable. Diet change to hydrolyzed diet may be effective in this patient. if liver enzyme elevations are an issue, then FNA cytology and culture indicated.

AGE

12 Years

WEIGHT

11 Pounds

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

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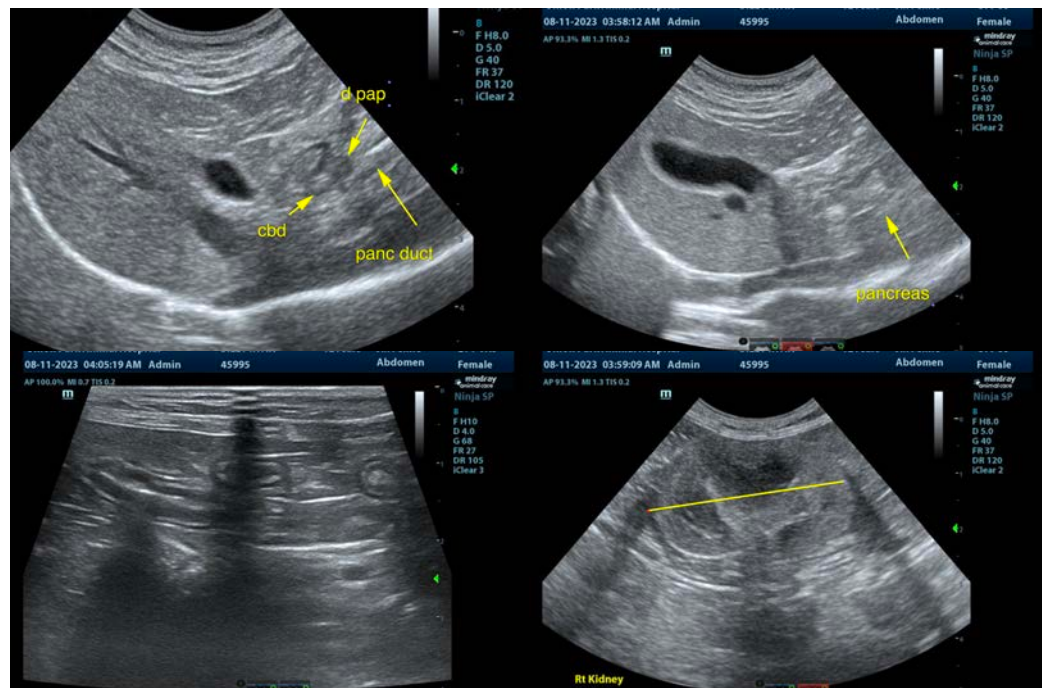
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PATIENT

Billy Ryan

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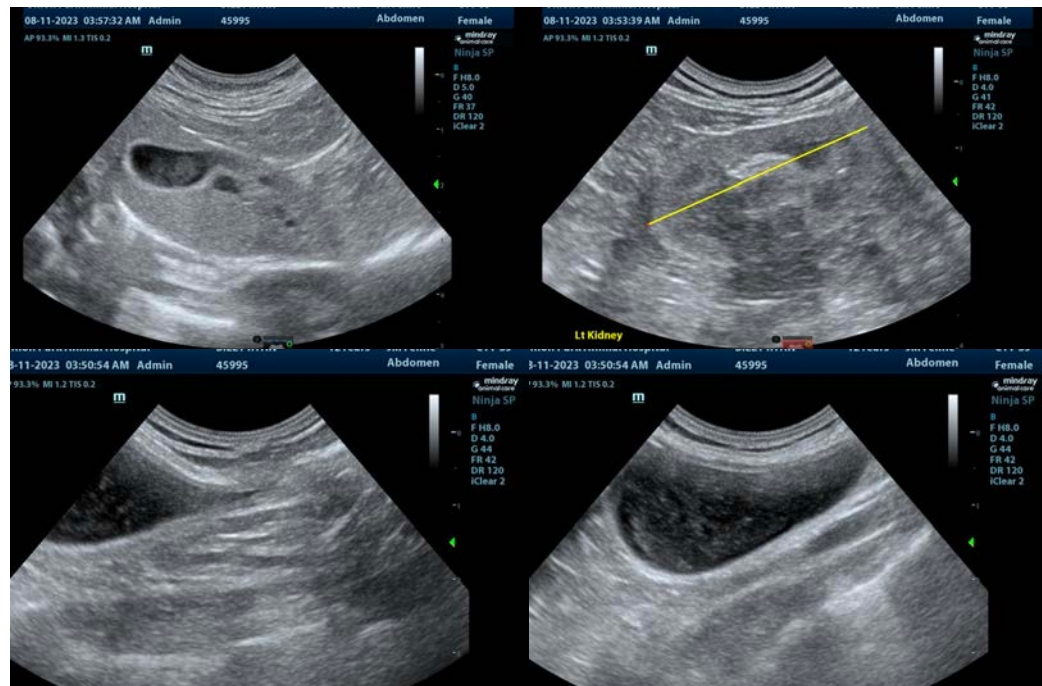
Spayed Female

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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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